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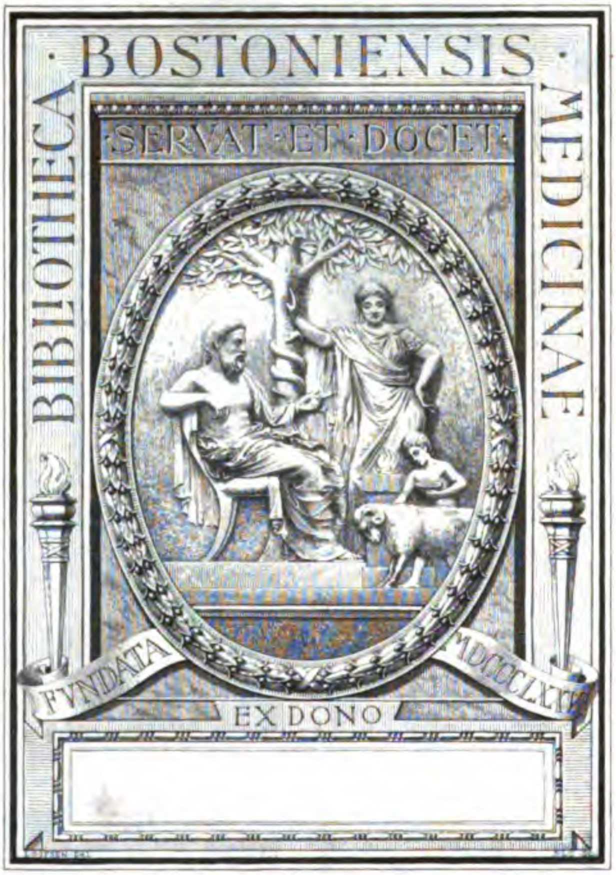

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NOTE ON
EPILEPSY AND ITS TREATMENT.

By SURGEON-GENERAL C. A. GORDON, M.D., C.B.,
Hon. Physician to Her Majesty the Queen.

The subject of epilepsy being somewhat prominent at the present moment, it is hoped that the following particulars having reference to it may not be devoid of interest.

With regard to the artificial production of the disease, Dr. Althaus wrote to the effect that a form of epilepsy may be caused in guinea-pigs which in some respects resembles human epilepsy, and has even been transmitted to the offspring of the animals; yet it has the tendency to disappear spontaneously, and is, after all, by no means the actual disease with which we are familiar in our patients (*Brit. Med. Journ.*, June 4, 1881).

Dr. Fothergill (*a*) writes: "Epilepsy consists of motor disturbances of the most varied character, from general and bilateral convulsions to a slight twitch, or the momentary arrest of consciousness, the *petit mal.* In each epilepsy there is an area of grey matter in some portion of the cerebrum, which is so abundantly nourished that it occasionally reaches very high tension and highly unstable equilibrium (Hughlings Jackson). He adds: The experimental researches of Ferrier corroborate the views formed *clinically* by Jackson. We can understand that the nerve energy stored up in cerebral cells may be discharged from some emotional cause, as fright, or from some irritation within the system, as a tapeworm or a decayed tooth, or still more, ovarian or uterine disturbance."

According to Dr. Radcliffe, (*b*) "Many of the facts which have been brought to light by the investigations of pathological anatomists are of little use in serving to fix the seat of epilepsy in any particular part of the nervous system. The changes in the cerebral hemispheres which have been found in epileptics who have also been idiotic, or fatuous, or lunatic, do not serve to fix the seat in these hemispheres, for these very changes are continually met with in idiotic, or fatuous, or insane persons who have not been epileptic. He is hopelessly at fault as to localisation, when he considers the exceptional cases in which, after death, have been found thickening of the bones of the skull, or the contrary, or exostosis, or ossification of the dura mater, or caries, or ulceration, or abscess, or tubercle, or malignant or other tumour, or aneurism, or embolism, or cysts, or atheromatous or ossified vessels, or hæmorrhage, or serous effusion, or sclerosis or softening of the brain substance, for the seat of these various lesions is as inconstant as their character. Nor is it possible to agree with Wenzel in fixing the site of epilepsy in the pituitary body, for Rokitansky says that he has frequently failed to discover any change in this body in those who had notoriously suffered from epilepsy and convulsion, and that he has met with it in others who were thoroughly healthy. Schrœder von der Kolk argues that the especial seat of epilepsy is to be found in the medulla oblongata. Dr. Brown-Séquard has shown that true epilepsy is producible in guinea-pigs by wounding the spinal cord in various places. Dr. Westphal invariably met with minute hæmorrhages in the spinal cord and cervical medulla in guinea-pigs in which a habit of epilepsy was brought about by hitting them smartly upon the head two or three times.

Dr. Lane Fox (*a*) considers that "in epilepsy there is much to be said about the vaso motor influence, although the opposite view has been taken by distinguished men. He observes that 'Meynert believes that in epilepsy the hippocampus major is a vaso-motor centre, irritation of which causes spasms of vessels, and so, epileptic convulsions. Nothangel considers vascular cramp an essential factor in all epileptic seizures. Binswanger says that in a typical fit excitement of the convulsive centre and of the vaso-motor centre are co-ordinated. Other views are indicated by Dr. Fox, all of which are in opposition to each other, as are those quoted above.

Dr. Porter wrote: "Much has been written about it; pathologists have sought in vain for any constant anatomical lesions, physiologists have devoted years to the artificial production of epilepsy in guinea-pigs, and still the disease remains enshrouded in the obscurity of 'functional disorders'" (*Med. Press*, April 29th, 1885).

Adverting to methods of treatment for the disease, and more especially to surgical interference, Mr. A. W. Buckland quotes (*b*) from Dr. Beven regarding many skulls belonging without doubt to the Stone Age, in which "holes of considerable size had been made evidently during life, as the wounded bone had become healed, proving that the trepanning had taken place at a very early age." According to Dr. Broca, epilepsy was the disease supposed to be cured by this barbarous operation. Mr. Buckland adds: "As epilepsy has in all ages been looked upon as brought about by evil spirits, it is regarded as proved that the early people who thus endeavoured to cure this terrible malady had a belief in spirits, and made this hole in the head of an inflicted infant in order that the imprisoned spirit might find a door of escape."

It is recorded that in the sixth century Alexander of Tralles, in Asia Minor, treated *epilepsy* by prescribing a piece of sail of a wrecked vessel to be worn round the arm for seven weeks. (*c*) Of the impostors of the day, Rhazes wrote: "Some of them profess to cure the falling sickness, and therefore make an issue in the hinder part of the head in the form of a cross, and pretend to take something out of the opening which they held all the while in their hands."

Coming down to the sixteenth century, namely, in 1527, the magnet was employed in the apparent hope of thus "drawing out" the disease.

Mr. Tait writes: (*d*) "The application of the trephine for the treatment of epilepsy is limited to cases where the disease is the result of injury to the skull. The first

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(*a*) "Practitioner's Handbook," pp. 540 *et seq.*
(*b*) *Practitioner*, March, 1882, p. 179.

(*a*) *Brit. Med. Journ.*, Aug. 26, 1882.
(*b*) *Knowledge*, Feb. 24, 1882, p. 360.
(*c*) "Hist. of Med.," vol. i., p. 109 to p. 132.
(*d*) "The Uselessness of Vivisection," p. 129.

operation of this nature was performed in 1705 by Guillaume Manquest de la Motte; it was repeated with complete success by Mr. Birch in 1804. Between 1804 and 1865 there are 50 cases on record (collected by Dr. James Russell, *British Medical Journal*, 1865). This paper of Dr. Russell's was published years before any of Dr. Ferrier's experiments were undertaken. Mr. West asks, "Are our indications in any given case, either of paralysis or epilepsy, sufficiently precise and well marked to warrant us in recommending the use of the trephine?"

Dr. Gowers has found that epileptic attacks often ceased, no matter what drug was given, and that no inferences as to the action of drugs in epilepsy could be drawn with certainty. Dr. Drewitt said it was the practice at the Children's Hospital to put a seton of silk at the nape of the neck. It seemed to succeed in many cases. Dr. Wilks agreed that almost any remedy or any other slight thing would arrest epileptic fits. He had known them arrested by toothache, fever, small-pox, &c. He was very sceptical of remedies. He had been taught long ago that setons were good in epilepsy; he had often used them, and found them valuable. (*a*)

◆

NOTES ON

A CASE OF FRACTURE THROUGH THE BASE OF THE SKULL.

By D. JAMISON, jun., M.D.Ed.,
Newtownards.

I venture to give publicity to the following rough notes of a case of fracture through the base of the skull, as they may perhaps be of some interest as showing the long time during which the cerebro-spinal fluid sometimes continues to flow from the ear in cases where the fracture passes across the internal auditory canal, and is attended with rupture of the membrana tympani.

Some months ago I was called to see a boy who had been knocked down at a racecourse by a runaway horse. He alighted, I was told, on the side of his head, and was unconscious for some length of time.

A scientific agriculturist who was present suggested phlebotomy. and proceeded to operate by the somewhat unusual and unsanitary method of sucking the patient's nose. After having been aspirated in this infantile manner for some time, the patient became partially conscious and vomited. He was then put on a car and driven home, some six miles It was then I saw him. He was conscious but confused. Pupils unequal; face flushed; pulse quick; vomiting frequently. Vomit contained good deal of blood. Blood was coming from one ear freely, and there was great pain in the head. Ice was applied to his shaven head, and the usual treatment pursued. For the next three days the blood continued to drain away by the ear, and the pain continued in the head. One side of the face was more expressionless than the other, but there was no loss of power over the orbicularis palpebrarum muscle.

He was much troubled by a tickling cough which was evidently caused by blood passing down the Eustachian tube. It was relieved for a time by swallowing.

On the fifth day the blood ceased to come from the ear, but was replaced by a clear limpid fluid, which continued too ooze from the ear for the next nine days. During this time the patient was dull and stupid. He did not like to speak or to be spoken to. Was constipated and eat very little. Objected to light, and complained of loud noises in the head. On the ninth day from the first appearance of the clear discharge it stopped somewhat suddenly. From this on the patient improved rapidly. Two days after it stopped he wanted to get up, and said he felt quite well. I had great difficulty in persuading him to remain a few days longer in bed. His hearing is dull on the injured side, but otherwise he s quite well.

SOME

EXTRA-PROFESSIONAL EXPERIENCES.

By BRIGADE-SURGEON WILLIAM CURRAN,
Army Medical Department (Retired).

Being all my life a voluminous reader of books as well as a curious collector of those "wise saws and modern instances," medical and otherwise, that constitute the sum of human knowledge, or that conduce towards the realisation of that ideal of our race, the enlightenment and happiness of our brother man, I am induced to hope that such an occasional selection from these as circumstances may from time to time suggest would interest some at least of the readers of this journal, and that is, in a word, my reason for entering at all on this task in these pages. On mentioning the matter to the enterprising manager of this periodical, he, with that *aplomb* or insight that characterises him, understood my object even before I had half explained it to him, and believing with me in the truth of the Horatian maxim that—

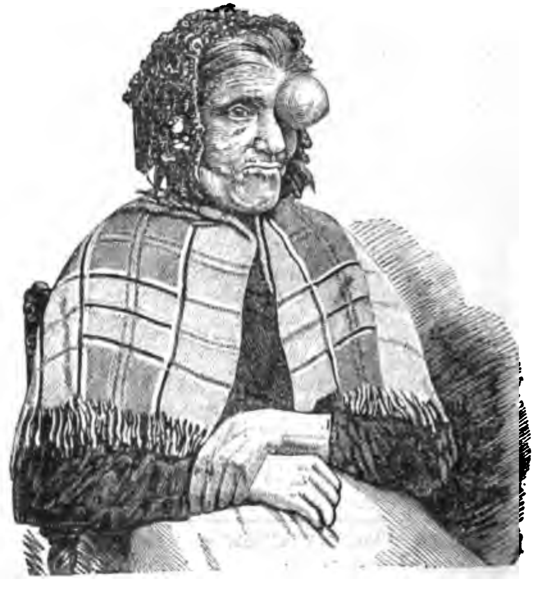
Segnius irritant animos demissa per aures,
Quamquæ sunt oculis subjectæ fidelibus—

he readily undertook the cost of any or such illustrations as may be required for their elucidation, or as I might be unable to supply myself. Whater merit, if any, may therefore attach to these effusions, largely, if not entirely, belongs to him. Mine is only the voice, or the pen—*vox et præterea nihil*—that ushers them into existence, and how feeble and flickering both these are no one knows so well as their owner.

Having ever cherished, like Bourdon, "a decided predilection and exclusive taste for pure and rational observation," I will refrain in connection with them from all speculative hypothesis and learned disquisition, and stick rather to simple narrative and obvious inference. I have no more sympathy with "Scotus the subtle, who clove a hair into sixty parts, and had marge to spare," than I have with him to whom "a primrose by the river's brim . . . a yellow primrose . . . nothing more." I heartily agree with Mr. Greville when he says that "there is always something to be learned from everybody, if you only touch them on the points they know." Influenced by these considerations, I have availed myself of such opportunities of acquiring information as chance or duty threw in my way, and the following are in brief the result and outcome of this somewhat promiscuous fellowship or Bohemian company.

Case I.—Fatty Tumour of the Forehead, the Growth of a Lifetime.

I have unfortunately mislaid the notes I made



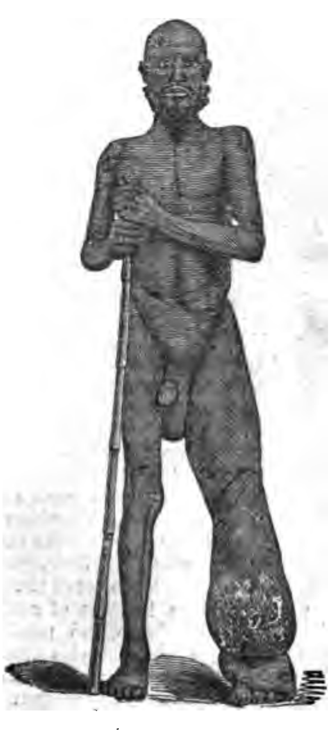
(*a*) *Brit. Med. Journ.*, Dec. 2, 1882, p. 1095.

of this case, but I have a very retentive memory, and the following account of it may be relied on. The subject of it—a woman of the working class—who resided near the Orford Barracks, on the outskirts of Warrington, was in fair general health when I first saw her. She was, she assured me, æt. 73 at this time, and, though of a feeble and wan appearance, she looked as if she would yet survive several years.

Struck with her appearance as I was passing her door one day, I stopped to speak to her and found, as I anticipated, that the tumour or swelling here indicated was, indeed, the growth of a lifetime. She was in short, she assured me, born with it, and it did not appear to incommode her much. I saw her several times subsequently, but, save that she appeared to grow somewhat paler or weaker than she was, there was no other material change in her case or in the calibre of this swelling. Having been away on leave or duty for some weeks, I inquired for her again on my return to harness, and was as sorry as I was surprised to find that she had died in the meantime. "She took to her bed, sir, soon after you last saw her, not caring whether she ever again left it or not," said her daughter to me on this occasion, "and she went out like the snuff of a candle," and, though I advised otherwise, she carried this excrescence with her to her grave. The sight of her left eye, which was, of course, habitually closed and through which she could only see when this tumour was raised, was, so far as I could judge, in nowise less than that of the other.

Case II.—Elephantiasis.

Wajid Ali, Mahomedan faqueer (beggar), aged about 46, single, says that he has been the subject of this disease since his birth. He enjoys excellent health and appears to be a man of equable temper and well-knit frame, but his left lower extremity is enormously enlarged, and exhibits a frighful prominence on its lower aspect, just above the ankle-joint. There has, however, been no increase in either within the last two years or more, and the condition would appear to have attained its fullest development. An attempt, that was made some thirteen years ago, to remove or reduce the protuberance just referred to, led to no result at the time, but he believes that its growth was subsequently stimulated by it, and its surface has been ever since broken and honeycombed. However well or ill-founded this impression of his may be, there can no longer be any doubt as to the propriety of leaving him alone, for his case admits clearly of no relief from surgical interference, and the following measurements will show at a glance the difference between the two limbs. These were carefully taken, under my own personal supervision, at Agra, in May, 1869, and there is reason to believe that he has since died.



Sound Limb.		Diseased Limb.	
Upper part of thigh	16¾ in.	Upper part of thigh	22 in.
Middle " "	15½ "	Middle " "	23¾ "
Knee-joint . .	12½ "	Knee-joint . .	17½ "
Leg just below calf	8¾ "	Over protuberance.	28½ "
Over centre of foot	9½ "	Over centre of foot	17 "

ATAVISM.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

It is the peculiar advantage of medicine that every advance in scientific knowledge ultimately benefits her. Even apparent abberrations of nature work for her good, and owing to her inexhaustiveness every aid is readily accepted, and quickly made to produce results. Being a science based on observation medicine suffers more than others from the inadvertence and death of her members. When we have full knowledge of a subject we find it not an easy matter to so clearly put the case, that the reader will, if of ordinary intelligence, rightly know what we wish to convey to him. Again, the influence of time and use on words is to alter their meaning, and this may so markedly occur, as in the case of the book of "Common Prayer," that words formerly the most suited to carry the writer's meaning, become misleading. And, if under the most favourable circumstances, error is with difficulty kept out; how hard is it to avoid error when we only partially know, and imperfectly describe what we see. Plainly, human imperfection keeps medicine an inexact science. The accumulated experiences of millions of men extending over centuries of time, some carefully and accurately recorded, and others evidencing too plainly haste and inaccuracy, all need interpetration, and ever and anon, comes some phenomenon of nature, like the Babylonian hand-writing, commanding attention, and defying the soothsayers and wisemen, a handwriting only to be read of the God-gifted.

With such divinely inspired sons medicine has not unfrequently been blessed, and like heaven's light the blessing has not been confined to one nation or one people. In almost every land the leader has arisen capable of leading and worthy of obedience, falling at last, after, have achieved much and guessed at many truths.

So died Jenner and Darwin, and dying left their half-solved problems as legacies and duties for successors that the exigencies of the time may call to take up the duty. That such men have not wholly succeeded should make all humble, and that such men had but taken up the tangled skin of fact and fancy as others left it should make all hopeful.

The farm servants had long observed the facts that led Jenner to his life-saving discovery, and every stock breeder was conversant with the influence of selection on cattle before Darwin undertook his great work.

To each of us in our time phenomena occasionally present themselves that if noted may furnish to some future worker the link necessary to complete his chain of evidence. How valuable to-day are the stories of the early navigators, and how grateful every anthropoligist feels for the collection of Richard Hakluyt.

And at no time was there ever a more earnest wish to learn the history of the past, and to preserve the records of the present than in this nineteenth century.

The reader has only to compare the carelessness with which the records of the rise of the Dutch republic were kept both by Holland and Spain, or the scanty historical records of the Commonwealth in England with the dilligence and care which our American cousins are so justly bestowing on the history of their Civil war. How prized now are the sketches of Winslow, Homer, and Edwin

Forbes, how precious the old photographs of many of those who are now buried in unknown graves. Everything tells us that what to day may appear trivial will possibly in time be a valued relic. Who of us is there that would not prize a Peruvian "tally string" or a Mexican "picture letter?" These considerations are my excuse for giving some particulars of a cleft-hoofed horse foal that was some time since exhibited in this city.

The foal was a horse, one month old, of a mouse colour, unstriped, well formed as to its head, body, and legs, but was peculiar in having its two fore feet and the off hind foot cleft. The near hind foot had a small claw like nail, curved, and closely resembling that of a dog.

The hoofs were such as ruminants have, though they were not used to support the weight of the body which caused them to project forward and be slightly turned upward, and the synovial sacks of the joint were swollen, and evidently pained the animal as he hobbled awkwardly along on the ends of the cannon bones.

The dam was about three quarters size, well formed, and had to the same sire borne a well-formed foal prior to the birth of this one.

The animal was foaled in Ballina in the co. Mayo, and was exhibited by its owner.

Cleft-footed horses are occasionally met with—twenty-five years since the stag-horse was shown in Munich. A description of the animal was given by Professor Flank, of the Veterinary College of that city. Bucephalus, the celebrated steed of Alexander the Great, is believed to have been cleft-hoofed. The occurrence of these abnormal forms press upon the naturalist the fact that hereditary predisposition may occasionally assert itself with such distinctness as to almost shake his faith in the scientific axiom that "animals are formed for circumstances by circumstances."

Here we find in the West of Ireland a foal possessing anatomical characteristics that show its ancestry with a race that successfully fought the battle for existence with gigantic reptilia in ages so remote as only to be measured by geological periods. Thanks to the labours of Marsh and Huxley the ancestry of the horse is well known.

Marsh's untiring zeal was well rewarded by the discovery of a series of fossil remains that enabled him to trace the gradual evolution of the horse from the lowest type to that form with which we are so familiar. To the series Marsh with poetic instinct gave the names, Eo-hippus, Oro-hippus, Meso-hippus, Mio-hippus, and Proto-hippus. From the first the gradual evolutionary change was continued without break, and from the small five toed, fox-like animal, and a simple enamel tooth layer, we see the gradual lessening of the number of toes synchronously with an elongation and strengthening of the middle finger, and an increasingly complex arrangement of the enamel layer of the teeth, transition changes as gradually and imperceptibly working as the fading of twilight into night. And so results "what has come to be, from what was."

The domesticated horse is as the utmost twig of a great family tree. He comes of a family that possessed the plasticity which made possible the forms of to-day. The social instincts of the animal remain unchanged though his anatomical form has so wonderfully altered. To-day on the plains of South America he exhibits the same gregarious instincts that characterised his remotest ancestors, as shown by the abundant fossil remains, on both sides of the Rocky mountains.

It is a strange commentary on the transitory nature of mundane conditions to reflect that in its native home the horse was so unknown, that the native Indian language possessed no name for them; how complete must have been their disappearance; how vast the interval of time that separated their last survivor from the foundation of the Kingdom of Montezuma.

For his disappearance we have nothing but conjecture. It is probable, at all events possible, that the intense cold of the Diluvium period drove the horse into the soft plains where his uncleft, narrow, hoof sinking in the soft earth, made him an easy prey to the flesh-eating animals of the plain.

We cannot, however, too carefully note slight causes, the slightest depression or depression of climate heats means the destruction or production of uncountable myriads of insects or the vegetation of region is transformed, and animals either multiply, migrate, or die out. In 1537 the Spaniards introduced horses into Buenos Ayres, and from a few animals that escaped the whole southern continent of America was over run by wild horses in 1580. On the other hand, we find that in Paraguay, a country over 90,000 miles in extent, an area greater than Great Britain, they were extirpated by a fly which found in the soft umbilical navel of the foal, a suitable place for egg deposition. A similar cause made the attempt of the French, in 1764, to acclimatise the horse in the Falkland Islands a failure.

Though America seems to have been the home of the horse, the fossil remains of the animal are found abundantly in the cave of Lunel Viel to the north of Lyons.

The history of the European species may be said to commence when the three-hoofed *Palœtherium Medius* was discovered by Cuvier. This animal, a dweller in boggy plains and marshes had his three toes on the ground, still the central one had already attained greater strength.

The next step in European ancestry is Anchi-therium, whose form less resembles the modern tapir than its predecessor, and whose teeth have become more suitable for vegetable diet. To the Anchi-therium succeeds the Hippariom, a more distinctly vegetable feeder, and whose lateral toes are merely rudimentary, not reaching the ground, and bearing no part in supporting the weight of the body. The size of the animal has become markedly increased, and from the size of a fox, the ancestors of the horse have reached that of the ass, and are fairly entitled to the name, donkey. It is from ancestry, such as a limited space, has allowed me to mention that the naturalist traces the occasional recurrence of inherited peculiarities in the horse, notably the tendency to cleft hoofedness. The persistency of inherited qualities cannot be better evidenced; the artist hunters of Languedoc pictured the horse, as we know him, on the ivory tusks of the Co. coal Mammoth, and Piétrement (1883) considers the long-headed horse of Solutré as having been treated as an article of food, an opinion not approved by Toussaint and l'Abbe Ducrost, who thought that, even at that early period the horse had been domesticated.

There is one strange circumstance about the evolution of the horse, that is that of all the pre-historic animals the horse alone increased by evolution both in stature and usefulness. Commencing in insignificance he in time commands the admiration of poets and even illustrates, by his perfection of form, the beauty and strength typified by Job. Attempts to date his domestication are but idle guesses at truth. In the days of Joseph Pharoah had chariots and horses. M. Patermost has, indeed, decided that our Aryan ancestors had domesticated the horse 9,300 years before the Christian era. A statement about as absurd as that of Abd-el-Kader, that Abraham was the first tamer of the horse. Whose was the triumph that subdued this useful animal to the servitude of his fellow man we know not, how long the struggle; how difficult the task, we never can know. How much man has benefited, and how grateful man is for this great gift, words fail us to tell. Occasionally some heart breaks forth in gratitude, and a responsive chord is touched in the hearts of all hearers. To whom are we indebted for the wise counsel that selected the horse and dog for domestication. To quote M. Joly, "man has discovered, and turned to account in most of the animals he has subjected to his rule an instinct of sociability, existing with a love of independence, and predisposing them to domestication. Here, once more his intelligence created him king; his absolute authority was accepted in place of that of the chief naturally chosen by the head when still possessed of liberty." Townsend, however, ascribes to the dog the first place in civilising influence. (*L'Esprit des Betes.*)

How strong this controlling power, that after untold centuries, only developes its physical characters. May we not reasonably suppose that in the cycle of ages psychological phenomena as startling as anything that the physical world has produced may result, and genuises who may shape ideas, startling and strange, may, by their very eccentricity run the risk of receiving unmerited condemnation for conduct disapproved because unknown, and therefore unvalued.

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Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Acute Nephritis (scarlatinal?) with Left Apical Pneumonia.

Under the care of DR. REGINALD SOUTHEY.

CHARLES H——, æt. 6, attending school, was admitted September 22nd, to Matthew ward, with general anasarca. Signs of left apical pneumonia, and passing but little urine which was of a dark beef-tea like colour. He made a good recovery in the hospital, and was discharged November 13th, 1882. He was a darkly complexioned and fairly well nourished boy. On admission his features were obliterated by a puffiness of the cheeks, lips (especially the upper one), and of eyelids. The legs and feet were largely swollen, with a deeply pitting œdema; scrotum was also enlarged, and his hands were pitted on pressure. Mental condition good, no drowsiness or vomiting. Skin dry and hot. A red slightly weeping surface surrounded the anterior nares. Tongue dry, and presented a slight brown fur. The tonsils were somewhat large, and the cervical glands also, but not tender. Over the lungs there was marked compensative breathing heard on the right side; also some impairment of resonance, and a tubular character of expiratory sound over the left suprascapular region. Heart impulse, diffused and forcible. First sound much prolonged; sounds clear. He coughed repeatedly. He had done so, his mother said, for a few days, and he complained of pain all over the chest. Pulse 12 deg., somewhat hard. Respirations 60. Urine sp.gr. 1015, acid, containing 2 per cent. of albumen, and a large quantity of red blood cells, blood casts, granular casts (large and small), and so-called epithelial casts. His history was given as follows:—He suffered from abscess in the neck when six weeks old, had measles when fourteen months of age, and whooping cough eight months ago, and had since had a very hard cough day and night. He had a fall on the head two weeks ago, and was laid up in bed for two days in consequence. From this he quite recovered, and remained fairly well until the present illness which his mother said commenced on September 17th. The day previously he was attending school.

On September 17th the mother noticed that the child was not well, and on September 19th swelling of the face occurred with failing of the appetite. The boy was chilly, said he felt sick, and complained of headache.

On the 20th the legs and feet were noticed to be swollen, that of the face being more marked, and he vomited his food. He had eaten nothing since the 20th. He had diarrhœa on the 18th, 19th, and 20th, and the quantity of urine passed was said to have greatly diminished on the 21st and 22nd. Ordered D.L. milk; balneum tepidum statim et deinde balneum vaporis, also haustus sodæ tart. effervesc.—ter die.

Sept. 23rd.—Very fair night. Takes food well. Bowels open loosely and frequently, but not largely. Passed about 18 ozs. urine in the night. Perspired, but not freely after the vapour bath. Tongue moister but still furred on the dorsum. Pulse 120. To have as much milk and water to drink as he would take.

24th.—Fairly good night; but rather restless and cried several times. Takes food well. Bowels open freely. Urine more abundant. Tubular whiffing sound and dulness over the left suprascapular region, also very coarse expiratory sound with rhonchus over the right lung. Ordered—Balneum vaporis, omni die, cataplasma senapis-lumbis. Postea cataplasma lini-lumbis—tertiis horis.

25th.—Very restless night. Tongue less furred. Mustard caused marked redness over the loins. Bowels open six times in last 24 hours. Perspired freely after the bath. Scrotum much more swelled with pitting œdema this morning. Passed but little urine during the night—the urine is very dark in colour and deposits a large black flocculent sediment. Ordered.—One lemon; pulv. jalapæ c. gr. xx.; mucilaginis, ʒj.; syrupi, ʒj.; aquæ menth. pip. ad ℥j.; secundis horis donec alv. respondeat.

26th.—Much better night. Perspired freely after vapour bath. Pulse 120. Bowels open freely. Drinks freely.

27th.—Restless till 3 a.m., since which time he has slept well. Very thirsty. No appetite for solids. Perspired but little after vapour bath. Bowels open once. Passed rather more urine. Pulse 123. Respirations 78. Crepitations on right suprascapular region, and less markedly tubular breathing then. Ordered.—Hst. sodæ tart. efferv. ℥ss., 4tis horis. Balneum calidum deinde oleum carbolatum (1 in 30) applic. Mucilaginis ʒj.; syrupi, ʒj. Aq. menth. pip. ℥ss., secundis horis donec alv. respondeat.

28th.—Passed a good night. Bowels open freely three times in the night, quite loosely. Take freely of milk. Passed more water. Pulse 108. Respirations 52. Ordered—Balneum calidum omni die.

29th.—Passed a good night. Takes milk well. Bowels open freely. Ordered: Potass. acetatis, gr. v.; liq. potassæ, ♏x.; glycerini, ♏x.; infusi. quassiæ ad., ℥ss., 4tis horis.

30th.—Sweated well after the bath. Bowels open three times in last twelve hours freely. Takes food well. Good night. Pulse 96. Respirations 40.

October 2nd.—Passed a fairly good night (after 4 a.m.). Takes food well. Bowels freely open. Albumen present in urine. Scrotum largely swollen. Feet still pit on pressure. Face still swollen. No ascites. Ordered: Pulv. jalapæ c. as before, p.r.n.

4th.—Ordered: D.L. Fish, chicken, broth, egg 1, claret ℥ij. Balneum vaporis omni die; rep. jalapæ mistur. p.r.n., also pot. citratis efferv., ℥ss., with syrupi aurantii, ʒj.; quartis horis.

5th.—Bowels freely open three times in last twelve hours. Sweated freely after vapour bath for a long time. A good deal of cough. Urine rather more in amount and lighter in colour and containing less sediment, and still a trace of albumen. Pulse 112. Respirations 32. Some dulness at right base behind. Almost normal vesicular breathing, with a few crepitations over the left suprascapular region.

7th.—Very good night. Takes food well. Bowels freely opened. Perspired freely after vapour bath. Water freely passed.

9th.—Tongue clean. Water more freely passed. Scrotum much smaller. Features almost natural, and legs scarcely pitting. Ordered: Rep. omnia.

10th.—Bowels open freely after jalap. Sweated well after bath. Water more freely passed.

12th.—Passed a good night. Takes food much better. Bowels freely open after the jalap. Tongue clean. Water freely passed. Perspired freely after bath.

16th.—Passed 27 ounces of clear amber-coloured urine collected during the last 24 hours; some also was passed into the bed. No albumen. Heart's impulse forcible, and radial arteries hard. No abnormal signs over lungs. Hears well. Bowels open freely yesterday. Perspired freely after bath. Coughs a little. Scrotum of natural size. Legs slightly pit. Urine has no albumen. Sp.g. 1023 acid (no albumen now for a week). Ordered: Minced chop instead of fish.

23rd.—Pulse 100. Respirations 30. Tongue clean. Urine has a very slight trace of albumen; it gives no guiaic reaction and contains no casts, but a few red blood cells are present. Ordered: Balneum calidum, alterne die, postea oleum carbolatum applic., also vini ferri, ʒij. ter die.

30th.—Bowels open freely yesterday (without the oil). Eats well. Good nights. Hot bath every other day, and after each bath to be rubbed with oil.

Nov. 1.—Doing well. Has been up six days. Urine has slightest trace of albumen sp.g. 1025, acid. No red cells or casts detected in the urine under the microscope. Discharged.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

Meeting held FRIDAY, DEC. 3, 1886.
The President, Dr. WALTER G. SMITH, in the Chair.

PARASITIC DISEASE OF LUNGS OF SHEEP.

Dr. HENRY BEWLEY said that in the lungs of several sheep which were examined lately in the Physiological Laboratory of Trinity College, Dublin, a number of whitish or grayish nodules were found scattered through them, varying in size from 1-16 to 1-8 inch in diameter. On microscopic examination these nodules proved to be caused by a small nematode worm, from 15 to 17 mm. long, and extremely slender. The worm lay coiled up in the interior of a mass of apparently dried purulent matter. This mass was surrounded by a zone of elongated epithelioid cells, arranged in a radiating manner round the central mass. The epithelioid cells were embedded in a delicate fibrous reticulum; and here and there large giant cells were seen. Around these radiating cells was a zone of small lymphoid cells, embedded in fibrous tissue, and arranged in concentric layers. Outside these cells, in some of the specimens, was healthy lung tissue. In others the nodules were surrounded by catarrhal pneumonia. The worms in these nodules have no reproductive organs, and are apparently immature forms of strongylus filaria—a nematode worm that inhabits the bronchi and trachea of sheep and goats.

The PRESIDENT remarked that animal pathology was becoming increasingly associated with human pathology.

Dr. MACSWINEY asked did Dr. Bewley look for this parasite in any other part of the tissue of the sheep? It would be interesting to know whether its *habitat* was confined to the pulmonary organs, or the parasite was ubiquitous.

Dr. PURSER said it was difficult to suppose that the worm could have crept down through the animal's bronchial tubes. It was possible that some might have got into the lungs from the blood. They might have been swallowed, and might have bored their way out of the stomach into blood-vessels, and have been carried up to the lungs in that way. There was no difficulty in supposing that certain parasites would be in the lung and not in other parts of the body, because it was well known that different parasites had different tastes as regarded their places of living in the body.

Dr. BEWLEY, in reply, said he did not examine any other part of the sheep's body for parasites. He would have liked to examine its trachea, and he hoped to be able to do so at some future time.

STRICTURE OF THE ŒSOPHAGUS.

Mr. EDGAR FLINN exhibited the œsophagus and stomach of a man who died in St. Michael's Hospital, Kingstown, from stricture of the œsophagus, due to malignant disease. The history of the stricture dated back four years, the act of deglutition becoming more and more difficult during the last three months of the patient's life. The stricture became very much contracted during the last three weeks of his existence—so much so that he became unable even to swallow fluid, and had to be fed by nutrient enemata. A post-mortem examination was made, and it was found that the left lung was very much atrophied and collapsed. The walls of the œsophagus were greatly thickened and surrounded by a hardened mass matted together, which implicated the neighbouring structures. The œsophagus was very much narrowed at its lower fourth, and the most contracted part of the stricture was found to be about three-quarters of an inch from the cardiac orifice of the stomach, and would hardly admit of a small-sized pen-handle being passed through it. The stomach was enormously dilated—so much so that when the abdomen was opened it appeared to fill up the entire cavity, and was full of a brownish fluid, very offensive in odour. A large fruit stone was found immediately contiguous, and somewhat beneath the pyloric orifice, imbedded in a diverticulum. This fruit stone must have lain in this diverticulum for a long time, the post-mortem appearances showing that its passage through the œsophagus would have been well-nigh impossible during the last two years of the patient's life; from its position near the pylorus, it exercised a considerable deal of pressure on the pyloric orifice, and thus, in great measure, the great dilatation of the stomach was to be accounted for. The liver was likewise very much enlarged. Dr. M'Kee, the Curator of the Royal College of Surgeons in Ireland, had made a microscopic examination of the parts, and had reported that the disease implicating the œsophagus was epithelioma.

The PRESIDENT remarked that the site of the disease in this case corresponded with that which was most common in malignant disease of the œsophagus—namely, the lower part of it.

Dr. WRIGHT said that this man had been under his observation for seven years, and there was not a month during which he was not once or twice at the dispensary with him. On the first occasion on which he saw him he suffered from albuminuria, and all through, up to a year ago, his urine when boiled gave a deposit of one half of albumen. Seven years ago he suffered from a severe attack of general anasarca, for which he was successfully treated in St. Michael's Hospital. The first intimation that he had of anything being wrong with the man's stomach was about five years ago, when he came to the dispensary complaining of gastric pain and severe hæmatemesis. On several occasions afterwards he had severe hæmatemesis. For three or four months there was no stricture of the œsophagus, and then suddenly the stricture developed. That was four or five years ago. It then came on spasmodically. For days he could with difficulty swallow milk; and then the stricture would yield, and he would be able to swallow solids without much difficulty. The case was rather an obscure one, and the number of opinions held about it was amusing.

Mr. DOYLE asked did the patient show any symptoms of old pleuritis?

Dr. BALL said one of the most interesting features in the case was the presence of the diverticulum in the pylorus. True diverticula were exceedingly rare. Mr. Moore, one or two years ago, brought before the Pathological Society of London a case of several true diverticula in the neighbourhood of the pylorus; and he suggested that they might be analogues of the multiple diverticula which were present in fishes. He (Dr. Ball) had not examined the present case sufficiently to see whether there were smaller diverticula in addition to the larger one which contained the fruit stone.

Dr. PURSER said the most interesting point in the case was the dilatation of the stomach. In stricture of the œsophagus the stomach was usually contracted. There must have been some disease in this patient, long before the carcinoma of the œsophagus, which produced the dilatation of the stomach. It appeared to him that the pylorus was extraordinarily small. The stricture of the pylorus must have been either produced by disease or congenital. The pouch in the stomach was, he thought, not an abnormality, but the product of the fruit stone in its ineffectual efforts to get through the narrow pylorus.

Mr. FLINN, in reply, said he was not aware that the patient had had pleuritis or any affection of the chest at a previous date. He did not think there were any diverticula except the one where the fruit stone was.

ADENOMA FROM THE MAMMARY GLAND OF A RAT.

Mr. J. A. SCOTT exhibited a specimen of adenoma from the mammary gland of a rat; at the Carmichael College of Medicine a number of rats were kept, the one from which the specimen was taken was brought to him by the porter. It had a big tumour in its abdomen, into which its legs seemed to be drawn up, very much in the way in which a penis sometimes was into a large hydrocele. Nevertheless, the animal had been several times pregnant, and was able to suckle its young. The rat was killed, and on opening it he found the large tumour which was before them. A section of the tumour showed it to be an ordinary adenoma. A part of the specimen showed the ordinary excretory mammary gland, with a quantity of fat; in other parts there was the gland tissue, and elsewhere a large quantity of fibrous tissue.

The PRESIDENT.—Did you ever observe any similar case amongst your numerous family of rats before?

Mr. SCOTT said he had invariably opened the dead rats, particularly the females, in order to secure the embryos, but he had never before met with a tumour of the mammary gland in any of them. He did meet with an ovarian tumour, and he hoped to bring it before the Section. He believed the late Dr. Harvey found something of the sort, but the bottle containing the specimen had been lost.

SIMULTANEOUS FRACTURE OF BOTH CLAVICLES.

Dr. E. H. Bennett submitted a cast exhibiting this lesion, taken from a man who was treated in Sir P. Dun's Hospital, and also the clavicles of a little girl, æt. 6, who had sustained a complete fracture of one clavicle, and an incomplete fracture of the opposite, by being run over by a tram-car. Having detailed the history and mechanism of the injuries, Dr. Bennett directed attention to the fact that in the first case perfect union had been obtained in both fractures, with but little deformity—a fact of importance, seeing that out of eighteen cases collected by Gurlt, no less than eight had resulted in non-union of the fractures—a result clearly attributable to the difficulty of maintaining the parts at rest in such an injury without the very most careful nursing. Dr. Bennett exhibited at the same time a series of injuries of the costal cartilages taken from the body of the child who had had the collar bone broken. On the right side, the second, the third, and fourth cartilages were broken transversely, while the first was dislocated from its rib. On the opposite side one of the lower cartilages had been also dislocated from its rib, and one had sustained a partial fracture. Dr. Bennett directed particular attention to the dislocation of the cartilages from the ribs, as the occurrence of such dislocation had been denied by Malgaigne. He also directed special attention to the incomplete fracture of one of the cartilages, not on account of any great practical importance attaching to the injury, but as serving to complete the analogy between these injuries and fractures of bone.

Dr. MacSwiney asked did Malgaigne, in his criticism, or rather dogmatic statement, that dislocation of the cartilage never occurred, refer to adults or children?

Dr. Ball said that Dr. Bennett's first case was in Sir Patrick Dun's Hospital under his (Dr. Ball's) care, and they had considerable difficuly in keeping the fragments in place; and very probably there would not have been any union of them at all but for the kindness of other patients in the ward, one of whom frequently gave the man a smoke.

Dr. Purser said that he could not see anything *à priori* absure in the separation of the cartilage from the bone, particularly in children. He would suppose that injury more apt to occur in children than in adults. The point where the growing cartilage joined the bone was rather a weak place. The cartilage itself was softened, and the new bone, where it developed into a cartilage, was very slight, so that it would be very easy for such a separation to take place in children. Dr. Bennett had made a fine distinction between the separation of the cartilage from the bone and the separation of the cartilage leaving a little bit of it in the cup. There was nothing peculiar in the cup, for when ossification was advancing periosteal ossification advanced along with the cartilaginous, and the fracture was the same thing whether it was scooped out from the cup or broken across. He rather wondered that the injury was not more common in young children, and that the movements of a child were not sometimes enough to tear off the periosteum.

Mr. Flinn mentioned that about eight years ago a case came under his notice of a coal miner, in Staffordshire. While engaged in a lying position in what is called "holing," a very large piece of coal fell on him and fractured both his clavicles, which subsequently united,—the one at the sternal end and the other at the acromial end. The lower third of his femur was also fractured.

Dr. Bennett, in reply, said that Malgaigne gave four cases of this fracture at the age of seventeen, which was the earliest age that he recorded. It was an eminently difficult thing to keep it reduced, for, although after the individual had made a full breath the parts would slip into their places, when the chest collapsed they would slip out again.

CEREBRAL MENINGITIS AND ABSCESS.

Dr. Quinlan exhibited a case of cerebral meningitis and abscess. He said it was taken from the body of a scrofulous, starved-looking young man, æt. 23, who was admitted into St. Vincent's Hospital on the 23rd November. He had for many months had an offensive purulent discharge from his right ear, and was on admission suffering from the most agonising pain, radiating from the ear to the frontal, parietal, and occipital regions. His pulse and temperature were above normal, but he was quite clear in his mind, and had no convulsions or muscular stiffness. On the morning of the 25th November, about 8.30 a.m., he become suddenly stupid and heavy, and the right pupil became dilated and insensible to light, the left pupil remaining normal. He gradually got comatose, and died at 2 p.m. A post-mortem examination was made twenty hours after death by Mr. Coen, the house surgeon. The dura mater was firmly attached to the upper part of the brain, the general surface of which was rather congested. On removing the brain a dark discoloration was perceived on the side of the right middle lobe, and on the back part of the cerebellum and on the medulla oblongata a large patch of recent meningitis with subarachnoid effusion. On opening the right ventricle it was found full of sero-purulent fluid, and on making a section of the right middle lobe a large abscess, full of offensive pus, was discovered, corresponding to the dark spot already mentioned. The petuous portion of the temporal bone was extensively diseased; and the cause of the sudden coma on the day of death was, no doubt, the bursting of the cerebral abscess into the right ventricle.

Dr. MacSwiney said the pathological symptoms in the case were those of chronic purulent inflammation of the middle ear. He wished to ask what was the condition of the temporal bone and the bones of the ear on the side affected? Was the disease obviously extended from inflammation of the middle ear?

The President.—Was an examination made of the petrous bone?

Dr. Quinlan, in reply, said there was an opening into the petrous bone, from which matter was flowing. He probed it and found the bone quite diseased and disorganised, but he did not cut the bone out. There was the same smell from the pus that came out of the ear as from the pus that came out of the abscess.

The Section then adjourned.

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LIVERPOOL MEDICAL INSTITUTION.

48th Session, 1886-7.

The fifth ordinary meeting was held on December 9th.

The President, Dr. Nevins, in the Chair.

Dr. E. W. Hope read a paper on

INFANTILE DIARRHŒA.

Reviewing certain features of the disease as they presented themselves in Liverpool. It was shown that notwithstanding the great increase in the population, the deaths from diarrhœa, like those from fever, had steadily declined during the last twenty years. The unequal incidence of the disease upon various districts of the city, admitted of a partial explanation by the preponderance of poor and squalid inhabitants, in one locality over another, and by the bad condition of their dwellings and general surroundings. These points, together with others, bearing upon the great annual and seasonal fluctuations in the mortality from diarrhœa were fully illustrated by statistical tables. With regard to the domestic aspects of the question, Dr. Hope gave the results of his personal investigation into one thousand fatal cases of the disease, noting the mode of feeding, age, nationality, condition of dwelling, legitimacy, and other circumstances which were likely to have affected the infant. A fair approximation to the number of infants fed in each particular way had been arrived at by extended inquiry, and it appeared from the tables which illustrated the paper, that the diarrhœa mortality of infants under three months of age, fed wholly or partially on artificial foods, is fifteen times as great as amongst breast-fed infants of the same age. The desirability of avoiding the selection of the autumn months for weaning, was pointed out. Incidental questions, such as the insurance of infant lives, were briefly referred to in the paper.

LIVER FROM CASE OF MELANÆMIA,

Shown by Dr. Gemmell for Dr. Barron.

This specimen was obtained from a case of melanæmia, admitted into Dr. Water's Wards at the Royal Infirmary in the end of October. The patient, a seaman, about thirty years of age, was attacked with ague at Savannah some weeks previously, but appeared to have recovered. When, however, his vessel came into cold weather on the voyage home the chills returned, and on arriving home he was admitted into hospital. On admission there was an irregularly high temperature with an earthy colour of skin and apparent jaundice. He also suffered from nocturnal delirium, and during the day was dull, stupid, and occasionally incoherent. The blood being examined showed pigment granules, free and in leucocytes, and melanæmia was diagnosed. About three days after admission the patient became comatose, and died in less than twenty-four hours. At the post mortem the organs were all found to be more or less pigmented, and the capillaries throughout the body were found to be lined with a layer of minute pigment granules. The piece of liver shown is of a dark slate colour, and under the microscope contains much granular pigment chiefly in the interlobular veins, and in the outer zone of the hepatic lobules.

DR. SEMPLE'S ATOMISING INHALER.

Dr. Barr exhibited this inhaler, and spoke of it in very high terms. The medicinal substance to be inhaled is mixed with a petroleum product or other suitable solvent. It is then finely vapourised into the receptacle of the inhaler, from which it can be easily drawn. The inhaler is manufactured by Messrs. Parker, Davis and Co., and sold by their agents, Messrs. Burgoyne, Burbidges, and Co., London.

CASE OF MUSCULAR SPASM RESEMBLING THOMSON'S DISEASE.

Dr. Barr exhibited a male patient, æt. 57, who for the last three years suffered from a spasm of the muscles of the legs in attempting to walk after he had been at rest. In a few seconds this passed away, and he was then able to walk fairly well, though he brought his heels down with a flap. There was no ataxia, no ankle clonus, and the knee-jerk was about normal. The electric sensibility and contractility were fair, though there was a marked disparity between the two legs. These muscles were not so rigid or in such a state of tonic spasm as in Thomson's disease. The muscles contracted, but their action was prevented by a simultaneous contraction of the antagonistic muscles. In short, there was an abnormal irradiation of the voluntary impulse, which caused a more widely diffused effect than was intended.

Mr. G. Gibson-Hamilton showed a case of

CLEFT OF THE PALATE, THE RESULT OF ULCERATIVE STOMATITIS.

The child was æt. 6, and four years ago had been a patient at the Infirmary for Children, where what corresponds to the intermaxillary bone had necrosed, and been removed, leaving a cleft which extended into the mouth for a considerable distance. The little girl had been refused admission to an industrial school until something was done for her, and Mr. Hamilton therefore proposed operating by the subperiosteal method in a few days. It was fashionable at present (he thought to say in all forms of cleft palate) that a well-fitting plate answered the purpose, as well as any operative interference, but laying aside altogether the question of efficiency and expense there was this point to be considered that the mere existence of a cleft, and the knowledge that the person is not a complete individual, had an important bearing on the mental condition and character of the patient in the future.

Dr. B. Blower showed a case of

IMPERFORATE EXTERNAL AUDITORY MEATUS (CONGENITAL).

He said the patient was a little girl, æt. 11. The left external auditory meatus, ends about half-an-inch from its commencement in a cul-de-sac, and upon feeling the bottom of this with a probe, it will be found that there is tone beneath the skin. There is also stenosis of the right meatus about half-an-inch from the commencement, it being hardly an eighth of an inch in diameter at this point, and there is also some otorrhœa. The child is, of course, very deaf, but she can hear the vibrations of a tuning fork when placed close, even to the left ear. The case was introduced to the notice of Mr. Stone, of Rodney Street, and he agreed with me that it would not be safe to operate in order to make a meatus to the left ear, although much might be done to the right by careful application of sponge, or laminaria tents. I am at present treating the otorrhœa by injections of quiniæ sulph. in solution, and blowing in iodoform powder.

The President said the Society was much indebted to Dr. Hope for presenting it with a paper on which so much time and care had been bestowed.

Dr. Carter remarked on the rapid improvement of the general health in Liverpool in recent years. The city was conspicuous for the marvellous change that had taken place in the death-rates from fevers and diarrhœa. Typhoid had, however, not declined in anything like the same proportions as typhus, even if it had diminished at all. Closer inspection of houses in course of erection with regard to drains was necessary, and certificates that they were properly connected, or certificates of efficiency on the part of the plumber, the same as amongst ourselves. The attention of the Legislature should be drawn to the terrible fact that there were so many deaths amongst children whose lives were insured.

Mr. Blower thought it necessary that something should be done to prevent the deaths of insured children. Before death took place, however, there was difficulty in compelling people to feed their children properly, but after death an inquest might be insisted on.

Dr. Logan mentioned the strange prejudice there was on the part of mothers against giving cow's milk to children at the breast, the "two milks" being supposed not to agree. It was a prejudice that ought to be combatted.

Dr. Whitford thought a large proportion of the deaths were owing to infants having the "run of the house," in regard to food. With regard to insurance, he knew the case of a woman who had had five illegitimate children, they were all insured, and all died under twelve months. The woman lived with an aunt, and it appeared as if the woman was kept for the purpose of breeding children by whom money could be made through insurance of their lives.

Dr. Baily said that before the cotton famine in Lancashire children were given soothing syrups and bread and water, whilst their mothers were working in the mills. They were kept quiet in this way, and death soon ended their sufferings. But during the cotton famine, when there was no mill work for the mothers the infantile death-rate fell to one-fifth of what it was before. It had never again reached the former high figure.

Dr. Samuels thought all delicate children were insured, but not the healthy, and that children died from sheer ignorance rather than from more culpable causes.

Drs. Rawdon, Kelly, Archer, and P. Davidson also took part in the discussion.

Dr. Hope then replied.

The vacancies on the staff of the Belfast Hospital for Women and Children created by the death of the late Dr. S. M. Malcomson, and the resignation of Dr. Poole, have been filled up by the appointment of Dr. Hugh Lewers and Dr. Strafford Smith.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 32, Bombay 19, Madras 38, Paris 24, Geneva 22, Brussels 21, Amsterdam 24, Rotterdam 23, The Hague 26, Copenhagen 21, Stockholm 16, Christiania 19, St. Petersburg 24, Berlin 20, Hamburg 36, Dresden 21, Breslau 27, Munich 34, Vienna 25, Prague 28, Buda-Pesth 36, Trieste 32, Rome 25, Venice 28, Cairo 40, Alexandria 34, New York 28, Brooklyn 21, Philadelphia 21, and Baltimore 17.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·5 per 1,000 of their population, and were—Birkenhead 18, Birmingham 18, Blackburn 24, Bolton 19, Bradford 20, Brighton 11, Bristol 26, Cardiff 26, Derby 18, Dublin 28, Edinburgh 23, Glasgow 32, Halifax 26, Huddersfield 20, Hull 22, Leeds 24, Leicester 19, Liverpool 26, London 19, Manchester 29, Newcastle-on-Tyne 26, Norwich 21, Nottingham 20, Oldham 23, Plymouth 30, Portsmouth 21, Preston 31, Salford 21, Sheffield 18, Sunderland 20, Wolverhampton 30. The highest annual death-rates in these towns last week were—From measles, 2·1 in Cardiff, 3·5 in Leeds, 6·0 in Halifax, and 7·2 in Wolverhampton; from scarlet fever, 1·0 in Newcastle-upon-Tyne, 1·1 in Liverpool, 1·2 in Bristol, and 1·5 in Salford; from whooping-cough, 1·1 in Manchester, 1·2 in Bradford, 1·4 in Plymouth, and 1·8 in Huddersfield; and from "fever," 1·0 in Preston. The 35 deaths from diphtheria included 17 in London, 3 in Edinburgh, 3 in Portsmouth, 3 in Bristol, and 4 in Liverpool Small-pox caused no death throughout the United Kingdom.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 5, 1887.

THE NEW YEAR.

THE new year which is now upon us, pregnant with hopes and apprehensions as an offset to the enjoyments of Christmas time, is, on the whole, more promising than many preceding years from the medico-administrative point of view. Last year at this time we expected nothing, and our hopes so far have not been disappointed. This year, one's apprehensions have at any rate a tinge of hope. The constitution of the bodies which have for many years past presided over the destinies of medicine in this country has already undergone important modifications, and further changes are probable. In the three kingdoms a certain effervescence is to be remarked which is the prelude to conjunction among the local licensing authorities—a conjunction which it is to be hoped may in years to come take on a still greater extension. The difficult problem of accommodating rival interests is one which only the pressure of circumstances can solve, but this agent has so far been very fairly successful. Everybody who takes a genuine interest in the status of his profession must view with interest such measures as tend to educe order out of chaos, and which will protect each of the three kingdoms against the unbecoming and indecorous rivalry which at present characterises the competition of some of our numerous licensing bodies.

The question most prominently before the profession is as to the fate of the Societies of Apothecaries in England and Ireland. In both countries the Colleges of Physicians and Surgeons show a disposition to hold aloof from their humbler *confrères* the apothecaries. However much we might be disposed to sympathise with the feeling in the abstract, the bad effects of such exclusion on the interests the future of the profession lead us to deprecate the expression of opinion which, official in London, is apparently imminent in Ireland. By such refusal that unification of licences which it was the aim of the Act of last year to promote is to a large extent stultified, and the line of demarcation is accentuated instead of being obliterated. It remains to be seen how far the concerted action of members of the profession will be efficacious in remedying a state of things which was brought about, at any rate in London, in spite of and in direct opposition to, the expressed wishes of the profession.

A matter which concerns London students more particularly is the scheme, which has now taken unto itself a form, for providing them with a degree in medicine which shall place them on an equality with their provincial and colonial brethren. Opinions differ very widely as to the propriety of the resolutions adopted by the Royal Colleges of Physicians and Surgeons of England, but, on the whole, there is a very general feeling that something of the kind should be carried out.

Last year was marked by the laying of the foundation stone of the new Examination Hall by Her Majesty, and this year will probably be marked by its opening. Doubtless certain favoured entities are looking forward to that occasion as an opportunity of obtaining the titular distinctions which it may be the desire of Her Majesty to distinguish.

Prospects of reform at the College of Surgeons are fairly promising. The persistence and tact with which the claims of the Fellows and Members have been put forward have placed these claims on a firm basis, and have invested them with an authority which it will be difficult for the Council to ignore. It is, moreover, by no means impossible that the forthcoming year may witness a similar agitation on behalf of the ordinarily apathetic licentiate of the London College of Physicians. The action of the London Colleges in respect of the Apothecaries' Society has alienated a great many sympathies, and has given rise to a doubt as to whether bodies which respond so feebly to the wishes of the majority of their constituents are altogether to be trusted with new and extended powers.

Without partaking the opinion of Pangloss as to all things being for the best in this world, we have confidence in the general common sense of the profession, and we do not doubt that whatever measures may be taken and whatever reforms are achieved will be in the direction of a better and improved condition of things.

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PROFESSIONAL SECRECY.

THE subject of the relations which exist or ought to exist between medical men and their patients is one of very great importance. The responsibility which attaches to the fidelity and discretion of the doctor, the sick man's friend, has been a matter for serious consideration ever since—and possibly very much before—the days of Hippocrates, who laid down the golden maxim that whatever information was acquired by the doctor, in *or even outside* the exercise of his profession, was to be regarded by him as an absolute secret. This admirable part of an admirable code of ethics formulated by the illustrious father of medicine, has served to guide more or less his successors in the healing art. It has, however, been modified by law or usage in different countries, and since the circumstances are everywhere the same, the divergence of views and practice in this respect merit our very serious consideration. The Faculty of Medicine of Paris, as far back as 1599, resumed in a pithy formula the views then received: *Ægrorum arcana visa, audita, intellecta, eliminet nemo.* The maxim has from custom passed into law, and in most Continental countries the fidelity of the medical attendant—including nurses, midwives, &c.—is inculcated, and if need be, enforced, by laws which certainly do not err on the side of leniency. Considering the laxity of the laws in this country in so far as the obligation of secrecy is concerned, it is interesting and instructive to become acquainted with the views which obtain in other countries than our own. We venture to believe that as a general rule all needful discretion is exercised by members of the profession in this country, but it is quite open to argument whether the practice should not be made to receive legal sanction, and the authority of a duty, without which its observance is often quite impossible. What the law on the subject is in France is clearly and succinctly set forth in an erudite and carefully thought out treatise by Dr. Brouardel, the eminent Professor of State Medicine at Paris. Under the title of the "Secret Médical" he collates the clauses of the penal code and explains their bearing on cases which may occur and have occurred in practice. In France the obligation of secrecy is practically absolute, and no circumstance can warrant or justify the divulgation by the medical attendant of secrets. To this rule there are few exceptions, and these comprise a cognisance, whether acquired in the exercise of his profession or not, of plots against the State or against the life or well-being of individuals—cases of poisoning, ill-treatment of children, procuring abortion, or to save an innocent victim. The general principle which governs the exceptions is that the first duty of a doctor is to protect his patient, and if the patient is being poisoned, or, being a child, is subjected to ill treatment, then the doctor owes it to his patient to require the assistance of the law in saving him from further injury. When called upon to give evidence before a court of law, the duty of the doctor is to declare his inability to give evidence touching matters which he may have learned in the exercise of his profession *before taking the oath*, and according to a decision of the Court of Cassation, where the validity of the decisions of the lower courts is finally adjudicated upon, the professional privilege is absolute when the facts in question have been confided to him under the seal of his professional secrecy. Facts which have come to the doctor's knowledge during his attendance, but which have not been directly and deliberately confided to him, may be demanded in evidence at the discretion of the judge, who by his express authority relieves the medical witness of any responsibility in relation thereto. As a matter of fact, judges in France use their powers in this direction very sparingly.

Not very long ago Dr. Watelet, of Paris, conceiving himself injured by certain reports which had reached the public, wrote a letter to a daily paper, explaining his conduct in respect to the patient, then dead, in whose treatment he was alleged to have erred. His letter contained allusions to the malady from which the deceased had suffered, and although there was nothing in the revelations of a nature to injure or hurt the feelings of the relations of his patient, he was prosecuted for violation of the professional secret, and fined 100 francs. The law which obliges secrecy is rigorously enforced, and there can be little doubt that as a result there is less tendency to disguise the real facts of the case from the doctor who has been called in, and who is dependent to a large extent on the information afforded him by his patient as to the cause and nature of his complaint. Only last year a gentleman in Paris who, though married, kept a mistress, was shot from motives of jealousy by the latter, but contrived to reach home, explaining his injuries by a story of a nocturnal aggression. The medical man who was called in soon made himself acquainted with the real facts, and at once communicated with the police. His action, though it was not, so far as we are aware, made the subject of a prosecution, met with the almost unanimous condemnation of his *confrères*, and even in this country would probably have been viewed with disapprobation.

The only safeguard, as Dr. Brouardel points out, is for the medical man to lay down for himself a rule of conduct, not to be deviated from except under legal compulsion. Unfortunately—in our opinion—the legal compulsion in this country is construed to mean that evidence on facts in any way bearing on the case before the court, must be given as a matter of course, and judges persistently decline to recognise any particular privilege as belonging to our profession. The result must needs be in many instances an immense and often totally unnecessary exposure of facts which from their nature it were highly desirable, both from a public and a private point of view, to keep secret. Even wanton abuse of confidence here is only amenable to the common law, and no particular code declares what may and what may not with propriety be revealed. There would certainly seem room for improvement in this respect. While we are of opinion that it should be left to the discretion of the judge to order the violation of confidence in a certain class of cases where the information is absolutely necessary to a correct appreciation of the merits of the case, it is extremely desirable that the power should be used more sparingly and with more consideration for the feelings and interests of the parties concerning whom the information is required. Perhaps at some time in the distant future, when an attempt is made to codify our laws and reduce chaos to a semblance of order, our legislators may take advantage of the opportunity to remedy the *lapsus* left by the absence of specific injunctions. It is primarily in the interest of the public that reform is desirable, but it would also have a salutary effect on the relations of medical men with their patients, and would often save the former from painful situations in which his duty as a witness is made to clash with his duty to his patient. It would be interesting to know exactly what the general feeling on the subject is in the profession, and we should be pleased if our article were the means of eliciting expressions of opinion in relation thereto.

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THE CONJOINT EXAMINATION SCHEME FOR IRELAND.

The first report of the combined Committees of the Colleges of Physicians and Surgeons appointed to formulate a scheme for conjoint examination has been issued for consideration of the respective Colleges, and being in a semi-public condition, is open to criticism. We may with advantage give a brief epitome of the scheme.

For the present all information relative to the examinations under the Joint Scheme will be obtained from the Registrars of the two Colleges, either of whom will receive the applications and fees of candidates.

The examinations shall commence on the first Monday in April, July, and October with the Junior Grade.

The written examinations will be held at the College of Physicians, the oral and practical portions at the College of Surgeons.

FIRST EXAMINATION.

Candidates shall be required to produce evidence—(1) Of having been registered as medical students nine months before; (2) Of one course on Practical Anatomy, and one on Chemistry; (3) Of a course of Dissections; (4) Of a summer course on Materia Medica, and one on Chemistry; (5) Of three months' Practical Pharmacy.

Fees.—£15 15s.

TWO DAYS.—ORDER OF EXAMINATION.

First Day.—Written, on Physics, Chemistry, and Anatomy.

Second Day.—Oral, Physics, Chemistry, Anatomy, Practical Pharmacy. Fifteen minutes in each subject.

SECOND EXAMINATION.

Candidates must have passed the first exam.; also have attended—

1.—A Medico-Chir. Hospital for nine months, together with notes of at least three medical cases and three surgical cases.

2.—Winter Courses: Practical Anatomy, Dissections, Physiology, Surgery.

Summer Course (three months): Practical Physiology, including Histology.

Fees, £5 5s.

EXAMINATION (THREE DAYS).

First Day.—Written examination, three hours, on Physiology, Chemistry, and Materia Medica.

Second Day.—Oral. The oral examination shall be conducted at four tables, two examiners at each table.

Fifteen minutes on Anatomy, Histology and Physiology, Hospital Practice—Elementary Medical and Surgical, Materia Medica.

Third Day.—Practical examination in Anatomy, Histology and Chemistry. Anatomy: Each candidate shall make a dissection; half an hour being allowed for this purpose. He shall be then examined on that or any other dissected part. Histology: Preparations of objects under microscopes, and five minutes allowed to study them. Chemistry: Each candidate shall be examined in Practical Chemistry in the laboratory.

THIRD EXAMINATION.

Candidates must have passed the second exam.; also certificates of—

1.—A Medico-Chir. Hospital for nine months, together with notes of cases as in second year.

2.—Winter Courses: Dissections, Medicine, Midwifery, if not deferred to the fourth year. Summer Course (three months): Medical Jurisprudence.

Fees, £5 5s.

ORDER OF EXAMINATION (THREE DAYS).

First Day.—Written. Morning, three hours on Anatomy and Surgery. Afternoon, three hours on Physiology and Medicine.

Second Day.—Oral Examination. The oral examination shall be conducted at four tables, two examiners at each table. Fifteen minutes on Anatomy, Physiology, Medicine, and Surgery.

Third Day.—Dissections as in second year. Each candidate shall make a dissection of a region allotted to him, half an hour being allowed for this purpose. He shall then be examined on the anatomy of that or other dissected parts.

FINAL EXAMINATION.

Candidates must produce evidence—

(1) Of having been registered as a medical student forty-five months previously.

(2) Of third examination.

(3) Of having subsequently attended—

A med.-chir. hospital for nine months, as extern pupil; or six months as resident pupil; of having attended the following course of lectures:—

Winter Course: Midwifery, unless taken in the third year.

Certificates must be produced—

(1) Of having attended a recognised midwifery hospital, or maternity, for six months in the winter or summer of either the third or the fourth year, with evidence of thirty labours.

(2) Of three months fever hospital, and at least five cases of fever, to the satisfaction of the attending clinical physician, as attested by his signature.

(3) Of operative surgery in the summer of either the third or fourth year.

(4) Of clinical lectures in ophthalmic and aural surgery, three months.

Fees, £15 15s.

EXAMINATION (FOUR SEPARATE DAYS).

First Day.—Written examination. Morning, 3 hours, 10 a.m. to 1 p.m.—Medicine, Therapeutics (including prescriptions) and Pathology. Afternoon, 3 hours, 3 p.m. to 6 p.m.—Surgery, Therapeutics (including the writing of prescriptions) and Pathology.

Second Day.—Written examination. Morning, 2 hours.—Midwifery. Afternoon, 2 hours.—Ophthalmic and Aural Surgery, Forensic Medicine and Hygiene.

Third Day.—Oral examination—The oral examination shall be conducted at five tables, two examiners at each table. Twenty minutes in Medicine, Therapeutics, and Pathology, Surgery, Therapeutics, and Pathology, Midwifery and Diseases of Women. Fifteen minutes in Ophthalmic and Aural Surgery, Forensic Medicine and Hygiene.

Fourth Day.—Clinical examination.

Each candidate, before receiving his diploma, shall be required to produce evidence that he has attained the age of twenty-one years.

Certain salient points of the scheme are noticeable:—

a. The examinations will be thrice yearly instead of twice, as at present.

b. The first year will be a school year, and, as at present, a period which may be passed away from a teaching centre.

c. Note-taking is introduced as a necessary part of hospital study.

d. The courses of practical anatomy are reduced from three to two, and those on physiology to one theoretical and one practical.

e. The fourth examination is enlarged to four days, exclusive of operations, which we cannot find provided for in the scheme.

f. The student is to be allowed to pass through his studies and examinations at any age, but is not to go out into practice until he has passed his twenty-first year.

This scheme has yet to be discussed by the Council of the College of Surgeons and by both Colleges at large, not to mention the Medical Council. It would therefore be premature to discuss it.

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Notes on Current Topics.

Overhead Wires.

It is simply inexcusable that, notwithstanding the constant recurrence of accidents from the existing system of overhead wires, nothing has been done to remedy such a state of things. The more recent introduction of wires for telephonic purposes has largely increased the number of overhead wires, and although they have been fixed with every care, under certain circumstances they break and fall into the streets, to the detriment of Her Majesty's subjects and property. The destruction effected by combined wind and snow during the past week was probably greater in extent than any on record, and the comparative absence of accidents was due probably only to the fact that the inclemency of the weather and the hour of the night prevented anybody being about except those absolutely obliged to quit the comfortable fireside. Only one other course is open, and that is to lay the wires underground—an expensive process, no doubt, but one which is desirable not only on account of the exemption from accident which would be secured, but also from the fact that every little storm would not then entail widespread destruction of the wires and consequent interruption to the transmission of messages.

Certificates of Still Birth.

A medical man was lately fined £5 and costs for having signed a certificate of still birth for an infant which had lived a few hours. We can sympathise to some extent with the delinquent, seeing that such certificates are not generally credited with any great importance, and are the means of saving expense to people who are perhaps ill able to afford the cost of a formal funeral. Still the principle involved is important, and we hope that the example may serve to call attention to the illegality of a reprehensible, if common, practice. If a certificate be insisted upon from the medical attendant, it is incumbent upon him to be sure that it contains nothing inconsistent with the facts of the case.

Medical Students.

The third report by the statistical committee of the General Medical Council has just been published, containing a summary of statistics regarding medical students registered as beginning the study of the medical profession in the quinquennium of 1871-75. The investigation of the committee, for the successful prosecution of which they are greatly indebted to the registrar, Mr. W. J. C. Miller, has included the tracing of 6,403 registered students, of whom 4,472 were found to have gained a place in the Medical Register. The committee propose to elaborate their work by constructing a census of the profession at two selected annual periods, the years chosen for this purpose being 1881 and 1886. "In such quinquennial censuses," remarks Mr. Marshall (chairman of the committee), "many most interesting points will be cleared up, such as the strength of the profession, its distribution amongst the population of town and country, its fluctuations, its migrations, and many other details relating to titles, qualifications, age, mortality, and so forth. The construction of these censuses will be a comparatively easy task, as compared with that already accomplished. It will be undertaken by the same diligent and accomplished agents as we have hitherto had the advantage of engaging, and care will be taken to make the basis and outcome of the inquiry as sound and accurate as possible."

Fraudulent Drugs and Muddleheaded Justices.

The stipendiary magistrate for Sheffield has immortalised himself by a uniquely stupid series of decisions. A druggist was summoned under the Sale of Food and Drugs Act, at the instance of the Health Committee, for having sold tincture of opium which was not of the nature, substance, and quality of the article demanded. The medical officer of health proved that he purchased at the defendant's shop three ounces of tincture of opium. The borough analyst certified that the proportion of opium in the sample was less than one-third of that contained in the tincture of opium of the British Pharmacopœia. The facts were admitted by the defendant, but the stipendiary said that no doubt the action of the Health Committee was very laudable, but he was of opinion that if a preparation contained *any opium and any alcohol whatever* it could legally be sold as tincture of opium. Another shopkeeper was summoned under the same Act for having sold paregoric elixir, which, according to the certificate of the borough analyst, was "wholly destitute of opium, which was the most important ingredient of paregoric elixir." The vendor said that he supplied shopkeepers with the article complained of, so that they might not infringe the Pharmacy Act, they having no licence to sell poisons. He could not name any ingredient of a medicinal value that the paregoric without opium supplied by him contained. The stipendiary said the name "paregoric" failed to give him any definite impression any more than soothing syrup. It was pointed out that, for all the defence amounted to, they might simply sell coloured water, and call it paregoric. The stipendiary said he did not see that the law prevented it, and dismissed the case.

The Repeal of the C. D. Acts.

An edifying spectacle was offered—gratis—to the inhabitants of Plymouth on Friday last, when the whole of the patients of the lock wards of the Royal Albert Hospital, Devonport, were discharged into the streets irrespective of their condition as far as their malady was concerned. This, it was stated, was done in pursuance of the operation of the Act for the Repeal of the Contagious Diseases Acts passed some time ago, and no substitute of any kind has been provided. Nearly all the public bodies in Plymouth and Devonport have expressed opinions adverse to the present condition of things. Until the time arrives when public common sense will be sufficiently developed to override the silly qualms of a society of old maids the only proper course to pursue is to throw open the general hospitals for the reception and treatment of venereal affections. It is difficult to excuse the reluctance of the governing bodies of hospitals to receive such cases. The same general principle of Christian charity should operate in one case as in the other, and the victim of a drunken brawl is scarcely a more pity-inspiring subject than the woman of whom, in the language of a French poet, he has "demandé un baiser pour un morceau de pain." The effect on the public health from the disbanding of this *élite* at Plymouth cannot but be disastrous. A single diseased prostitute has been known to infect a whole village in the short space of a summer visit, and under the favourable conditions which necessarily prevail in garrison towns like Plymouth, a notable increase in the number of venereal cases may confidently be anticipated.

The Patent Medicine Stamp Act.

THE Inland Revenue department seems lately to have awakened to the fact that a great many preparations are being sold which could conveniently be included in the schedule of the Act. The proceedings which they have instituted in consequence have called attention once more to the vexatious and unjust nature of the tax which weighs very heavily on the consumers of the so-called patent medicines without a corresponding benefit to the Exchequer. Our contemporary the *Pharmaceutical Journal* has taken the matter up in the last number, and has re-edited the reasons which were brought prominently forward during the last year or two. When the matter was brought before Parliament it was promised that the question of its application should be considered, and apparently it has not got further than—if, indeed, as far as, this stage.

Jubilee Hall.

THE present year will probably witness the opening of the new examination hall on the Embankment, the foundation stone of which was laid last year by Her Majesty with regal pomp and ceremony. At present it is not exactly known what appellation is to be applied thereto, and we venture therefore to put forward the suggestion of a correspondent that the Hall should mark its date of opening by having affixed to it the name of "Jubilee Hall." It is true that the state of mind of the future generations of students may not be precisely in accordance with the proposed name at the time when an imperious mandate calls them within its precincts; but it will none the less very adequately represent the feelings of those who are learned or lucky enough to have passed the ordeal.

Illegal Practice in Ireland.

A CORRESPONDENT of a medical contemporary complains that in Ireland no attempt whatever has been made to put a stop to illegal practice. He says that throughout many towns in the west of Ireland "medical halls" are established. The reputed owners have no licence from the Apothecaries' Society. In some cases they are medical students, in others chemists' assistants, who come down to a western town, and in the most open and illegal manner start dispensing and prescribing medicines. The writer blames the Apothecaries' Company of Ireland for this, but with no just reason, because that Company never possessed the power which the London Company possesses of regulating medical practice. It can prosecute a man for representing himself as an apothecary, or for dispensing medicines if he is not a member of the Pharmaceutical Society, but cannot otherwise restrain him. The counter practice, of which the writer complains, is the result of the extension of the Pharmacy Act to Ireland, and it was anticipated as a consequence. The Pharmaceutical Society discourages it, but cannot prevent it. It, however, connives at the very objectionable practice of the widow or other representative of a deceased pharmaceutist continuing to keep the shop open by means of an assistant, and thus is afforded facilities for counter practice. Whenever the Irish Medical Association has found any unqualified person representing himself as qualified they have at once threatened prosecution and put a stop to the proceeding, but these cases are rare.

Dispensing by Scotch and Irish Licentiates.

A MEDICAL contemporary in its last issue, in replying to a correspondent, makes the remarkable statement that—

> "A licentiate of the Scotch or Irish College of Surgeons is not legally qualified to visit patients *and dispense medicines* in England. Such a person so practising in virtue of that qualification would be liable to prosecution for infringement of the privileges of the Apothecaries' Society, if that Society thought fit to authorise a prosecution."

This startling pronouncement is at direct variance with the 31st section of the Medical Act, which runs as follows:—"Every person registered under this Act shall be entitled according to his qualification or qualifications to practise medicine or surgery, or medicine and surgery, as the case may be, *in any part of Her Majesty's dominions*, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, *and the cost of any medicines* or other medical or surgical appliances rendered or supplied by him to his patients."

The words "according to his qualification" in the second line of this clause has been interpreted by some persons—but not, as far as we know, by any competent legal tribunal—as limiting the privileges of a licentiate in surgery to pure surgery, and of a licentiate in medicine to pure medicine; but, even if this view were correct, the surgeon would be entitled to charge for medicines and appliances essential for surgical treatment, and there is no limitation to that. We should be glad to find some precise legal authority for the opinion given by our contemporary.

WE regret to announce the sudden death from syncope at Sutton Coldfield, of Mr. Charles Barlow, M.R.C.S., Medical Officer for the Sutton District of Aston Union, Warwickshire.

THE library of the London College of Surgeons will be closed from Tuesday to Friday, the 4th to 7th of January, and on Friday, the 14th, for the purposes of the examinations. These will be the last occasions on which the library will be closed for examination purposes, as the new Examination Hall is expected to be ready by the end of March.

The Residency of the Armagh Lunatic Asylum.

This office has been filled by the appointment of a Dr. Graham, of Belfast, whose name had not even been heard of as a possible favourite for the office. Not knowing anything whatever either for or against Dr. Graham, we do not wish to utter a word of derogation of his competency, and we assume he is as fit for the residency of a lunatic asylum as any of a thousand estimable medical practitioners in Ireland. His official record does not lead us to believe that he has had any experience whatever in lunacy, or of the administration of a large public institution, but we presume his religion and politics were of a taking colour, and that he had some friends who knew some one who was related to some one who was acquainted with the Chief Secretary or the Lord Lieutenant. If the purpose of giving these appointments into the hands of the Irish Government is to enable them to pay off supporters or tickle useful religionists, the public and the lunatics must be content to suffer, but if the purpose be to secure an experienced and competent officer for the administration of the Asylum, it is, in our view, scandalous that those who alone possess the special knowledge of the work should be shoved aside to make way for a personal job.

Tea as a Cause of Sterility.

Dr. James Davies states, in the *Therapeutic Gazette*, that the Druidic College of the twelth century considered tannin the most potent of all the products of nature in producing sterility, and that tea-drinking, as practiced by the public, undoubtedly acts in the same direction.

The Irish Crown Representative in the General Medical Council.

For the seat vacanted by the recent death of Dr. Lyons it is understood that the claims of Sir William Stokes, President of the College of Surgeons; Dr. William Moore, Physician to the Queen; Mr. Bennett, Professor of Surgery in the University of Dublin; and Sir George Owens, an ex-Governor of the Apothecaries' Hall—are under consideration of Lord Cranbrook, the Lord President of the Privy Council, whose duty it will be to advise Her Majesty on the subject.

Degrees for London Students.

We spoke incidentally in our "Retrospect of the Year 1886" of the last act of the conjoined colleges in the matter of obtaining the right to grant degrees to London students. The resolution to apply to the Crown for power to carry the scheme into effect was carried unanimously after a discussion extending over two meetings, and we shall doubtless learn in due time, what are the views held by the authorities on this subject, which has for long been a theme for anxious and often angry discussion. The scheme has our cordial approval, though we must confess rather as a *pis aller* than on its own merits. We see no other practicable means of remedying the injustice which has been the portion of the metropolitan student, and under which he has had to smart so long. Unless the unfortunate attitude of the colleges towards the Apothecaries' Society should militate against the fulfilment of our desires, there really seems some prospect of the realisation of a carefully matured and long suffering project. We must not, however, be too sanguine. There is many a slip twixt the cup and lip, and many are the pitfalls which await the embryonic scheme on its way to completion. Not the least formidable are those which are contained within the provisions of the scheme itself. The details at present left in blank but which will have to be filled in before it can be approved, are so many and the principles involved, so important, that it will need much tact, judgment, and discretion before success will crown the efforts which have been made. One point on which absolutely nothing has yet been said, is as to the status of the new degree holder and as to his relation to the colleges. Will he form a category apart, with representatives on the councils? will he, and his fellows, be presented with powers analogous to those which belong to the graduates of most other universities? Again, we are anxious to know who will regulate the details of the conditions and examinations? Whatever is done, and however it is done, means ought and should be taken to secure the representation of the various teaching bodies in the metropolis. It would be a deliberate insult and a masterly stroke of bad policy to grant new and extensive powers without due provision for their proper employment yet no such guarantee can be obtained, unless the teaching bodies are represented. The problem is perhaps the easier to solve from the fact, that the councils of the colleges already include eminent professors from different schools, and by a very slight extension might be made to comprise delegates from the schools not so represented. For the present, however, we can only live and hope. When fuller information is forthcoming as to the details we shall be in a better position to judge as to their desirability.

School Gymnastics.

By special invitation of the Chelsea Divisional Members of the School Board, a large number of people met last week at the Beethoven Street school to witness an exhibition of Swedish drill by some of the female scholars. The proceedings were presided over by Lord Brabazon, and were followed with much interest and some curiosity. The peculiar aptitude of this description of drill to procuring muscular development is well-known, and it is sufficient to note that the girls evidently went through their work with gracefulness and enthusiasm. It is scarcely possible to overrate the value of systematic exercise of this sort to the physical well-being of children whose surroundings and habits for the most part are not of the pleasantest or the healthiest. The benefit accruing therefrom is recognised in better class ladies' schools, but the extension of the system to our national educational establishments, and especially to girls, is more recent, and marks a distinct progress in the matter of education, which to be complete should be physical as well as mental. Additional interest was afforded by the inspection of the school workshops, where the boys so disposed are taught the elements of the various handicrafts. The specimens of work which were shown furnished ample proof of the excellence of the method and of the practice.

Testimonial to Dr. Waters, of Chester.

It was fully to be expected that the profession would not permit Dr. Waters, of Chester, to pass away from his work as a medical reformer without marking, in some suitable and acceptable way, their strong sense of his devotion to their cause. Our advertising columns to-day contain the initiatory announcement of a movement in this direction well deserving of approval and support. Dr. Waters has not only fought a long campaign for reform, but has fought it to a successful end, and few can know or appreciate the amount of thought, labour, and money he has expended on it. We hope the profession will make their gratitude manifest in a material way, for a recognition of Dr. Waters' services is well deserved.

Army Medical Matters in India.

A considerable number of *Gazette* notifications in India have recently appeared, under which the several branches of the medical departments serving in that country are affected. Thus, the appointment of medical officers and of warrant officers to Station Hospitals, and to the Hill Stations will be made by the Surgeon-General of the British Forces, with the approval of the Commander-in-Chief. When medical officers are permitted to proceed on leave of absence out of India on medical certificate, the medical certificates and their applications for leave are to be submitted to the Adjutant-General through the Surgeon-General. The Government of India have decided to withdraw the ship *Imperieuse* from trooping service, and to fit her up for the reception of 200 sick officers and soldiers for a month's cruise in the Bay of Bengal, the authorities at Calcutta to supply the necessary stores and equipment, and to provide the vessel with medical staff and establishment. Should a medical officer in charge of a hospital have reason to believe that any article of diet or stimulant in the purveyor's stores is of inferior quality, a sample of the article is to be submitted for analysis, and if the result be unfavourable a board of officers will be called to survey the inferior articles. The attention of medical officers is drawn to existing orders which prohibit them from granting medical certificates recommending that public servants be transferred from, or excused from proceeding to any station on the score of health, and they are directed to confine themselves to the form of medical certificate prescribed by Government.

Dr. Alfred Meadows, of London, has been elected an Honorary Member of the Washington Obstetrical and Gynæcological Society.

We are requested to draw attention to the first list of subscriptions to the "Jacob Testimonial," which will be found in our advertising columns. The Hon. Treasurers' acknowledgements in response to the "Nowlan Appeal" will also be found in our advertising columns.

The annual sale is announced, of the Donegal Industrial Fund, founded in 1884, by Mrs. Ernest Hart for the encouragement in England of Irish Home Industries and the benefit of Irish workers. The sale takes place at Donegal House, 43 Wigmore Street, London.

The Science of Hanging!

Dr. A. E. Douglas, of Warrenpoint, sends us the following note of a case of suicide by hanging, to which he was called a few days since, and which displayed extraordinary determination and careful study of details on the part of the suicide:—Thomas Fegan, æt. 37, 5 feet 8 inches high, and 11 stone 10 lbs. in weight, was found on the morning of the 14th of December dead and hanging to the hurline of his own house, having previously murdered his wife and child, whose mangled remains were lying on the floor. The way he committed suicide appears to be as follows: He got on a table, and from that to a corner on the fireplace, where there used to be a hen-roost, as proved by the egg shells and lime on the right seat of his trousers; standing there he fastened the rope to the hurline, and then putting a fast loop (not a running knot) round his neck, threw himself down. As I found him the face was placid, the eyelids not closed, both pupils dilated, the right most so, tongue slightly protruding, swollen, and congested, as if bitten; a drop or two of bloody mucus dribbling from mouth and nose, hands not clenched, but hanging quietly at his side, blood only on the right palm; the rope (an ordinary cart rein) deeply imbedded in the neck, and the knot fully five inches from the throat. There was a hard lump over the second and third cervical vertebræ. The body was off the perpendicular, with the right foot flat on the ground, and the left on the seat of a four-legged stool that had been upset. Except for his foot being in a pool of blood, and a stain on his right hand, there were no noticeable traces of blood. He was fully dressed except his coat and shoes. The measurements are—length of rope, 6 feet 4 inches; drop, 5 feet 8 inches. No post mortem being allowed, I could not say if the neck was broken or dislocated, but if the rope had been a couple of inches longer I think he would have had to try again. I may add that he committed the murders with an ordinary hatchet.

The Dublin Hospital Commission.

A paragraph has appeared in some of the Dublin newspapers to the effect that the report of this Commission—to which we have recently referred—proposes to close the Richmond, Whitworth, and Hardwicke Hospitals and distribute the £7,600 a year which they cost amongst other Dublin hospitals. It is not improbable that this will be the recommendation of the Commission, but it will involve a serious question, how the medical and executive staffs are to be dealt with.

Dr. G. H. Melville Dunlop has been elected an extra physician to the Edinburgh Hospital for Sick Children.

We are requested to announce that Mr. Thomas Salt, M.P., has been elected to be the Permanent Chairman of the Commissioners in Lunacy.

We regret to learn that Dr. Spence, of Burntisland, near Edinburgh, met with a serious carriage accident last week, owing to the slippery state of the roads, one leg being broken and the other much injured.

Glasgow.

[FROM OUR OWN CORRESPONDENT.]

ANDERSON'S COLLEGE, GLASGOW.—A quarterly meeting of the Trustees of Anderson's College was held in the College Buildings, George Street, on Dec. 22. Dr. Andrew Fergus occupied the chair. The election of trustees to several vacancies was the first business before the meeting. There were appointed in the third (the artisan) class Messrs. Mark Bannatyne and James McKenzie, and in the eighth (the philosophers') class Dr. George A. Turner. Dr. Marshall Lang said that Anderson's College as a college would shortly die -it might re-exist in fragments—the medical school and the technical college would interpret a part of the idea, but it was certain neither would interpret the whole of the idea, and as an historical institution, and an institution unique, for he thought it was unique—Anderson's College ceases. It had had a very honourable career. It had been in Glasgow a kind of popular University; that was the conception of its founder, and a very magnificent conception it was. He hoped in the days to come the conception would be to a certain extent much more fully realised than Anderson's College could realise it. He thought from Gilmorehill there would be an attempt made—and he hoped a successful one—to fulfil the idea of a popular University, to bring the University more into touch with the masses of the people, the masses as well as the classes. What had occurred to him was that before they would depart from the scene it would be well that they should put on record the history of the College, so that it might remain as a souvenir of the past and an indication of what did a useful high work in its day. Sir Michael Connal gave a few reminiscences in connection with the early days of the College. The present session has been a fairly prosperous one. The governing body of the new medical school will be appointed in the course of next month, immediately after which appointments, steps will be taken to erect new buildings in the immediate vicinity of the University, unless there is some unlooked for delay the new premises will, it is hoped, be occupied next winter.

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Correspondence.

THE "JACOB" TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to state in your journal that I shall be sincerely and heartily ready to join in promoting the above. I cannot forget the courteous reference to my candidature in an early number of the *Press*, and if later on a little heat was evolved in the course of the conflict, I can only say that, while recognising the right of combatants to fight with all their energies, limited only by the bounds of truth, yet when the battle is over no one will ever be more ready than I to shake hands and be friends again. I cannot presume to speak for my friends, to whom I again return my warmest, and, I hope, lasting, thanks, for generous support. Dr. Sparrow, who now thinks a general practitioner ought to have been selected, is good enough to state that it was perfectly clear from the start that the combat lay between the two Dublin candidates, and that the only object I could gain was to split votes, &c. I beg to assure this gentleman that it was not quite so plain to me, and even to numbers of others, as his statement would imply. I paid provincial men the compliment of believing that in the nineteenth century, the old woman's story was not going to be so oracularly repeated. I now invite the attention of those provincials to no less than three onslaughts made on their entirety within as many months.

1st. Under the new Conjoint Scheme of the two Irish Colleges all provincials are shut out of all share in clinical teaching. This is not only a great pecuniary loss, but it is even a grosser affront to their self-respect. It is no less a grivous injury to students, and after the astounding revelations of the Medical Council's visitors regarding our two Irish Universities only spirited opposition offered on the Medical Council to it cannot fail of success.

2nd. The Senate of the Royal University, as if to further emphasise its insulting scorn of the provincial profession recently promulgated a rule which excludes all Irish dispensary men and all hospital men who compound, through the aid of pupils, from the clear legal right to sign certificates of competency in pharmacy. This new rule (see *Press*, Aug. 25) deprives apothecaries of such rights unless these reside in a large town or hold appointments in some eighty hospitals.

3rd. The *Brit. Med. Jour.* of last Saturday week notifies another blow at us, for while heretofore we might give a certificate in that very "complicated operation" of vaccination, this is now to be taken out of our hands, and students —our own sons, of course, among the number—must go to a certain practitioner, who has just, at the instance of the Dublin men, had a nice little place (£600 a year only) made out of ours' and students pockets. Of course the pill is gilded, and it is pretended that it is necessary to enable some Irish doctors in England to hold the office of public vaccinators. I publicly demand proof of the correctness of that statement, and also why all other students are to be mulcted as they to a dead certainty will be for the sake of a few practising in England. Those latter can get the certificate they require at no greater expense. I further say that if such an insignificant procedure as putting three or four pricks in the skin is to require a special course of instruction, (with £3 3s. of course down) there is no reason why many other procedures which are really more difficult should not be taught by a special instructor and in a special course. Here is a nice vista for the student.

In conclusion, I have only to state that those who fancy that there are no provincial students to be defended can, if they like, see in the foregoing proof enough to the contrary. It is notorious that the late corrupt hospital commission, which deliberately shut out my evidence, are going to shut up one of the greatest of Irish clinical fields.

I am, &c.,
T. LAFFAN.

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GRADUATED MOUNTAIN CLIMBING IN HEART DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR.—Dr. Cullimore's remarks in your issue of the 15th December, again raises the question of the suitability of high climates for certain forms of heart disease. Although I would not go so far as to exclude every person with suspicious heart symptoms from the benefit of mountain air, I join with Dr. Cullimore in the general condemnation of recommending mountain heights for diseases of the heart and arteries.

Where a fatty heart is suspected, mountain climates would be beneficial, especially the colder altitudes of five thousand feet. With a suitable dietary consisting largely of nitrogenous elements of food the fatty condition of the cardiac fibres would gradually undergo changes, as they were gently trained to greater exertion and more satisfactory work. Fat deposited on the heart in conjunction with general obesity, I should not be disposed to exclude; nor simple muscular weakness of the heart which is merely a symptom of the constitutional state. Cardiac functional derangement scarcely perhaps comes under our inquiry, but if not associated with extreme nervous excitement or pronounced hysteria, would undergo improvement.

Now, when we discuss cardiac dilatation, hypertrophy, or affections of the valves, I am still inclined to adhere to what I said at the Harveian Society, and which I am gratified to see supported by Dr. Cullimore's experience, viz.:—that diseases of the heart or large vessels should be a contra-indication against sending persons very high up the mountains, although each individual case must be judged on its own merits.

The amount of information at my disposal as regards persons with heart troubles being benefited at 5,000 and 6,000 feet, is naturally rather limited, as I have always discountenanced their coming, but to lay down a hard and fast line against anyone availing themselves of the mountain climate who may have a minor heart affection, has never been my intention.

I have met with two or three cases of mitral insufficiency, here, which required treatment and then went on as usual. One case, also, of an ancient rupture of a valve (caused by violent running) I should be disinclined to form a decided opinion now, as to what valve or valves are injured. This case, however, is extremely interesting. On the occasion of each visit made to Maloja (6,000 feet) breathlessness and palpitation demand immediate treatment which is continued off and on for the first month, when everything goes on well again. In spite of singular irregularity of the pulse plenty of exercise is taken, skating, walking and tobogganing, &c., the Maloja pass being descended (800 feet) and remounted.

I can neither verify nor refute Dr. Oertel's theory that true affections of the heart can be remedied by graduated mountain climbing; but my experience has been that the general health and strength of a few of these sort of cases have improved greatly: at the same time it is right for me to say that I have not directed special observation to this subject in the way that Dr. Oertel has; and secondly, that I have always found graduated exercise in the mountains not only salutary for my cases of pulmonary troubles, but absolutely indispensible, for nearly every condition of ill-health which comes under my notice.

I am Sir, yours, &c.,
A. TUCKER WISE, M.D.

Maloja, Upper Engadine.
Dec. 27th.

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THE PERILS OF FOOTBALL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As there have been several accidents of this kind lately, while the pathological results of these mishaps are either not fully ascertained or are not publicly disclosed, I venture to think that the post-mortem appearances that came, in one of these cases, under the cognisance of a friend, may interest some of your readers. I subjoin them here accordingly, and will only add that they are, so far as I know, quite authentic. Anyhow, I took them down from the dictation of the surgeon who made this examination, and it was on them that the coroner's jury that investigated this fatality based its verdict of "death from an accident in the football field."—"A small-sized man of 24, whose height was only 5ft. 3 inches, was stooping forward in a semi-prone attitude, with the view of seizing the leg of an opponent, a much larger or heavier man than himself, whom he wished to stop or throw, as he (the opponent aforesaid) was running towards the goal with the ball under his right arm. The latter, who was looking in another direction, and who had no thought of such an obstacle as he was about to encounter, struck the quasi-crouching figure of his adversary on the head, in the region of the vertex, with the lower third of his femur, and then fell heavily over him.

In other words, the force of the concussion was such that he—the stooping player—was thrown violently backwards on his back, and that the other—the running player—was (as it were) flung forcibly upon him. The latter's leg was quite benumbed by the force of this blow, and the prostrate man, who was not at first supposed to have been seriously injured, was found on a further inspection to be insensible. His breathing soon became stertorous, and he died within some twenty minutes or so of this accident. On section several hours subsequently, the veins opening into the lateral sinus were ruptured in five different places, but there was no rupture, or even laceration of the scalp, and the bones of the cranium remained intact. A layer of coagulated blood enveloped the brain substance like a night-cap, and on removing the mass itself *in globo*, the right occipital sinus was also found to be ruptured. The blood that had escaped from these holes or cavities had encompassed the medulla as well as the pons, but there was no coagulation in this neighbourhood; and I believe that the bullocks or other beasts that were knocked on the head, according to the "good old rule, the ancient plan" of our forefathers, exhibited, plus, of course, some extra frontal depression, very much the appearances here enumerated.

I am, &c.,
WM. CURRAN.

Auriol Road, Kensington, W.

Literature.

NEW THEORY AND OLD PRACTICE IN RELATION TO MEDICINE. (*a*)

BEGINNING with the assumption that "Medicine is not a science, and never can be," while he is the best physician, according to our author, who to the largest experience adds the most extended knowledge, Dr. Gordon discusses diffusively in this essay a large number of those moot points of which our knowledge is—to put it as strongly as we can—very limited, but with which the practice of our somewhat conjectural art is more or less connected. This being so, there is and must be necessarily some uncertainty as to our diagnosis, as well as to our therapy, and it is only by the method of experience or the method of experiment that these our difficulties can be encountered or overcome. As we cannot all have the experience which comes out of age or out of observation at home and abroad, it needs be that we must fall back upon other sources of knowledge, and the best of these, or at least the one that most commends itself to professional acceptance, is that by the way of regulated experiment or scientific investigations. But our author sets his face against the former, while he gives us nothing but doubt and question, carping and controversy, instead of the latter, and herein lies, as we believe, the essential weakness of his platform and the incurable fallacy of his work.

Dr. Gordon quotes so many authorities including the *Globe* newspaper, the *Morning Post*, the *Rappel*, and, save the mark! the *Zoophilist*, in support of his own views or in disparagement of those of others, that it would be impossible for us to enumerate the half of them. It does not, however, appear that he has himself tested the accuracy or the authenticity of either of these extracts, and he seems to forget that newspapers are for the most part commercial speculations which are conducted by men who have no scientific training, and whose columns must be filled daily with more or less relevant or "regulation" "matter." They are not always exempt from partisanship, or endowed with infallibility, and a fool might as safely or surely go to Canosso for wisdom or a madman to Anticyra for sanity as a physician or a philosopher would trust for the truth about Koch or Pasteur to the pages of *L'Independant du Midi* or to the writings of Mr. Benjamin Bryan or of Miss Power Cobbe.

Yet are these the sources from which Dr. Gordon mainly derives his inspiration, and this fact would of itself alone preclude our having any more to say to this essay did we not think it possessed other and better features. It does. It contains a good deal of shrewd observation and pithy remark; it also contains many wise saws and some modern instances that admit of other and more fruitful application than is here given to them, and it contains above all promise of better work on the part of our author in the, let us hope, near future. Destructive criticism has ever been the forte of disappointed men, but Dr. Gordon is not a disappointed man; he is a C.B. as well as a physician to his Queen, and he has attained the highest rank bar one in his department that it is possible for him to achieve. We look for better work at the hands of our censor than is contained within the covers of this dubious and inconsequential essay. The author of it has the ability and the leisure to build up as well as to pull down; he is deeply read in the history of his art, and medicine has enemies enough outside her pale without being also assailed from within. It is in any case "an evil bird that fouls its own nest," and it is not always safe or wise to kick away the ladder by which one has ascended.

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BRUNTON ON INDIGESTION. (*b*)

As the Lettsomian Lectures of the Medical Society of London, to which some 79 pages of this interesting book are devoted, have already appeared in these pages, we need not dwell upon them at any length here. Containing as they do, however, many ingenious allusions to or explanations of the phenomena of dyspepsia and torpidity of the

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(*a*) "New Theory and Old Practice in Relation to Medicine." &c. By Surgeon-General Gordon, M.D., C.B. London: Williams and Norgate. 1886.

(*b*) "On the Disorders of Digestion: their Consequences and Treatment." By T. Lauder Brunton, M.D., F.R.S., &c. London: Macmillan and Co. 1886.

liver, the use of purgatives, and the dietary of disease, they are eminently suited for the digestion of the young practitioner, and to their style and tone no exception can possibly be taken. Nor does our author restrict himself to these comparative speaking minor ailments; he discusses the graver complications or consequences of these disorders, and shows himself *in utrumque paratus*, equally at home in both. As illustrations in point we might quote his amusing description of a City dinner, as well as his dissertation on cookery as a moral agent, and he has thrown more light on the causation of headache, the meaning of emotional dyspepsia, and on the value that the artificial production of fat in the economy, *à la* Weir Mitchell, causes in and for the system than can be found, so far as we know, in any other contemporary work. But all the same, the book, which is made up of the various essays which this industrious gentleman has contributed from time to time to the *Practitioner* and other journals, does not readily lend itself to the requirements of the reviewer whose space is as limited as ours is. Moreover, many of these must be as familiar to our readers as they are to us, and the drawings or devices by which Dr. Brunton enforces his theories, or explains the action of drugs, or the manner in which albumen, or the other products of a destructive metamorphosis are found in the excreta, must be studied in order to be appreciated or even understood. The book, in short, must be studied in the closet rather than glanced at in the gig, and nothing that we could here say would enable our readers to dispense with its presence on their shelves. To those practitioners who minister to the ailments of the dyspeptic and the neurotic its guidance must be very great, for it is chiefly though not exclusively concerned with what may be roughly called the chylo-poetic viscera, and the nervous system, and the well-arranged index by which it is accompanied will enable the perplexed or busy practitioner to find a readier solution of the difficulties that are incidental to these constituents of the economy than we could possibly hope to offer or afford him. We think the book is a good one, and we believe that it may with advantage be added to the libraries of our *confrères*.

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TAYLOR ON RHEUMATISM. (*a*)

Beginning with the intimation that "the main object of this work is to give a fair explanation of the principles and descriptive (*sic*) of the practice of medicine is to prepare the reader for observing to the best of advantage (*sic*) the actual phenomena and symptoms of the various forms of rheumatism and *diseases in general*—(italics ours)—and the power of the alkaline treatment over it; in a word, *the power of remedies over diseases in their general aspects*"—(italics again ours). Our author proceeds to deal with the subject of acute rheumatism: its complications and treatment, &c., to the almost entire ignoring or exclusion of the important topics we have here underlined. We do not at all blame him for this, or say the subjects are even irrelevant to his general theses, we only point to the fact to enable us to say that, as this book is evidently a first effort, while it displays considerable capacity and painstaking research; its author should in any future edition of it that may be called for, endeavour to adopt a less involved style, or more logical arrangement, and above all to recast his periods as, while ceasing to be ungramatical (as they now are in many instances), they may become less enigmatical, or more intelligible. We do not say this from any ill-will to Dr. Taylor or from any prejudice against his work, and we are quite willing to admit that this contains much promise of an earnest and laborious future (particularly so in what he says about rheumatic delirium and coma, rheumatic pericarditis, and articular rheumatism, and also on the relations that exist, or are said to exist, between these conditions and Bright's disease), but what we complain of is that he has only raised up many doubts and difficulties without being able to lay any one of them, that his work is overlaid with fanciful theories or exaggerated descriptions of imaginary ailments, and, that it is quite impossible to deal with such matters as we have signalised above within the compass or in the connection he has laid down for himself. The subject of rheumatism, its complications, sequelæ, treatment, and relationships generally, is large enough for any one, the strongest and the wisest amongst us, but to add to its consideration such other big topics, even collaterally, as we have glanced at is to enhance tenfold the difficulty of the situation, and this is why we do not now go into any more detailed examination of the promising work before us. We may say, however, that the formulæ it contains are good, while the directions for giving or taking them are appropriate, especially so those relating to the administration of the salycin compounds, and the comparative tables at the end of the work are well arranged, and very useful.

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JESSETT ON CANCER. (*a*)

As a considerable portion of this book has already appeared in these pages we do not propose devoting much of our already too handicapped space to a discussion of its contents. Moreover, these do not strike us as containing anything that is either very novel or very original, and works on cancer are almost as numerous, and quite as empty, as are those on corns, calculi or gout. We can only therefore allude to a few of its leading features, and say generally that for those who require special information about the particular points or structures included in it, no better compilation—and our author makes no other claim—can be chosen. The historical portions of it are well done, so are the statistical tables it contains, and, as to the treatment advocated by Mr. Jessett, 'tis that of the complete, early, and free excision of the implicated structures that is now so universally insisted upon by all operating surgeons. Believing that there is always a dyscrasia in the blood of those who suffer from what may be called "irritative" cancer, our author leans to the hereditary influence as the causative agent that has led to this, and he is nowhere, so far as we can see, an unconditioned localiser of that disease. Whether this is his motive or not we are unable to say, but he rigidly deprecates the use of caustics, and if we except the opium and its derivatives he employs, he does not appear to us to set much account by drugs. As to the statistics, he adduces pro and con the operation of gastrotomy and gastrostomy, gasterc-enterostomy æsophagostomy, œsophagotomy, &c., &c., they are so discouraging as to be, to our thinking, all but prohibitory of these procedures. But we had better let him speak, as below, for himself, and add, on our own behalf, that were we, or those of our inner circle, affected with either or any of the disorders that indicated a resort to these measures, we would rather bear the ills we have and die in peace than incur the risks attendant on such manipulations, and live, it may be, a few weeks or days at the outside.

"Of the four recoveries from the operation (of æsophagostomy) one lived two months, one three months, one five months, and one sixteen months. The average duration of life in all the cases after the operation was forty-six days; but if, as Dr. Gross remarks, the case which lived sixteen months be excluded, on account of the uncertainty of the true nature of the disease, the average life will be reduced to twenty-nine days. . . . In thirty-seven cases (of cancer of the stomach) that have been performed by different surgeons, twenty-seven died from the immediate effects of the operation (of excision of the pylorus). Czerny performed four pylorectomies, two of which died as the immediate cause (*sic*, effect?) of the operation. Billroth had three fatal results out of eight cases, and only one appeared suited for the operation out of the fifty or sixty cases (of the disease) he has examined." Save, oh! save us from such surgery is our earnest prayer and only comment on such statistics!

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ELEMENTARY BANDAGING. (*b*)

This unpretentious little volume is, we are told, only a reprint of certain portions of "Surgical Handicraft," but for its size the amount of information contained is really surprising. The directions for applying bandages *secundum artem* are copious and precise both in the matter of the text, which is clear, and of the illustrations, which are numerous. The use of splints is explained diagrammatically and otherwise, and full instructions are given as to the

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(*a*) "The Alkaline and Non-alkaline Treatment of Acute Rheumatism." By C. S. Taylor, M.D. London: Henry Kimpton. 1886.

" On Cancer of the Mouth, Tongue, and Alimentary Tract." By Frederick Bowreman Jessett, F.R.C.S. Eng. J. and A. Churchill. 1886.

(*b*) "Elementary Bandaging and Surgical Dressing." By Walter Pye, F.R.C.S., Surgeon to St. Mary's Hospital, &c. London: Trübner & Co. 1886.

proper course to pursue in the commoner casualty cases which may present themselves for treatment. We can cordially recommend this little book as a veritable *vade mecum* of surgical exigencies, which from its size and completeness is peculiarly adapted for the use of both students and practitioners.

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WEST ON CHILDREN'S DISEASES. (*a*)

THIS latest work of Dr. West is primarily addressed, as the title implies, to mothers. It differs, however, from many books similarly addressed, in being no mere guide to the conduct of the nursery, Still less does it profess to make every woman her own child's doctor. It rather ushers the mother into the confidence of her medical adviser, and sympathetically explains to her the *rationale* of more obvious symptoms and anticipates possibilities in a way which an intelligent mother may well appreciate and find of value, even when not prepared to cross question the family attendant, as she might desire. The student of medicine, just passing from the threshold of the colleges to the more arduous walk of his professional life will also find in the handy liltle volume what may help him to glide more easily into the responsible place of the trusted family adviser.

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URINE TESTING (*b*)

WE question the advisability of letting a nurse's duties extend to the examination of the urine. This seems to us no less distinctively the sphere of the medical man than is auscultation or percussion. On the other hand, it is probably well that nurses should have an intelligent knowledge of the more simple methods of urine-testing, that they may learn to appreciate the necessity for regularity and care in collecting such secretion. For such an end, the little *brochure* before us is as good as any we know. The directions are given simply, and, in most instances, with sufficient clearness. The authoress has prudently not attempted to cover too much ground.

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SHARP'S THERAPEUTICS. (*c*)

A BOOK from the pen of this illustrious and venerable heretic in matters professional is sure to be worth reading, and will doubtless be read, notwithstanding the introduction of two uncouth and unfamiliar words into the title thereof. It may be well to premise that by "organopathy" the author means the local action of drugs, while to the supposed contrary action of certain larger and smaller doses of each drug, he gives the name of "antipraxy."

Dr. Sharp is profoundly dissatisfied with the present condition of the science of therapeutics, indeed he would withhold the use of the word science altogether in reference to it. In an age of therapeutical scepticism, which curiously enough goes hand in hand with the introduction of quite an army of new remedies, he has not found any difficulty in compiling a veritable indictment from the works of the best known therapeutists past and present. Having demolished, theoretically at any rate, the pseudo-science which, according to the author, our ignorance and our apathy has allowed to grow up, Dr. Sharp, as all conscientious reformers ought to do, proceeds to fill the aching void left by its erasure by a new system which is based on certain general laws which the author has deduced and which he ventures to hope, will do for medicine, what Newton's discovery did for astronomy, and what Dalton's law of combination in fixed proportions, has done for chemistry. Assuming the contrary action of large and small doses of drugs to be established, he suggests that the larger doses may be prescribed "to act contrary to diseases opposite to those produced by these larger doses when they are taken in health, as when opium is given for sleeplessness or diarrhœa;" or, the smaller doses may be given for the opposite condition caused by them in health as when opium is given for apoplexy or ill-health.

It is difficult and perhaps unnecessary here, to enter into a discussion on a proposition which involves so fundamental a change in the lines of thought hitherto followed. We can only leave it to his readers to appreciate the value and weight of his arguments undeterred by the rather declamatory style of the author who evidently feels very keenly the necessity for a change. We cannot help thinking, however, that it is poor tactics in attempting the introduction of a new system to commence by abusing unmercifully the very men who, after all, would have to inaugurate the change. If we may believe Dr. Sharp, wisdom is to be found and found alone, in the mouths of babes and sucklings.

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OUR TEMPERAMENTS: THEIR STUDY AND THEIR TEACHING. (*a*)

THIS essay, which is designated "a popular outline," deals with a very interesting subject, and therefore cannot be an entirely uninteresting book. But though we can congratulate the author on the choice of a topic, we can scarcely compliment him upon his workmanship. The matter is thrown together rather than digested: and it is difficult to see what practical result is to come out of it. The author's acquaintance with his subject is too limited, and, for instance, in discussing the significance of a long neck he is evidently unaware of what Bichat pointed out long ago about the long neck affecting the blood current from the heart to the brain; and he seems too to be unacquainted with Clifford Allbutt's description of the "neurotic" temperament, as well as many other like matters which appear in the works of well-known authorities. The book represents the desultory work of a man who has made the subject rather a pastime than a serious laborious task. In a brief chapter on "The Choice of a Profession" his remarks are sound, "although parents soon become aware of their children's likings and aptitudes, they are not, I think, sufficiently impressed by the important truth that success and happiness in after life are dependent on these having sufficient scope; and they would surely weigh them more carefully before accepting places for their sons in which their natural gifts must at best be wasted." Had this book been provided with a full, well-arranged index it would have had value for reference as a collection of notes bearing on the subject. The publishers have done their work well; and the illustrations are well executed and interesting.

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At the Societies.

MEDICAL SOCIETY OF LONDON.

THE first Lettsomian lecture of this year's series was delivered on Monday evening last, by Dr. Langdon Down "On some of the Mental Affections of Childhood and Youth." The lecturer showed how cases of mental weakness in the young are divisible into three categories (1) congenital, (2) developmental, and (3) accidental. He alluded to the hereditary influences at work in the production of the various forms of mental and intellectual feebleness, and to the peculiar types of face and skull which characterised the products of such degenerated offspring. We propose to give an abstract of this valuable and interesting paper in our next issue,

Royal College of Surgeons in Ireland.—At a recent meeting of the Court of Examiners, the following was admitted a Fellow of the College:—

Joseph Byrne.

Society of Apothecaries.—The following gentlemen passed the examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Dec. 23rd:—

G. A. Heaton Barton, Leonard Arthur Bidwell, Alfred Percy Blenkinsop, Alberto Pedro de Carvalho, M.R.C.S., George Martin Fox, Edward Bernard Harris, Philip Henry Hensley, Thomas Phillips, William Arnison Slater, Albert Edward Vidler.

The following passed on Dec. 30th:—

Edward Thomas Cook, M.R.C.S, Edward Meyer de Jong, James Walls.

(*a*) "The Mother's Manual of Children's Diseases." By Charles West, M.D. London: Longmans, Green & Co. 1885.

(*b*) "A Manual of Urine Testing." Compiled for the Use of Matrons, Nurses, and Probationers. By K. M. Heanley, Matron of Boston Cottage Hospital. London: H. K. Lewis. 1886.

(*c*) "Therapeutics founded upon Organopathy and Antipraxy." By William Sharp, M.D., F.R.S. London: Bell & Sons. 1886.

(*a*) "Our Temperaments: their Study and their Teaching." By Alexander Stewart, F.R.C.S. Edin. London: Crosby, Lockwood and Co.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

MEDICAL DEFENCE.

To the Editor of the Medical Press and Circular.

Sir,—Kindly permit me to inform your readers that the "Medical Defence Union," whose circulars are being sent to members of the profession, has no connection whatever with the Medical Defence Association, of which Dr. B. W. Richardson, F.R.S., is President.

I am, Sir, yours, &c.,
George Brown,
Hon Sec. Medical Defence Association.

7 King William Street, E.C.
Jan. 3rd, 1887.

PRACTICAL!

An American contemporary gives the following very suggestive advice:—"From personal experience we would recommend our medical friends against advising their patients' families to remain at the seashore or on the mountain top till October, as by so doing they run the risk of being detained in the dry, hot, dusty city during the months of July and August of the following year with labour cases, and thus lose their much-needed summer rest."

Agricola.—Yes, a medical man is required to attend every performance of the Paris Hippodrome that takes place at "Olympia." Mr. Towers Smith is the responsible surgeon in charge.

M.D. Lond.—It is understood that eight Members (or rather Fellows) of the Council of the College are for the application to Parliament for powers to grant a doctorate to London students, while seven are opposed to such an application being made or such a concession being granted, and this being so, the Home Secretary will scarcely condescend to take the matter up. Some of the advocates of the measure urge that the Queen should be approached through Sir W. Jenner, and asked to exert her prerogative in the case, and so render unnecessary an application to Parliament. But it is doubtful if she possesses *per se* such a power, or if she would exercise it.

Lex.—The rising barrister you refer to, and whose acceptance of a magistracy you deprecate, suffered an amputation of a portion of his tongue a year or so ago, which interferes with his elocutionary powers, and hence we believe his acceptance of the vacancy referred to. It is worth, £1,500 a year, which is not so bad in these days.

Student.—You are correctly informed. "Griffiths' Text-Book of Materia Medica and Pharmacy" has been out of print for some time; we hear, however, that a new edition is in the press "Brunton's Text-book of Pharmacology" is not out of print, but we understand a new edition will shortly be called for.

Mr. G. B.—We deem it better not to use the editorial columns of the journal for the appeal.

M. D. S.—This appointment was, we understand, filled up some days ago.

Dr. Milton.—The climate of the State referred to is warm and semi-tropical. The mean annual temperature is about 60 degrees, and the annual rainfall excessive, averaging 63 inches. We have no information as to its suitability for medical emigrants; it has, however, doubled its population during the past twenty years, and contains at the present time about 1,500,000 inhabitants.

F.R.C.S. (London) will find the information has been utilised on reference to another column.

Dr. Murphy (Sunderland)—Your letter on "The Ætiology of Placenta Prævia" came to hand as we were at press. It shall appear in our next.

Dr. P. (Scarborough).—There is a good deal of truth in the opinion that "one, indicates physical; two, mental weakness," especially in provincial towns. The view would, however, be too sweeping, and would frequently not apply in large cities and country districts having an extensive area.

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Meetings of the Societies.

THURSDAY, JANUARY 6TH.

Royal Institution of Great Britain.—At 3 p.m., Prof. Dewar, The Chemistry of Light and Photography (adapted to a juvenile auditory).

Harveian Society of London.—At 8.30 p.m., Dr. T. Morton, The Analogy between Croup and Asthma.—Dr. Goodhart, Cases of Peritonitis.—Dr. Blenkinsop, Some remarks on Cancer and its Treatment.

FRIDAY, JANUARY 7TH.

West London Medico-Chirurgical Society.—At 8 p.m., Dr. Blenkinsop, Phthisis and its Treatment.—Dr. Seymour Taylor, The Etiology of Phthisis, and its Treatment from a Hygienic Standpoint.—Mr. Bruce Clarke, The Operative Treatment of Intercurrent Disease in Phthisical Patients.—Mr. H. Percy Dunn, Card Specimens of Pulmonary Tuberculosis.—Dr. P. S. Abraham, Specimens of the Tubercle Bacillus and Microscopical Sections of Tubercular Organs in Man and the Lower Animals.—Messrs. Wright and Co., An Exhibition of Oro-nasal Inhalers, Sprays, and Instruments.

MONDAY, JANUARY 10TH.

Odontological Society of Great Britain.—At 8 p.m., Communications from Messrs. L. Matheson, C. D. Davis, W. St. George Elliott, A. S. Underwood, S. J. Hutchinson, Morton Smale, and Joseph Walker.—President's Valedictory Address.

Vacancies.

North London Hospital for Consumption.—Resident Medical Office required. Salary £[illegible]0 per annum. Applications, with testimonials, to the Secretary, 2[illegible]6 Tottenham Court Road, London, W., on or before Jan. 17.

Worcester County and City Lunatic Asylum.—A vacancy for a Third Assistant Medical Officer. Salary £100 per annum, with board, &c. Applications, with testimonials, to Dr. Cooke, at the Asylum. by Thursday, Jan. 6

Inverness Northern Infirmary.—House-Surgeon and Apothecary. Salary £50, with board, &c. Applications, with testimonials, to Kenneth Macdonald, Town Hall, Inverness, on or before Jan. 14.

Newcastle-on Tyne Dispensary.—Resident Medical Officer. Salary £ 50 per annum, with furnished house. Applications to the Hon. Secretary. Nelson Street, Newcastle on.Tyne, on or before Jan. 12.

Appointments.

Dunlop, G. H. M., M.D., M.R.C.P.E., Extra Physician to the Royal Edinburgh Hospital for Sick Children.

Dutt, A. [illegible], B.A Cantab., L.S.A., Resident Medical Officer to the Morpeth Dispensary.

Douty, J. H., M.R.C.S., Medical Superintendent of the Berks County Asylum.

Hudson, L., M.R.C.S., L.R.C.P.Lond., Pathologist and Curator of the Museum to the Middlesex Hospital.

Hurlbutt. S., M.R.C.S., L.R.C.P.Lond., Assistant Medical Superintendent to the Fulham Union Infirmary, Hammersmith.

Morgan, W. P., B.A., M.B., B.Ch. Univ. Dub., Medical Officer and Public Vaccinator to the Seaford District of the Eastbourne Union.

Pearson R., M.R.C.S., L.R.C.P.Lond., Junior Assistant House-Surgeon to the Hull Royal Infirmary.

Births.

Hamilton.—On Dec. 30th, at Enniskerry, the wife of James Hamilton, M.B., of a daughter.

Hanley.—On Dec 31st, at 3 Upper Phillimore Gardens, Kensington, the wife of Ed. Hanley, M.D., of a son.

Hudson.—On Dec. 23rd, at Bridge House, Dingle, the wife of Robert Hudson, Esq., M.D., of a son.

Martin.—On Dec. 29th, at 76 Brunswick Street, Sheffield, the wife of Dr J. W. Martin, of a son.

Rice.—On Dec. 25th, at Sutton, Surrey, the wife of Geo. Rice, M.B. of a son.

Marriages.

Murray—Matheson.—On Dec. 29th, at Edinburgh, Donald Roderick Murray, M.B., C.M., Admiralty Surgeon and Agent, Leith, to Johanna (Bunty), daughter of the late Robert Matheson, Esq., of H.M. Board of Works, Edinburgh.

Fox—Danger.—On Dec. 30th, at the Parish Church, Brislington, near Bristol, Bonville Bradley Fox, M.A., M.D., of Brislington House to Annie, youngest daughter of the late Thomas Danger, Esq., of Gotley Lodge, Brislington.

Deaths.

Bell.—On Dec. 14th, at his residence, Merlin, Eastbourne, William Bell, M.D., L.R.C.S.I., in his 83rd year.

Bompas.—On Nov. 3rd, at Busselton, Western Australia, C. Smith Bompas, M.R.C.S., formerly of Bristol, aged 68.

D'Arcy.—On Dec. 29th, at Northampton, of acute bronchitis, O'Connor D'Arcy, Army Medical Department (retired).

Dickinson.—On Dec. 27th, at 162 Bedford Street, Liverpool, Annie, the beloved wife of Edward H. Dickinson, M.A.Oxon, M.D.

Greaves.—On Dec. 10th, at Burton-on-Trent, George Greaves, L.S.A., in his 82nd year.

Grover.—On Christmas Day, suddenly, at St. Anne's, Lewes, John Pollington Grover, M.R.C.P.Ed., M.R.C.S., L.S.A., aged 28.

Nankivell.—On Dec 24th, at Ashley Lodge, Torquay, Chas. Benjamin Nankivell, M.D., aged 81.

O'Callaghan.—On Dec. 24th, at his father's residence, Sea View Lodge, Ballybunion, Surgeon John O'Callaghan, R.N., late H.M.S. *Impregnable*, aged 33.

Taylor.—On Dec. 17th, at 5 Ashley Road, Bristol, Frank Taylor, M.R.C.S., L.S.A., late of Redcliff, Bristol, aged 30

Traill.—On Dec. 10th, at North Street, St. Andrew's, Fife, William Traill, M.D., of Woodwick, Orkney, aged 68.

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THE

Lettsomian Lectures

ON

SOME OF THE MENTAL AFFECTIONS OF CHILDHOOD AND YOUTH. (a)

By J. LANGDON DOWN, M.D. Lond., F.R.C.P.,
Senior Physician to the London Hospital.

ABSTRACT OF LECTURE I.

History of the Subject.—In dealing first with the history of his subject, the lecturer said that the earliest attempts at the education of idiots were isolated efforts under the direction of M. Séguin, at the Bicêtre; but, in 1842, attention was more particularly directed to the subject by the establishment of a school on the Abendberg, in Switzerland, which was opened by Dr. Guggenbühl. About the same time, M. Saegert, at Berlin, who had been engaged in the instruction of deaf mutes, extended his efforts for the benefit of a class, whose mutism was not the outcome of deafness. In 1846, a general movement took place for ameliorating this afflicted class. Germany took the lead by the establishment of a school at Leipzig. Discussions in the periodical press were initiated by Mrs. Plumbe, of London, whose personal interest in the matter forced the subject on the attention of Dr. Conolly and Dr. Andrew Reid. Synchronously, public attention was given to the subject in the United States of America, where, while politicians were delaying action in the matter, the private enterprise of the late Dr. Wilbur brought it to a practical issue. England meanwhile commenced the work by the establishment of a small school at Bath. It was not, however, till 1847 that the great effort was made which resulted in starting a small institution at Highgate in 1848, and subsequently another at Colchester. These grew into the large institution at Earlswood. In recent years other institutions have been created both in England, Ireland, Scotland, the United States, and on the continent of Europe.

Nomenclature.—Passing to the nomenclature of his subject, the lecturer commented on the loose way in which the terms imbecile and idiot were used. He thought that the term "idiot" might be advantageously replaced by that of feeble-minded, idiocy being, in fact, mental feebleness depending on malnutrition or disease of the nervous centres taking place anterior to birth or during the developmental years of childhood and youth. The term "imbecile" should be applied to the cases of dementia in which there was a gradual deterioration in physical, mental, and moral condition.

Etiological Classification.—A large number of feeble-minded children were capable of being referred to one or other of two great groups, (1) the congenital, and (2) the accidental. But there were many instances which it was impossible to include in either of these categories, cases where the early months of babyhood were perfectly uneventful, and intelligence had dawned in the accustomed way, but where, during first dentition, a change came over the aspect of the child; in others, the crisis at first dentition was not so marked; speech was only deferred, but, at the second dentition, crises occurred in which the intelligence became altered; there were night terrors, and not infrequently loss of speech, or the break-down was reserved for the time of puberty.

These cases, the lecturer said, have usually characteristic crania; they are dolichocephalic, and are prow-shaped anteriorly, the line corresponding to the medio-frontal suture being a prominent ridge. There is reason to believe that in these cases there has been an arrest of the synostosis of the medio-frontal suture which should have taken place during intra-uterine life, so that the lateral pressure on the separated frontal bones determines, when the deferred ossification takes place, a prominence where there should have been a plane or slightly concave surface between the frontal eminences. In the great bulk of these cases, well marked evidence can be obtained of some disturbing cause towards the later months of pregnancy, which has led to this condition; and although the deferred synostosis and its consequent deformity is of no consequence, it is reasonable to believe that the same cause which arrested the bony union has also arrested the development of the cerebral centres, and rendered them more unstable. Certain it is that children with such a conformation are almost sure to break down at one or other of the developmental epochs. Their nervous system would appear to be equal to the requirements of growth but not of development. They form a class of cases which I have suggested should be called the "developmental," as contra-distinguished from the congenital on the one hand, and the accidental on the other. They are a very important class because, forewarned, catastrophes may be avoided. They are the cases which break down by over-excitement in babyhood, and by "over-pressure" in schools at second dentition and puberty.......A large number of boys and girls come under my notice who are not feeble-minded, who have in a high degree the prow-shaped forehead, and who have their nervous system in such an unstable equilibrium, that the least intellectual pressure at developmental epochs is attended by disastrous results. They are brought to me on account of severe frontal headache, or of wayward petulance, or incapacity for sustained mental exertion.

After quoting with approval Dr. West's statement that he had "never known a child stammer before the commencement of the second dentition," Dr. Down proceeded to describe the group of cases to which he applied the term "accidental," children born, or ready to be born, with all the potentiality of intelligence, but whose brains became damaged by traumatic lesions, by medications, or by inflammatory disease. The great characteristic of the class was the absence of any of the physical aspects of feeble-mindedness; bright in their expression, often active in their movements, agile to a degree, mobile in their temperament, fearless as to danger, persevering in mischief, petulant to have their own way, but with a language of gesture only. They were the cases in which mothers entertained the strongest hope. But there was need of great caution in prognosis, as they were most disappointing. So interesting were the children in appearance, that it was difficult to realise that they would not be perfectly responsive to training, and that speech would not be speedily gained. They had well-formed heads, finely-textured skins, well-chiselled mouths, sparkling eyes, features when in repose leading one to augur only brightness and intelligence. There was no outward sign of mental vacuity, for there had been nothing during the period of intra-uterine life to arrest the evolutionary stages, and stamp its impression the bodily or facial formation. The cause of the mental deficiency had been something occurring during post-uterine life—some catastrophe not inherent in the child—not a hereditary taint to mar the beauty of his visage or the grace of his cranial contour; yet there was something more potent for evil than in the case of many a malformed face and many a distorted skull. Though much might be done by training to divert the energy into better channals, the improvment would be smaller than might be obtained from apparently less promising children, because more development could be obtained from an ill-developed than from a damaged brain. The remaining class—the congenital—contained by far the largest number of subjects. Less interesting in appearance but more amenable to training, the origin of their malady dated from earlier in intra-uterine life, in many cases the proclivity resided in the germ-cell or sperm-cell, as the result of gradual degeneration, and the children bore in their bodily formation marks of physical change. They for the most part had a tendency to fall under one or other of the ethnic groups above mentioned. In these cases, said the lecturer, the cranium is usually smaller than normal, dolichocephalic in many, but brachycephalic in the Mongolian type. Occasionally the head is scaphocephalic, the line of the sagittal suture giving a keel-like feature to what resembles an inverted boat. A very common character is a rapid shelving from the vertex posteriorly, corresponding to what is so frequently to be noticed, an arrest of development of the occipital lobe of the cerebrum. Not infrequently the cranium is extremely small, reverting to the Aztec type. These examples of extreme micro-cephalism have been attributed by Virchow to premature synostosis of the cranial sutures. I have found, however, that in some of the most marked members of the micro-cephalic group the sutures are well marked, and there is every indication that the cranium had adapted itself to the cerebrum rather than that the cerebral mass had been dominated by the cranium. They are cases in which the brain and bony covering are both in miniature, the arrest having had an early intra-uterine date. It would be a grave error to imagine that there is an inverse relation between the size of the cranium and the intellectual capabilities of its possessor. . . . Macrocephalic crania are not infrequently met with, some being due to hydrocephalus, and others to an increase of the neuroglia of the cerebral mass. I have had patients under my care whose brains were within an ounce of the weight of that of Cuvier, who, nevertheless, were slow in their movements, and slower in thought, and were perfect contrasts in intellectual sluggishness to the volatile micro-cephalic Aztecs with brains only one-fourth the weight. An inspection in these cases revealed the fact that the cineritious portion was pale and that the increased weight was due to the increase of the white substance, and especially of its connective-tissue elements. Another deformation met with in congenital feeble-mindedness is a marked asymmetry of the two sides of the cranium. There is also in many an increase of the facial development as compared with the cranial. The ears are implanted farther back relatively than in normal heads. The eyes have their canthi too closely approximated in the dolichocephalic cases and too widely separated in the brachycephalic. The palpebral fissures are often narrow and obliquely placed, and the forehead is, not infrequently, corrugated in consequence of the employment of the occipito-frontalis muscle to raise the lid. At the inner canthi the integument often forms semilunar folds, as if the skin were too scanty, which I have proposed to call epicanthic folds. These are met with in people who are not feeble-minded, but they are more frequent in the latter, and are, I believe, signs of degeneracy.

(a) Delivered before the Medical Society of London, January 3rd, 1887.

Dr. Down considered the deformations of the mouth as very important in the diagnosis of congenital idiocy. His views had been very generally adopted, and were confirmed by many members of the Odontological Society of London when the subject was brought before them. But they had met with opposition in two different quarters, and for different reasons. Dr. Kingsley, of New York, had been led to conclude, on general grounds, that the examination of a series of idiots would probably show that they had capacious jaws, and teeth which were not crowded; this reasoning appeared to be confirmed by an examination of the inmates of an asylum for idiots on Rundall's Island; in about two hundred children not a single case of pronounced V-shaped dental arch was found. Dr. T. Claye Shaw had tried to show that there were many idiots with well-formed mouths and palates. With this I agree if he includes accidental and developmental cases. My contention is that they are typical of the congenital class. Dr. de Bourneville, of Paris, has carried on investigations on the same subject in France, and in a memoir has generally confirmed my views. Dr. Ireland, in his treatise on "Idiocy and Imbecility," says, "Dr. T. Clay Shawe took the trouble to write a paper to prove that a highly arched palate is not a sign of the existence of idiocy and imbecility; that a palatal investigation cannot afford a clue to the mental faculties. Dr. T. Claye Shaw's paper illustrates the confusion of mind one must fall into who studies the physical aspects of idiocy, while he persists in regarding it as a class incapable of further subdivision."

Common sensation is generally much less acute than in ordinary persons. Pain is borne with wonderful callousness. Special sensation is also obtuse. Hearing is generally less acute, and this is often an important element in cases of delayed speech. We all know that absence of speech is often the outcome of complete deafness, but it is not sufficiently recognised that a very slight congenital defect of hearing is sufficient to cause deferred and defective speech. Lesions of sight are very frequent. Congenital cataract is very commonly associated with congenital feeble-mindedness. Several cases have also come under my notice of blindness, the result of arrested development of the globe.

Strabismus is very common, and nystagmus, though less common, is not infrequent. Myopia, but especially hypermetropia, is a frequent accompaniment of congenital mental lesions. Colour-blindness is occasionally met with, but it is difficult to say in how many cases it is from a want of mental power. The sense of smell is ill-developed in a great many, and that of taste keeps company therewith. The most nauseous medicines are taken without question, and in fact with many, its administration is regarded as a mark of attention and appreciated accordingly.

The muscular system is weak. Not only are physical efforts feeble, there is no power of sustained endurance. Co-ordination is defective and finely adjusted movements are exceptional. There is a great tendency to automatism and rhythmical actions. Salaams, horizontal swayings and rotations of the head and body are often met with. The lack of muscular power makes itself painfully manifest in a number of instances by the postponement of walking or even of standing. . . . . . In the large number of notes which I possess of congenitally feeble-minded children, walking delayed to the third or fourth year is a very common occurrence. Imperfect prehension with the upper extremities is also a frequent characteristic, and often the vertical position is rendered impossible by virtue of muscular weakness long after children of a similar age are running about. Delayed speech is universal, permanent absence less common.

Clinical Paper

ON

SOME CASES INVOLVING LAPAROTOMY.(a)

By A. RABAGLIATI, M.A., M.D.,
Senior Surgeon to the Bradford Infirmary, and to the Children's Hospital.

MR. PRESIDENT AND GENTLEMEN,—Under the title of "Cases Involving Laparotomy," I wish to describe three recent cases which have been in the Infirmary. (Perhaps a word or two may be allowable as to the meaning of the term λαπαρὸς, adjective, and λαάπ,ᾶ, or η, which is the root of the word. The adjective means *slack*, or *loose*. The phrase λαπαρὰ γενέσθαι is used by Aristotle of *having the bowels open*, just as we speak now of their being loose. Perhaps you will think it hypercritical, but when we cut the soft parts for abdominal tumour—I think Mr. Lawson Tait suggested the term laparotomy originally—they are in general anything but slack or loose, but are almost always, on the contrary, tense and firm and stretched. Then as to λαπάρᾶ, the noun, this is used of the soft parts of the body between the ribs and crest of ilium, hence *laparotomy* may be applicable to one of my cases, that in which the kidney was removed by the flank, but is hardly in strictness applicable to ordinary abdominal section in the middle line, in front. I understand that Mr. Tait suggested the word laparotomy to mean simply section of the soft parts in abdominal operations; but would not the term *malakotomy*, or *malacotomy* (μαλακὸς = mollis = soft, opposed to σκληρὸς = durus = hard), have been a more approximate name? I suppose operations like nephrectomy and others which involve division of the tissues in the flank, will have to be performed in the future from time to time. In this case we shall require a term to distinguish sections of the flank from sections of the abdominal parietes anteriorly, as in operations for the removal of ovarian tumours. I suggest, therefore, that in future the term laparotomy, at present used generally, should be restricted to cases in which the abdominal parietes are divided from the flank, since λαπάρα means the flank, while *malakotomy*, or *malacotomy*, should be used in those cases in which the abdominal parietes are divided from the front. In the term *osteo-malacia*, which is classic, we have the root of the proposed new word.)

My three cases are: 1st. A very instructive case of cancer of the abdomen, beginning apparently in the omentum; 2nd. A case of parovarian tumour; and 3rd. a case involving left nephrectomy, the first I have performed, and, I almost think, the first operation of the kind done in Bradford. The whole three cases are very interesting and important. The first, having been named cancer of the abdomen, may seem a very easy case to diagnose, but it was, in fact, anything but that. Mr. Kempe has condensed Mr. Carter's notes (for the woman came in as a medical case) and thus completed the history. I may add I am indebted to Mr. Kempe for the notes of the other two cases also.

H. W., married woman, æt. 52, admitted into the medical wards under the care of Dr. Alexander, 27th October, 1886 She was transferred to my care on 12th November. The family history was good. Personally she had suffered from dyspepsia for four years. No previous illness whatever. Married, seven children alive. No miscarriage. Menstruation regular up to menopause, three years ago. For last three months has suffered from flatulence and swelling after food, but the swelling always went down in a few days. One month ago began to vomit after food. Abdomen has gradually increased in size. Up to three weeks ago worked as a weaver, since then has done household duties. Is a pale, delicate-looking woman, who has lost most of her teeth. Temperature is slightly elevated in the evening. Has pain across loins, and tightness across abdomen, but no actual pain there. Abdomen distended; distension principally confined to lower two-thirds, swelling slightly more prominent on the left side; feeling of resistance in left ileo-lumbar region. Percussion note tympanitic. Deep percussion on left side dull. A fluid wave can be felt propagated from one side to the other. No increase of hepatic or splenic dulness. Heart and lungs natural. Urine sp. gr. 1030, with heavy deposit of pink lithates, no albumen, no sugar. *Per Vaginam.*—Uterus low down in a short vagina; partial prolapse of anterior vaginal wall. No increase in size of uterus, which is freely movable; in Douglas's pouch no bulging.

November 7th.—At the request of Mr. Carter, I explored abdomen with Dieulafoy's aspirator. On first insertion no fluid came, but on second puncture in left ileo-lumbar region ℥xv of blood-stained fluid was withdrawn; sp. gr. 1015; solid with albumen. Up to a few days before this time the provisional diagnosis had been *flatulent distension of abdomen; dyspepsia.* It now became *left ovarian tumour*, and I suggested from the appearance of the fluid that the tumour might be malignant, but it seemed to me nearly certain that it was ovarian. The sequel, however, showed that this was a mistake, although the percussion and finding of the fluid where I expected to do so, seemed to confirm the diagnosis.

On 15th November the woman was a good deal worse, there was more fever, and the abdomen had considerably increased in size. A consultation was therefore called at which Messrs. R. H. and H. Meade appeared. It was thought inadvisable to perform laparotomy (malacotomy) then, although the dulness in the left flank was again made out, and, in addition, a plain ascitic wave was felt. Aspiration was recommended, and if the patient improved under it, it was thought abdominal section might be performed later. The aspirator was therefore again used. It was plunged in three times deeply, but each time it failed to draw fluid, the fourth time it drew forty-eight ounces of blood-stained fluid similar to what had been got before. After operation, tension was considerably lessened, but measurement of abdomen not so. In left ileo-lumbar region, nodulation of tumour could be distinctly felt, and the ascitic wave was even more perceptible than before. Sp. gr. of fluid, 1020; albumen, half. To have ice, soda water and brandy; pil. opii, gr. i, t. d. s.

17th Nov.—Patient seemed to have improved, with less fever and better aspect, so at 9 a.m. laparotomy (malacotomy) was performed under ether, with carbolic spray. When abdomen opened in middle line, a rush of red fluid occurred from the peritoneal cavity, and soon particles of jelly-like matter appeared. On passing hand into abdomen, a mass of this jelly-like material was found to fill the cavity, and this it was evidently which had plugged the end of the aspirator so that it was necessary to insert it on the first occasion twice, and on the second occasion of aspirating, four times, before fluid was drawn. The mass of colloid cancer being everywhere adherent, the wound was closed, after eighty-nine ounces of fluid had been withdrawn. The operation did not seem to have any deleterious influence on the patient, even appearing, indeed, a little to relieve her by removing the ascitic fluid; but she died on the 21st November. No post-mortem examination was allowed.

The only remarks to be made about this case are: 1st. The peculiarity of the position of the dulness in the left flank, making me feel pretty certain that we had to do with left ovarian tumour. It may, of course, have been the case that some temporary cause made the abdomen duller there than elsewhere on the first examination, and that the tyranny of a preconception misled me afterwards. 2nd. The appearance of the bloody fluid (which evidently was ascitic, though I thought it came from a cancerous ovary) and the rapid downward progress of the case made me expect to find cancer of the ovary, although

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(a) Read before the Bradford Medico-Chirurgical Society, December, 1886.

I must confess I did not expect to find colloid cancer of the omentum. I once operated after correctly diagnosing an ovarian tumour, and removed it. It was filled with fluid very like what was found in this case. A few months later I was asked again to see the lady, and I diagnosed incipient cancer of cervix uteri, of which disease she died in a few more weeks. 3rd. Probably a more thorough consideration of the question why it was necessary to insert the aspirator twice, and four times in place of once on each occasion should have enabled me to diagnose abdominal cancer, not confined to an ovary; but it is easy to be wise after the event. And in this case as no post-mortem examination was allowed, there would still have been some doubt as to the exact nature of the case, whereas now there is none. Lastly, this interesting case shows that some apparently dyspeptic cases, especially in patients beyond the meridian of life, should make us very cautious as to diagnosis and prognosis, lest, like this one, they may possibly turn out to be cancerous.

The second case, one of right parovarian tumour, has the following history. W. J. Timms, æt. 33, housewife, admitted 3rd November, 1886, was confined three months ago, and has never been well since. Has had eight children. Has been swollen in abdomen for four years. Two months before her confinement, her feet were swollen, and have remained so ever since. After her confinement, her doctor told her she had a tumour. No menstruation since confinement. None of her family have had tumours of any kind.

State on Admission.—Skin of abdomen much wrinkled. Abdomen generally enlarged and "wabbly," yielding in every direction without offering any particular resistance. Percussion tympanitic in left flank, but right flank dull as far as umbilicus. There seems to be a great quantity of superfluous skin over abdominal wall. *Per Vaginam.*—Cervix uteri rather hard. Sound passes the normal two and a half inches. Girth at umbilicus easy thirty-nine and a half inches; keeping the tape on the same line at the back, but passing it in front midway between pubis and umbilicus, the measurement was forty inches. Urine 1020, acid, pale; no albumen.

November 13th.—Measures forty-one inches at umbilicus.

14th.—Paracentesis by Dieulafoy's aspirator, one hundred and eighty-eight ounces of light brownish-yellow fluid withdrawn. After paracentesis, measurement thirty-six inches. Percussion note in right flank now clear. (Patient states that when her last child but one was born four years ago, the medical attendant found nothing in the way of tumour.) The fluid withdrawn had sp. gr. 1010, and showed a cloud of albumen, about one-twelfth.

27th.—Measurement at umbilicus, thirty-five and a quarter inches. Discharged.

In the last thirteen days the abdomen had not appreciably enlarged. After tapping, no cyst or tumour of any kind could be felt, no irregularities or nodulations. There was no pain, only a feeling of discomfort in getting about, and some swelling of the feet till she was put to bed, when it disappeared. The history of the case shows that we had a unilocular cyst to deal with. No doubt this is the kind of case which used formerly to be confounded with multilocular ovarian cystoma, and the history of which seemed to justify the advice then given to tap such cases in the hope of curing them. Occasionally, we were told, tapping cured such tumours, therefore tap in the hope of obtaining such a result, it was said. I suppose we may now say, ordinary multilocular ovarian tumour is never cured by tapping, and where such tumours have been thought to be cured by this means, it has been so considered because they have been confounded with cases like the present, namely, with cases of parovarian cyst. There are differences in the character of the fluids from ovarian tumour and from parovarian cyst, which help diagnosis. Instead of the thick gelatinous fluid generally (though not, I must say, always) got from ovarian tumours, with a sp. gr. of 1010 to 1025, and a large quantity of albumen, we have a watery opalescent fluid of sp. gr. 1008 or 1010, with little or no albumen. In my case the fluid was not so clear-coloured as usual, being of a light brownish yellow colour, perhaps from the admixture of blood some long time ago. But, if so, there could not have been much blood, or we should have found more albumen. The watery coloured fluid is the usual description, but I fancy the deeper colour may be not unusual, for Dr. J. Matthews Duncan also describes a case where the fluid was deeper coloured than usual. My own experience is not large in this sort of cyst.

What becomes of the tumour after tapping? In answer to this question, Dr. Duncan mentions a case of a rare dissection recorded by Professor Gairdner. His patient had a large abdominal swelling produced by a great cyst, which suddenly and unexpectedly burst and the swelling disappeared. Sixteen months thereafter she died of Bright's disease. Dissection revealed a small parovarian cyst, which was empty, and if distended might have equalled in size a fœtal head. The place of rupture was made out by Dr. Coats, and was shown me (says Dr. Duncan) by Professor Gairdner. Though the rupture was healed, the cyst had not shrunk and had not refilled.

What is parovarian cyst? Dr. Duncan says: "The parovarium in the female corresponds with the epididymis in the male; and it consists of a series of tubules running from the hilus of the ovary along its mesentery towards the neighbouring tube. In this disease one of these tubules is dropsical, distended with a thin fluid. It is said that the affected tubule is generally one of those most distant from the uterus. In most cases, but not invariably, one tubule only is affected, and the cyst is truly, anatomically unilocular. It has been observed to be bilocular in rare examples, or even trilocular, but in the disease we are now describing the cyst is never multilocular, never proliferating."

My third case is one of left nephrectomy for pyonephrosis. Eliza H., æt. 31, married, had been treated as home-patient for four months for an abscess in the left loin. She had been confined 1 year 9 months ago, and had never been well after, menstruation never returning. A month or two after confinement had pain in the abdomen which began to swell. Four months ago swelling became much worse, bulging towards left loin, where an abscess formed which was aspirated and subsequently burst. Has had two children and two miscarriages. Husband died of phthisis. No phthisis on her own side so far as known. Is a pale woman, thin, fair; finger-tips not clubbed; nails slightly curved; no cough. Feels as if she wanted to micturate frequently, but passes only a small quantity at a time. No swelling of feet or of eyes in morning. Urine acid, 1015, cloudy, albumen.

November 22nd, 1886.—Two days after admission. On left side, midway between last rib and iliac crest is a sinus, skin around it red and excavated. Probe passes readily in all directions, but furthest towards spine (about 4½ inches). No bare bone felt when passed towards rib. No splenic enlargement. No marked bulging of flank on left side of abdomen. Palpation negative; no increase of hepatic dulness; no tenderness of spine on percussion, although spines of 9, 10, and 11th dorsal vertebræ rather prominent. Chest: Left apex does not expand so well as right. No râles at apices. Slight râles at both bases posteriorly. Wet boracic dressing applied twice daily.

25th.—No pain over either sacro-iliac articulation. More discharge this morning. Temperature last night 103° F. Perspires a good deal at night.

28th.—Hacking cough; pain in chest; alæ nasi dilating; facial respiration; impaired resonance in chest; bronchial respiration and fine râles heard at left posterior base; probably tubercular. Turpentine to left posterior base.

30th.—Omit fomentations. Brandy ℥v and milk. Same date 12.35 p.m., under ether, the sinus was enlarged transversely and *nephrectomy* performed. Finger passed into wound readily felt kidney. *Fascia lumborum* was perforated by the abscess. The external oblique as exposed was pale and flabby. Kidney had but little fat surrounding it, and though very soft was stripped from the surrounding tissues. The hilus exposed, pedicle ligatured by stout silk and removed. There was a little hæmorrhage from the pedicle, it being difficult to get ligature to hold, owing to the softness of the parts. An aneurism needle was, therefore, used to pass the ligature deeply, and after it had been divided at the loop the pedicle was tied in two parts. Drainage tube inserted; edges of wound stitched with catgut; carbolic oil dressing applied with oakum. On section the kidney was found to be full of tubercular abscesses containing creamy pus. No tubules seen on surface.

9 p.m.—Quite rallied from operation; feels weak; no hæmorrhage.

December 2nd.—Free discharge from wound. Pain in left leg, left foot swollen. Her water came away from her during the night.

3rd.—Left foot and leg more swollen, veins distended, tender along inner side of knee and thigh; no redness, no rigor or sweating. ℞ M. quininæ gr. ij, ad ℥j. t.d. s.

4th.—Left leg more painful. Urine sp. gr. 1010, acid, cloud of albumen.

5th.—Better; leg less painful.

7th.—Had good night, and feels much better; ate her chicken yesterday and enjoyed it. Passes plenty of urine (about ℥iv at a time). Wound granulating healthily; ligature has not yet separated; left leg no pain, swelling much less. Says she feels better than before operation.

13th.—Ligature not yet come away; swelling right foot; small abscess just anterior to right great trochanter opened.

14th.—Ligature came away.

The patient is making a good recovery.

NOTES FROM THE HISTORY OF MEDICINE AND OF MEDICAL OPINION FROM THE EARLIEST TIMES.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Hon. Physician to H.M. the Queen.

Continued from p. 568, Vol. xlii)

In the twelfth century Benjamin of Tudela,(*a*) a Jewish rabbi, gave an account of what cities, up to that date, the Jews had any settlement in. He mentioned a great many physicians among them, some of whom extended their practice also to Christians. Charlemagne had two such in his service, namely Farragatus, Butiahyliha Bengesta, who, by his order, composed the book called *Taucin*, or the Tables of Health, that is, a sanitary code; time, the ninth century. Before the close of the tenth century the Jews, being masters of the Arabic language, were the chief physicians in Europe, their system, chiefly that of the Arabians. They were received by several Popes, and by the Mahomedans; so much so, that after the irruption of the Moors into Spain, A.D. 714, the Moors assigned to them Cordova and Grenada for their habitation. They had indeed a sort of University very early, *i.e.*, about A.D. 200, at Sora, in Asia. In the beginning of Mahomedanism, namely, in the seventh century, several of them were employed by the Caliphs, some of them at least, there is reason to believe, following ordinary business while they also practised physic.

In the latter portion of the twelfth century a Benedictine monk named Ægidus, physician to Philip Augustus, wrote a treatise in hexameter verse on the properties of drugs, a treatise which is stated to have been adopted for some time afterwards as a text-book in the schools. [It is not so long ago that a treatise in verse on medical subjects was written by the clever author of "The Fallacies of the Faculty." And every now and then some popular and ephemeral theory is discussed in a similar manner in the periodicals of the present day, medical and non-medical.]

It was about this period also, including the early part of the thirteenth century, that Albertus Magnus began the studies in medicine with which his name is associated. He devoted much of his time to the search after the philosopher's stone and the "elixir vitæ," those *ignes fatui* which, as we shall see by-and-bye, deluded the wisest men at a much later and more "enlightened" age. Magnus, too, was not a medical man, but a monk, yet undoubtedly his researches in chemistry proved of very great service to medicine and to therapeutics.

In the thirteenth century chemistry as a distinct branch of study took its rise in Europe, and to Roger Bacon the honour is due of having originated that study. With him, as with Albertus Magnus, the pursuit of the philosopher's stone was enthusiastically prosecuted, as indeed it had already been in China. But as even happens in more recent times, so in the thirteenth century, Bacon concealed a great deal of useful information under "that jargon of language which was so fashionable in those times." Another discovery, namely, that of gunpowder, assigned to Bacon, leads us to believe that as with respect to the philosopher's stone, so in regard to the latter, he must have had access to the literature of the Far East, for not only was the explosive alluded to known in China from very ancient times, but it appears to have been so also by the Aryans, very soon after, if indeed not previous to their descent into India. Bacon also was not of the medical profession, but a friar, whose "study," real or apocryphal, may still be seen at Oxford. Curious and suggestive it is that, although the first result to himself of his investigations was a money endowment to enable him to purchase the instruments and other appliances necessary for the pursuit of his experiments, the second result was persecution, the latter chiefly by his own fraternity.

Among his works which more particularly concern our present purpose may be enumerated those entitled "De Erroribus Medicorum." [It is obvious that the doctrine enunciated in recent times that only "experts" in such matters were capable of discussing them was not then recognised]; "De Prolongatione Vitæ," "Antidotarium Vitæ Humanæ," &c. He extolled the virtues of vipers' flesh in phthisical cases; and that remedy continued in favour until a comparatively recent date, as indeed it had been in China, in Greece, and elsewhere, centuries prior to the time of Roger Bacon. At the present day doubtless a palatable substitute for vipers' flesh is found in that of another reptile, namely, the turtle. Bacon gave to medicine a new impulse by introducing the study of the "exact" sciences and experiments as means of obtaining knowledge. And yet, notwithstanding all his "exact knowledge" and his experiments, history relates that Bacon "believed in the possibility of an universal medicine, the basis of which belief was astrology" (*id.*, p. 187). [And at the present day, philosophers, experimenters, and men of "exact" science believe in "possibilities" the bases of which are no more solid than were those of Bacon's conviction as here expressed.] He advocated the strict examination of the opinions of his predecessors, and so the contradictory tenets of Aristotle and Averrhoes, of Galen and Avicenna, each of whom was judged to be infallible, came to be, if not the chief, at least a great part of medical education. A system of reasoning on abstract questions without reference to facts was thus sanctioned. [Indicating how readily men of "exact" science may themselves be led away from what is definite and precise to what is speculative, abstruse, and abstract.]

Contemporary with Bacon was Petrus de Apono. He

(*a*) Tudela, a city of Navarre, in Spain.

was distinguished for his skill in chemistry as well as for his knowledge of medicine. The principal characteristic of his life, which has come down to our time, is that he devoted a special work to the task, laborious even then, to reconcile differences of opinion which existed between professors of medicine, from which circumstance he obtained the title of "Conciliator." He also wrote a treatise on "Poisons and their Antidotes," another on "Astrology in Relation to Diseases." In the manner of his death his name is recorded in the long list of victims of the "Holy" Inquisition, A.D. 1319.

At the same period also lived Arnoldus de Villa Nova, or Arnaud, of Villeneuve, in France. He studied in Spain the language of the Arabians and their method of medical treatment, in which he himself was so successful, that a medical sect, under the name of *Arnoldistæ*, was so called after him. Besides various distilled medicinal "waters," including *aqua euphrasiæ*, &c., he mentioned the distillation of ardent spirits as a recent discovery, and under the conviction that it was the long sought for panacea for ensuring longevity, gave to those spirits the name of *aqua vitæ*. He also wrote a treatise on the "Government of the Health." He founded his practice of medicine on astrology. Notwithstanding that, in prescribing he turned himself towards the planet Jupiter as it crossed the meridian by way of invocation, he proposed an important question which, until quite recently, interested physicians, namely, the policy of depletion by bleeding at the beginning of every acute disease.

Brunus, an Italian surgeon of the same period, professed to publish an account of operations from his own personal experience. His description of lithotomy, however, is stated to coincide with that given by the Arabian surgeons, more especially by Albucasis. Brunus recommended the opening of the sinuses in cases of fistula in ano. [An operation still practised.]

After Brunus the practice of medicine was followed by Theodoric, Bishop of Cervia. He published a work on surgery, in which he adopted and appropriated the recommendation by Brunus, "to break a badly set bone a second time," or, in cases of longer standing, "to use the knife" for that purpose. He mentioned the propagation of elephantiasis by means of coitus with an infected person. He noticed the manner of preparing unguents, and gives particulars in regard to the induction of salivation by their means when used externally. It is asserted, however, that these mercurial applications were borrowed from the Arabians. (Hamilton, vol. i, p. 360.)

William, of Salicetum, also in the thirteenth century, based his own practice upon "long and careful (clinical) observation." He assumed it was an axiom that medical knowledge was only to be acquired from practical experience. He describes the operation of lithotomy as performed in females. He mentioned that he had never seen a case of hydrocephalus cured by an operation. He was the first to treat of the "crusta lactea;" and to recommend surgical operation in cases of sarcocele. He described the treatment of wounds, including those which penetrated the thorax. He pointed out the difference in function of the nerves which originate in the cerebrum, and of those which proceed from the cerebellum and spinal cord; and the coincidence between his opinion on the subject, and that expressed by Willis several centuries afterwards, is noticed by his biographer. (Hamilton, vol. i., p. 364.)

In the same century (namely, the thirteenth) the study of human anatomy took a new departure under Mondinus, of Bologna. It was he who published, if not the very earliest, at least among the earliest anatomical plates. Notwithstanding the circumstance that he performed dissections himself, however, it is remarkable that in his descriptions of parts there are several important errors. [So difficult is it to see things exactly as they are, instead of what preconceived ideas lead persons to con- [illegible] that they ought to be.]

[illegible]tus Anglicanus, an English physician of the thirteenth century, wrote treatises on the "Preservation of Health," and on "The Virtues of Herbs." He is described as having wasted much of his time in discussing vain and subtle questions; for example, as to the destructibility of the vegetable or sensible soul, and the indestructibility of the rational soul, and so on. His theories were chiefly taken from Galen and from the Arabians.

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NOTE ON THE ETIOLOGY AND TREATMENT OF CHRONIC TROPICAL DIARRHŒA.

By G. HARRISON YOUNGE, L.K.Q.C.P., &c.,
Surgeon, Army Medical Staff, Meean Meer, Punjab, India.

The great prevalence and fatality of chronic tropical diarrhœa amongst Europeans in India, and the complete failure of all the usual methods of treatment in this disease, makes it a subject of great importance to army medical officers. The disease was first accurately described by Surgeon-Major A. Grant, in the Indian "Annals of Medicine," under the name of "Hill Diarrhœa."

Much difference of opinion exists as to its ætiology, owing to the fact that it is rarely seen in its first stage. In the great majority of cases it begins insidiously, and the patients rarely apply for treatment until it has become fully established.

My own experience convinces me that the disease always begins in a disordered state of the hepatic functions, and that the intestinal changes are only secondary.

In cases where I have been able to study the disease from the first I have always found that it begins as follows:—It nearly always sets in at the commencement or end of the hot weather. In other words at the time when liver diseases are particularly prevalent. The disease begins with what may be called "hepatic dyspepsia." The patient suffers from loss of appetite and morning sickness. About an hour after meals he feels sick, and there is frequently retching and vomiting of a sour bilious fluid. Distressing flatulence occurs after the food has passed into the intestines. Then loose motions occur once or twice in twenty four hours. At first, the stools vary from a pale clayey to a light green in colour, and are fœtid. Under ordinary circumstances they contain neither blood nor mucus. This stage may last from one to four months, during which time the health gradually deteriorates. In the second stage the bowels may be moved from four to six times, or oftener, in twenty-four hours. The stools are of a muddy grey or yellow colour and very frothy, closely resembling yeast in appearance; and have a peculiarly sickly odour. In all cases they show an absence, or at least a disordered secretion, of bile. At this time the tongue is of a bright red colour, and the surface is glazed. Towards the end, in fatal cases, it becomes deeply fissured and covered with aphthous patches. Emaciation takes place rapidly. During the second stage there are well-marked liver symptoms. The conjunctivæ are of a yellowish colour. There is a sense of dragging and tenderness over the right hypochondrium; and, on physical examination, the liver is found more or less enlarged.

All the symptoms show that the disease is due to an absence of the antiseptic and digestive actions of the bile. At the same time the digestion becomes impaired, and the antiseptic action of the bile ceases. This is followed by fermentation of the food in the intestines, and consequent flatulence and diarrhœa. In some cases the disease begins with acute bilious diarrhœa, the stools containing large quantities of dark inspissated bile. When this subsides the stools assume the characteristic yeasty appearance.

In still rarer cases it may be a sequel of acute dysentery. That the disease depends on derangement of the liver is further proved by the results of treatment. The only remedies useful in the first stage are those which act on the liver. Medicines, such as opium, which check the secretion of bile greatly aggravate the diarrhœa. Dr. Goodeve believed that malarial cachexia might be the direct exciting cause of chronic tropical diarrhœa. It is certainly a powerful predisposing cause, but I do not believe that it can excite the disease. Indulgence in alcohol and chill always aggravate the disease. In the first stage of "Hill diarrhœa" there are no pathological changes in the intestines; but the liver is congested, and usually softened. As the disease advances congestion of the mucous membrane of the intestines set in. This is quickly followed by effusion of plastic matter into the mucous and submucous coats. The intestinal walls become thickened, and the mucous membrane opaque. The free surface of the mucous membrane then becomes covered with minute bright red elevated points, closely resembling florid granulations. Between these the mucous membrane is of a greyish colour. The mesenteric glands are enlarged and indurated. I have often found the liver more or less atrophied, and the gall bladder distended with bile of a clear straw-colour, resembling ordinary urine in appearance, and of greatly diminished specific gravity. When these changes have existed for some time the intestinal walls begin to atrophy. The effused lymph breaks down and is re absorbed. The villi shrivel up and often drop off. Peyer's patches and the solitary glands atrophy. Surgeon-Major D. D. Cunningham has shown that the adenoid tissue entirely disappears. Professor Aitken has found well marked amyloid degeneration of the intestinal walls.

In the treatment of "Hill diarrhœa" our great object should be to cure the disease before any of these atrophic changes have occurred. The remedies to be used depend entirely on the time at which we see the disease. During the first stage we should direct our attention chiefly to the liver. I have found ammon chlorid, ℈j in inf. chirettæ, ℥j, given four times a day, most useful at this time. At bedtime I give the following pill:—℞ Pulv. ipecac., gr. j. Pil. rhei. co., gr. iij. Ext. tarax., q.s. This treatment usually at once restores the secretion of bile, and the diarrhœa ceases. I then give nitro-hydrochloric acid with some carminative as an hepatic stimulant and general tonic. Counter-irritation over the liver with ung. hydrarg. iodi. rubri is very useful. Opium is nearly always injurious in the first stage of chronic tropical diarrhœa. When the disease has reached the second stage, I have found astringents not only useless, but injurious. Sir Joseph Fayrer states that he "has found medicines useless, and that diet is the most important element in the treatment." Astringents having failed in its treatment, I was led to try pepsine in "Hill diarrhœa." I cannot find any record of pepsine having been previously used in chronic diarrhœa. The following cases show how useful it is in this disease.

CASE I.—Gunner T. S. was admitted into the Station Hospital, Cawnpore, on December 3rd, 1885, with dysenteric diarrhœa of about seven days standing having been transferred from the line of march. The motions were copious, and contained a large amount of blood, but very little mucus. The temperature was high, varying from 101·6 deg. to 104 deg. He was pale and anæmic, and very debilitated. Ordered an entirely milk diet, and brandy ℥iv. Ipecacuanha quickly stopped the dysenteric symptoms, but the diarrhœa remained unchecked. On December 10th acute hepatitis set in, and the diarrhœa became greatly aggravated. On December 13th there was extensive hypostatic congestion of both lungs. Stimulants were freely given, blisters applied over the liver, and dry cupping and turpentine fomentations over the lungs. The most powerful astringents failed to check the diarrhœa. From this to January 3rd, 1886, the patient's condition was as follows.—The bowels acted ten to sixteen times a day. The motions were copious, frothy, and yeasty in appearance. The tongue was red, irritable, and deeply fissured. The appetite was lost. The temperature was high and irregular. There were profuse night sweats; a constant hacking cough; and acute pain and tenderness over the liver. Medicines only aggravated the disease, and annoyed the patient.

On January 3rd he was so weak and wasted that he could not turn himself in bed. The tongue was deeply fissured, and covered with apthous patches. The bowels were moved about every half hour. There was a heavy cadaveric odour from the body, and he was evidently sinking fast. In consultation with Surgeon P. F. O'Connor, 6th Bengal Cavalry, I decided to try pepsine, and prescribed it as follows:—The diet consisted of four pints of milk. Half a pint was given every third hour. The temperature of the milk was raised to 100 deg., and to each half pint was added 5 gr. of pepsine. It was allowed to stand for half-an-hour, the temperature being maintained at 100 deg. It was then given to the patient. At the same time all medicines were stopped.

On January 15th all diarrhœa had ceased, he had gained flesh greatly, and he was able to take convalescent exercise. Early in February he left for England, having recovered completely.

CASE II.—Captain J. H. came under my care on 10th February, 1886. He had suffered from chronic diarrhœa for the past three years. It was most troublesome in the mornings, and he had to go to stool five or six times in rapid succession after breakfast. The disease was so troublesome that he had to give up going into society. He also had some enlargement of the liver, and constant dyspepsia. I prescribed a mild easily digested diet, and ordered pepsine, gr. v, to be taken immediately after each meal.

On February 20th the diarrhœa had ceased, but he continued the use of the pepsine for some time afterwards. He is now in perfect health, and has not had any return of the disease.

CASE III.—Gunner G. E. was admitted into the Station Hospital, Cawnpore, on the 19th August, 1886, with chronic diarrhœa. He was a slight, delicate, strumous man. He was pale and emaciated, and suffered from night sweats. The bowels were moved from ten to twenty times a day. The motions were frothy and fœtid, but did not contain any blood or mucus. Astringents of all kinds were tried, and failed. On Sept. 1st I ordered pepsine as in Case I. On Sept. 5th the diarrhœa had ceased, and when I last saw the patient he was quite well.

These cases show how useful pepsine is in tropical diarrhœa. Even in the worst cases its action is almost magical. I have now used it in a large number of cases, and always with immediate success. Previously I looked upon Hill diarrhœa, when fully established, as almost necessarily fatal. Only milk diet should be allowed, and in preparing it care should be taken that the temperature is not raised above 100 deg., as if it is the action of the pepsine is destroyed. Care should also be taken that the pepsine is quite fresh, as otherwise it is almost useless. In bad cases I always prescribe it as I did in Cases I and III, but in mild ones it may be given in powder after meals. The return to full diet should be gradual, and the pepsine should be continued for sometime after all diarrhœa has ceased. I have found pepsine invaluable in the treatment of enteric fever. It greatly increases digestion and assimilation of food; thereby lessening the diarrhœa and intestinal irritation, and diminishing the severity of the disease.

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The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 37, Bombay 19, Madras 33, Paris 23, Geneva 21, Brussels 21, Amsterdam 21, Rotterdam 20, The Hague 22, Copenhagen 23, Stockholm 22, Christiania 23, St. Petersburg 26, Berlin 23, Hamburg 37, Dresden 26, Breslau 29, Munich 24, Vienna 20, Prague 31, Buda-Pesth 32, Trieste 30, Rome 28, Turin 20, Venice 27, Cairo 43, Alexandria 31, New York 30, Brooklyn 22, Philadelphia 22, and Baltimore 20.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Case of Pneumonia with Metastatic Rheumatism. (a)

Under the care of David Goyder, M.D.,

Physician to the Bradford Infirmary.

The following case is interesting from the rather unusual phenomena which attended it.

W. S., æt. 26, living in the country, had twice suffered from attacks of acute rheumatism, for one of which I had attended him while resident in Bradford. On Oct. 8th, 1886, after being in a very warm room, he had occasion to go out and was exposed to a drizzling rain without the opportunity of rapid locomotion, and suffered in consequence a severe chill. On Oct. 9th and 10th pain and swelling of the knees and ankles confined him to bed, the temperature rising from normal to 102 and the pulse to 120. The administration of salicin in 10 grain doses every three hours reduced the swelling and pain of the joints, as well as the temperature and pulse; but on the evening of the 10th he complained of pain over the right chest, and developed cough, with rusty expectoration. Examination disclosed pneumonia of the right lung, worst at the posterior base. The pain in the joints had disappeared rather suddenly. The salicin was stopped, and a saline with liq. ammon. ac. administered instead. At this time the temperature was 101, and the pulse about 90. On Oct. 11th and 12th the temperature, pulse, and respirations increased, and in addition to the pneumonia a distinct effusion of fluid was detected in the right pleura, attended with well-marked œgophony. From the date of the appearance of pleuro-pneumonia the patient became extremely restless and delirious, the restlessness and delirium persisting from day to day, and rendering it difficult to keep him quiet and properly covered in bed. On the 12th a poultice was applied to the side, and digitalis added to the mixture, with the effect that next day the fluid in the pleura had disappeared. Two days after this, *i.e.*, on the 14th Oct., the delirium continuing, I was called to see the patient, and received the foregoing particulars from the medical gentleman in attendance. I found that the patient could be easily roused from his delirium, but that he lapsed directly he was permitted to be quiet and dose. The pneumonia on examination proved to be confined to the lower lobe of the right lung, but again there was unmistakable effusion into the pleura and œgophony. I advised the application of a blister to the right base, and the addition of a fourth of a grain of antimony to each dose of the mixture. On the 15th the fluid in the chest had again disappeared, the rusty sputum was gone, and the patient was bathed in a profuse perspiration; the temperature also had fallen to 99, and the pulse to normal. This gave evidence of the subsidence of the pneumonia; but, strange to say, the delirium continued, the patient being most difficult to control, and occasionally jumping out of bed when left at liberty. From the onset of the delirium the patient's pupils had been examined daily, and found perfectly mobile and sensible to light. The fact also that when roused his answers were rational, the absence of pericardial and endocardial complication, and the circumstances of the reduced temperature and pulse, rendered us hopeful that neither cerebral nor meningeal mischief were threatening. The condition of the lung, moreover, on the 16th, precluded the belief that the delirium arose from irritating reflex causes. What, then, was the cause of the persistence of the delirium? The cause, I believe, existed in the rheumatic condition of the blood. The attack had first exhibited acute rheumatic symptoms, and my previous knowledge of his rheumatic tendencies lent force to this belief. I therefore recommended a return to a modified rheumatic treatment with bromide and iodide of potassium added. Early on Sunday morning, Oct. 17th, I was suddenly called to visit him, and found that he had been excessively restless the evening before, but had gradually become quieted as night advanced: he now lay breathing heavily, with low muttering delirium, his hands outside the coverlet, and he was picking the bedclothes with his fingers; his eyes showed the pupils less sensible to light, and the pulse had sunk to 60, and the respirations to 14, the temperature being normal. In the presence of these evidences of cerebral effusion, and remembering the fitful effusions of fluid into the pleura, and their rapid absorption, I had the back of the head shaved and liquor epispasticus applied over the whole occiput and neck, and as the face appeared turgid and flushed, half-a-dozen leeches were ordered to be applied to the temples. The grave state of the patient having been communicated to the relatives, they desired a consultation with Dr. Clifford Allbutt. This was procured after a lapse of eight hours. Before proceeding to the patient's room we heard from the medical gentleman in attendance that the delirium had gradually ceased, and the patient was apparently sinking into profound coma. The pulse, however, had risen a little, and the respirations and temperature were normal. Proceeding to the room, we were all agreeably surprised to find that upon using efforts to rouse him up, he woke as if from a profound sleep, recognised his friends at once when asked who they were, and gave unmistakable evidences of perfect rationality and freedom from delirium. On examination we found that the blister had risen unusually well, and that his pupils responded perfectly to light and shade. From this time forward the patient made an uninterrupted recovery, the anti-rheumatic treatment and aperients being continued for a time, and a fairly nourishing diet being allowed. If it is asked whether the application of the blister and the leeches produced this satisfactory change in the patient's condition, I have little hesitation in saying that they did, and this opinion was unhesitatingly shared by Dr. Allbutt and the medical man in attendance. Evidently the rheumatic poison had shown an erratic disposition to expend itself on the larger serous membranes, and both in the case of the pleura and arachnoid the application of counter-irritants had diverted it. We certainly thought we had profound reasons for thankfulness at the favourable termination of the case.

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Transactions of Societies.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

December Meeting.

The President, I. Mossop, Esq., in the Chair.

Dr. Goyder read an interesting case of

PNEUMONIA WITH METASTATIC RHEUMATISM,

which will be found in another column under "Clinical Records."

In the discussion which followed the reading of this case

Mr. Miall asked if the urine and the heart had been examined in this oase. These were other causes capable of producing the pleural and meningeal symptoms described which Dr. Goyder might not have eliminated.

Dr. Major said that it might appear a question whether this was a case of metastatic rheumatism with pneumonia, or whether it was an ordinary case of pneumonia complicated with meningitis. He inclined to Dr. Goyder's view. Might not the pneumonia have been produced by the salicin? He feared harm might often be done by sitting, so to speak, on rheumatism. As to the central symptoms, he was glad to observe that Dr. Goyder had applied counter-irritants and recognised the value of leeching. He had no doubt of the very great value of bleeding in these cases.

The President asked if the patient had been a temperate man?

Dr. Goyder in reply, said the urine had been frequently examined, and no trace of albumen observed, the heart had also been examined daily, and neither endo nor pericarditis existed throughout the case. He was perfectly aware of the various sources of fallacy in making his diagnosis, but adhered to the conclusion from his knowledge of the patient, who was a perfectly sober man, and from the history of the case. He corroborated Dr. Major as to the value of bleeding, and also as to the danger of the exhibition of large doses of salicin. In some rheumatic cases the results were rapid and curative, in others rapid and fatal.

Dr. Rabagliati next exhibited a patient with

SUSPECTED HIP DISEASE,

And pointed out a new and satisfactory test of the absence or presence of this affection, as contrasted with the more tedious and complicated points of diagnosis recommended in text books and in practice. His test consisted simply in flexing the thigh of the suspected side upon the abdomen (the patient meanwhile lying on his or her back), if the thigh could be completely flexed without causing the patient to raise the pelvis, the absence of disease in the hip might almost certainly be diagnosed.

(a) Read before the Bradford Medico-Chirurgical Society, December, 1886.

Dr. **MACGREGOR** explained that it was he who had sent the boy into the Infirmary. The boy had met with an accident to the hip, and though he had no hip pain he feared hip disease might follow. He was much pleased with the result of the treatment.

The **PRESIDENT** remarked that the method of diagnosis seemed original and simple, and one easily tested.

Dr. **RABAGLIATI**, in reply, said he had written to Noble Smith as to the point, and was answered that he had not previously heard of the plan, and would mention it in the next edition of his book.

Dr. **RABAGLIATI** exhibited a

KIDNEY AFFECTED WITH STRUMOUS DEGENERATION AND ABSCESS

which he had removed from a patient of whom he was presently about to speak.

Dr. **RABAGLIATI** then read the paper of the evening on

CASES INVOLVING LAPAROTOMY,

which will be found at p. 28.

In the discussion that followed the reading of this paper

Dr. **GOYDER** said that the cases cited by Dr. Rabagliati undoubtedly justified laparotomy. He had not, however, taken up (perhaps he did not intend) the subject of oophorectomy in his present remarks. Had he done so he (Dr. Goyder) was prepared to express some strong remarks on the practice. Some years ago he had seen a case of undoubted ovarian cyst, which burst into the abdominal cavity, the patient recovering perfectly, though she had since died of another affection. He congratulated Dr. Rabagliati on the result of his case of nepherectomy.

The **PRESIDENT** remarked upon the thorough treatment of the cases Dr. Rabagliati had cited. He should have been glad of his opinion on cases justifying laparotomy generally, especially those of extra-uterine fœtation.

Dr. **MAJOR** hoped the result of the operation for removal of the kidney would be satisfactory. He was pleased to know that Dr. Rabagliati had been the first in Bradford to perform nepherectomy.

Dr. **RABAGLIATI**, in reply, said he was obliged for the manner in which his remarks had been received. His paper was strictly intended to describe cases involving laparotomy. He did not intend to take up the subject. He would keep the kidney case in view, and state the result at a future time.

The proceedings then closed.

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DRUMINE, A NEW LOCAL ANÆSTHETIC.—Dr. John Reid, of Port Germein, South Australia, has recently published some observations and experiments which he has made on the therapeutics and physiological action of Drumine, an alkaloid obtained from the *Euphorbia Drummondii*, N.O. Euphorbiaceæ. The alkaloid is soluble in chloroform and water and with hydrocloric acid forms a hydrochlorate. The plant is a common one in Australia and frequently proves fatal when eaten by animals in a period of from 24 hours to a week. It produces a condition akin to intoxication with paralysis of the limbs. Injected subcutaneously, a 4 per cent. solution produces local anæsthesia, and when dipped into the eye, the conjunctiva soon becomes insensible to touch. Small doses do not produce any constitutional effects in man but applied to the tongue, destroys the sense of taste. It appears to affect exclusively the sensory functions and never induce convulsions. Dr. Reid believes that this alkaloid will be found very useful in a large class of cases in which cocaine is used, especially as it is free from certain inconveniences which attend the use of the latter.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 12, 1887.

PERCHLORIDE OF MERCURY AS AN ANTISEPTIC.

THE use of perchloride of mercury in dilute solutions as an antiseptic and anti-putrefactive agent has come largely into favour during the last two or three years. Introduced into France as the *liqueur de Van Swieten*, a solution of one gramme to the litre (one part in one thousand) it soon became popular with obstetricians and gynæcologists, and was used almost to the exclusion of other and more familiar agents. Its employment subsequently spread to England, principally owing to the high terms in which it was spoken of at the International Medical Congress held at Copenhagen, and is now general, not only in the department of obstetrics and gynæcology, but also in surgery.

Now corrosive sublimate is one of the most powerful germicides which we possess, and its efficacy is undoubted, whether the effect desired be the neutralisation of putrefactive changes in a retained placenta or portions of placenta, or whether the object in view be to prevent similar changes in the neighbourhood of necrosed or damaged tissues, the result may be relied upon with equal assurance. It is odourless, and this is no small recommendation after an experience of carbolic sprays and iodoform dressings, and its application is simple and inexpensive. These qualities account for the readiness with which it has been adopted in the treatment of affections where it is of primary importance to forestall or cut short changes which would be locally undesirable and constitutionally dangerous.

It had, however, not long been in use before it was noticed that the good qualities which had secured for corrosive sublimate a rapidly acquired excellent reputation were not without some drawbacks. It was very soon remembered that if corrosive sublimate were possessed of a promptly fatal influence on the various forms of bacillary and bacterial existence, the same powerfully toxic properties were apt to manifest themselves on the tissues and on the economy of the patient treated by means thereof. It was found, moreover, that even apart from its intoxicating properties, it was highly irritating. and was apt to cause excoriation of even healthy tissues, and this when employed in the form of Van Swieten's liquid, containing only one part in a thousand. The attendants in the obstetrical wards of the various hospitals in Paris where its use had become general soon became familiar with the rash which its use as a disinfectant of the hands not unfrequently gave rise to, and a certain number of violent local inflammations following its use as a dressing demonstrated the necessity of caution in this respect. The matter went a step further when statistics were published showing that a rather appalling number of deaths were to be attributed to the absorption of the poison when injected or used as an irrigation.

The fact is, that solutions of corrosive sublimate are readily absorbed, and hence the greatest caution is requisite in injecting it into cavities or in allowing it to remain in contact with living tissue for more than a very short space of time. The remaining liquid should be carefully washed away, and the quantity used should be small. The proportion of one part in one thousand is too great; one in two thousand should be the maximum strength employed, and even then it should be used as a wash, and not as a dressing.

A case was reported a few weeks since in which the injection of a comparatively small quantity into the rectum in lieu of the vagina gave rise to symptoms of profound intoxication, to control which was a matter of the greatest difficulty and risk. It is principally in cases where the solution has been allowed to sojourn in a cavity such as the uterus, vagina, rectum, or abscess cavity, that untoward results are to be apprehended. It is to be remarked in reference thereto that the symptoms of acute poisoning by corrosive sublimate are severe but misleading, especially during the puerperal period, when they are often undistinguishable from those common at that epoch. Violent headache, vomiting, sanguineous diarrhœa with rectal and vesical tenesmus, some or all of them occur, and the characteristic affection of the gums may be absent from the suddenness of their onset, a certain lapse of time appearing to be necessary for the gums to show signs of mercurial influence.

To sum up, perchloride of mercury is an useful but powerful agent. It is invaluable as a disinfectant and antiseptic, but its employment is only permissible on condition of due caution in regard to the strength and circumstance of its use. More rapidly and effectually than any other agent it checks offensive discharges from the uterus due to decomposing matter, and if proper precautious be taken, with perfect safety. Absorption only takes place under certain well-defined conditions which it is easy to foresee and prevent; but it behoves every surgeon and obstetrician who uses it to keep a sharp look out for the symptoms to which such absorption gives rise, and which should be the signal for recourse to more dilute solutions, or even to another and less toxic agent.

THE OUTLOOK IN SCOTLAND.

SELDOM has a year opened with greater promise of progress than the present. By a strangely fortuitous coincidence things have been coming to a head in different directions at once, and, to-day, more distinctively than for long, the minds of men are intent waiting for the moving of the waters. The Universities of Scotland are looking forward once again to the early introduction of an Universities (Scotland) Bill. A Conservative Government has generally been regarded as an excellent framer of University measures, and in Mr. Balfour's hands the University interests may be considered in good keeping. The Scotch Secretary is no novice in educational work; his speeches show him to be a man well versed in the details of University requirements, while preserving the fullest sympathy with the honourable traditions of Scotland. It may be hoped, then, that the suggestion for summarily closing accounts with the Scotch Universities by the introduction of a finality clause—which has discredited more than one previous proposal—has been made for the last time. It may be expected, moreover, that in handling the difficult problem the Government will see its way to approach the whole subject, unfettered by the blinding and ill-fated influence of class prejudice. The development of the Universities must be guided into right lines, apart from considerations of private and vested interests. Never was there a more opportune occasion for the widening of the University basis, and never did so much depend on the wise solution of the problem, how best to effect this. The question of administration and direction will have to be reconsidered entirely.

While much of praise must be accorded to the Senates of the Scotch Universities for the way in which they have discharged the onerous duties in the past, it must be admitted, as the gravest anomaly that the teachers in a national institution should have practically the entire say in the arrangement of the curriculum and the administration of the funds. Questions of the most delicate nature necessarily crop up from time to time, which *prima facie* could not fairly be settled by such a tribunal. It is better, therefore, that men, whose appointment has not been influenced by known business capacity, be saved from these trying positions, and their full energy preserved for the prosecution of those special studies to which they are more naturally called. The Universities can never be in want of good governance when they can fall back on the University Court and Council. Neither of these bodies, as it seems to us, has received in times past that place which the framers of earlier University enactments intended they should have. In any fresh bill the correction of this mal-execution of previous legislation must be obtained, and the powers of the different bodies more accurately defined. Only when this is fully and satisfactorily arranged may we expect to have a fair consideration of other grave questions, such as the extension of the University curriculum, the modification of degree examinations, the increase of extra-mural teaching, and the improvement in the status of University assistants.

In addition to those wider problems, the Government will have to consider the special claims of the different Universities. More especially it must have regard to the position of the venerable University of St. Andrews. We refer in particular, for the present, to the possibility of raising the status of St. Andrews as a medical school. With the rise of medical colleges and schools in so many of our larger English towns, it is most natural that attention should have been attracted to Dundee, where already a University College in Arts and Science exists. There is, moreover, an excellent and extensive infirmary, and a large pauper and labouring population. Affiliated to the University of St. Andrews, Dundee affords the most ample scope for the development of a first-rate curriculum in medicine. Recent reports clearly suggest that both the aged University and her younger commercial neighbour are fully alive to the advantages which might be expected to accrue to both by such co-operation. We do not think the time far off when the experiment must be made. The University of Aberdeen, too, will have fresh demands on Her Majesty's Minister for Scotland. It is a notorious fact that the space at the disposal of the teachers at Marischal College—the medical school in Aberdeen—is far below the necessities of the students. There is not a department, with the exception, perhaps, of the anatomical, which can be regarded as even fairly housed. Meanwhile, the University authorities have not been idle. Much of the suitable adjacent property is either actually or potentially in their hands. With the help of a sufficient grant from the Crown, such extensive changes are now possible as will place the Northern School of Medicine on a level with any of her more fortunate compeers in the South.

The extra-mural schools of medicine, both in Edinburgh and Glasgow, have done much to improve the teaching in these centres, and it is to be hoped that, in future legislation, more distinct recognition will be taken of this factor in the success of the Northern medical schools. Their united action, the success of their approaches to Government, and the feeling expressed by the members of the General Council of the University towards them are the best augury of increased prosperity in the future. The Royal College of Physicians of Edinburgh has made an important move in advance in the projected establishment of a research laboratory. If wisely directed, this should prove one of the most powerful factors in the higher development. The College has always been supposed wealthy, but hitherto there has been little evidence of the value of her wealth outside the favoured circle of her Fellowship. The projected laboratory would presumably be open to accredited workers apart from any restriction. In any case, the licentiates and members could hardly be excluded from participation in the advantages of so valuable an institution. We wish the College God speed in the admirable enterprise, and may be allowed to express the hope that the Fellows will see their way to the establishment of research scholarships or prizes as an almost necessary complement to the erection of a laboratory.

For the first time, the general body of the practitioners in Scotland will, this year, have a distinct say in the suggestion and adoption of measures affecting their private and public interests. The representation of the practitioners generally is, meanwhile, an experiment, on the result of which will depend the continuance and the possible extension of the principle. We once more congratulate the profession in Scotland on having obtained the services of so thoroughly capable a man as Dr. Bruce of Dingwall. The Universities, Colleges, and Corporations are each most efficiently represented. With much to be done and so excellent men to do it, we look forward with hope to the results of the year which has just begun.

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THE APOTHECARIES' COMPANY AND THE IRISH CONJOINT EXAMINATION.

We understand that the Fellows of the Irish College of Physicians have by a majority of seventeen to four peremptorily rejected the suggestion of the College of Surgeons that the relation of the Apothecaries' Company to the conjoint examination should be reconsidered, in view of the strong opinions expressed by the General Medical Council on the subject. "Quem Deus vult perdere." If these seventeen gentlemen think more of their high horse respectability than of the interests of their College, still less the interests of the profession, and least of all, the interest of the public, so much the worse for themselves. We do not, however, see any reason why the Fellows of the College of Surgeons or the members of the General Medical Council, or the Lord President of the Privy Council should take the same view, and we certainly hope and expect that one or all of these appeal tribunals will have the firmness to disregard the aristocratic sentiment of these gentlemen, and insist upon the conjoint examination for Ireland being made one and undivided—complete, compact, and comprehensive. The Council of the Irish College of Surgeons has—as we think most foolishly—been led, by their anxiety for a conjoint examination at any price, into a contract with the College of Physicians from which they cannot now honourably draw back, but the approval of the Fellows of the College has not yet been asked, and we cannot believe that they will, under any circumstances, give their assent to an arrangement by which the College will be harnessed in badly fitting harness, and with an unwilling mate, and be obliged to race for existence under a heavy handicap against a nimble competitor who carries no such burthen. If, however, the Fellows of the College of Surgeons did agree to such an arrangement, it would become the duty of the General Medical Council, in the interest of medical education, and of the

Privy Council in the interest of the public, to prevent such a contest of licensing in Ireland, and the College of Physicians may be assured that those bodies will be called upon to do their duty if it be necessary to invoke their interference.

But if the Irish College of Surgeons is obliged to proceed with its conjunction with the College of Physicians, we do not know of any reason why it should not also enter upon a similar and separate conjunction with the Apothecaries' Hall. The Medical Act of 1886 specially legalises such a conjunction, and we fancy the Apothecaries' Hall would be willing to co-operate heartily, and thus it would be open to the student to obtain the qualifications of L.R.C S.I. and L.K.Q.C.P.I. at a high price, or the combination of L.R.C.S.I. and L.A.H. at a less expenditure.

At any rate, we must repeat that an arrangement which would leave the Apothecaries' Hall in a position to act independently in competition with the other Irish licensing bodies cannot be tolerated.

We understand that some of the Fellows of the Irish College of Physicians are not pleased at our having published last week an abstract of the First Report of the Irish Conjoint Examination Committee. We really cannot adopt their view. The document was printed in considerable number, and was in the hands of at least fifty persons in Dublin outside the Committee; nor was it marked as confidential, nor did it bear any appearance of privacy. We do not understand any secrecy in such matters, which, affecting largely the public interest, the public have a right to know, and, moreover, we have been made to feel by abundant experience that the correspondents and editors of our medical contemporaries are not restrained from publication by the theory of "confidential communication" which we are expected to respect. Therefore we must avow our intention of continuing to publish any interesting information which we can obtain without breach of confidence or of official duty.

Notes on Current Topics.

A Judicious Blend.

A would-be suicide was charged at the City of London Police Court last week with having taken poison. The particular agents employed appear to have been a curious mixture of sugar of lead and sulphate of zinc. If the conjunction were due to purely fortuitous circumstances the accused is to be congratulated on the fact that there is a providence which shapes our ends. An accomplished chemist could scarcely have devised a better formula for the use of desponding persons who do not altogether care to shuffle off the coil. The woman—for the culprit was a female—was stated to have been insensible when discovered, but doubtless this partook of the nature of the sudden paralysis which has been known to affect duellists immediately on the discharge of the pistols even when, thanks to the prudence of the seconds, nothing worse than wadding was to be feared. Although no very dreadful results were to be apprehended from the ingurgitation of the mixture, its effects on the stomach may very possibly have been such as to render the genuineness of the regrets which she expressed very probable. We venture to hope that these unpleasant reminiscences will suffice to deter this unfortunate person from any further attempts on her life, wretched though it be.

Olfactory Acuteness.

An interesting contribution was recently made by Messrs. Nicholls and Bailey to *Nature* giving the results of experiments upon the relative acuteness of the sense of smell in individuals. A series of solutions of oil of cloves, nitrite of amyl, extract of garlic, bromine, and prussic acid were prepared by successive dilutions with water until the limit of perception was reached, and then the solutions were placed indiscriminately and submitted to a number of persons of both sexes to classify them properly by the sense of smell. The results showed that on the average the sense of smell was much more delicate in the males tested than in the females; but the degrees of keenness ranged widely as between individuals. Thus three male observers were able to detect one part of prussic acid in 2,000,000 parts of water, though its presence was not revealed by a chemical test; but others, of both sexes, could not detect prussic acid in solutions of almost overpowering strength. The following figures give the average limit of delicacy of perception:—Cloves—Males, 1 in 88,128; females, 1 in 50,667. Nitrite of amyl—Males, 1 in 783,870; females, 1 in 311,330. Extract of garlic—Males, 1 in 57,927; females, 1 in 43,900. Bromine—Males, 1 in 49,254; females, 1 in 16,244. Prussic acid—Males, 1 in 112,000; females, 1 in 18,000.

Foreign Bodies in the Œsophagus.

During a discussion which ensued on the reading of a very excellent paper on a case of gastrotomy, at a meeting of the Medical Society of Suffolk, U.S.A., by Dr. M. H. Richardson, several points of practical interest were incidentally dwelt upon. The operation in question was performed for the removal of a tooth-plate looped in the lower portion of the œsophagus, and consisted in an opening large enough to admit the forearm of the surgeon being made in the abdomen, through which the hand was passed to the stomach, this likewise being freely opened, and the first and second fingers then passed through the cardiac orifice of the œsophagus until the plate could be reached and extracted. It transpired that difficulty had been experienced in introducing a probang down to the foreign body while the patient lay recumbent, and Dr. Cheevers, who discussed the paper, narrated his own similar experience in five instances in which he had performed œsophagotomy. The difficulty met with consisted in the probang slipping into the glottis, and neither of the operators could afford an adequate explanation of it. On the subject of rectal feeding it was found on a comparison of observations that patients nourished by enemata after such operations most often complained of hunger sensations, but thirst was sometimes found to be the more prominent craving. Dr. Cheevers having mentioned that it was a difficult undertaking to draw out the stomach sufficiently for all subsequent manipulations to take place extra-abdominally, Dr. Richardson contended that this measure could easily be carried out, according to his own experience, and further gave it as his opinion that operation should be at once resorted to after failure to dislodge the obstruction by means of the probang, and that it should be completed at a single sitting.

Deodorisation of the Dead.

IT is rather an unsavoury subject to allude to, but like the ancient mariner, we cannot do but say. In this country the interment of deceased persons is often postponed until decay's effacing fingers, have swept the lines where beauty lingers, and even a trifle beyond. The result, especially when climatic influences aid the process, is to produce a condition of things, when at last the funeral does takes place, which is injurious and repulsive. In the absence of any regulations as to the epoch at which deceased persons must be interred, it would be a salutary measure to insist on one or two elementary precautions with a view to minimising the effects of the emanations which are not only distinctly perceptible in the immediate neighbourhood of the corpse, but even when it is being conveyed to the place of burial. One simple means is to fill the coffin with sawdust impregnated with some cheap deodoriser, such as sulphate of zinc.

Society for the Study and Cure of Inebriety.

AT the quarterly general meeting of this society held in the rooms of the Medical Society of London on the 4th inst., the president, Dr. Norman Kerr, in the chair; Mr. Tudor Trevor read a paper on the Prevailing Indifference to Inebriety. Dr. H. W. Williams, Mr. Hilton, Mr. Raper, Mr. Gustafson, and Mr. Frederick Trevor took part in the discussion.

A Disreputable Occurrence.

MR. WILLIAM HENRY DAY, of Grove Dale, East Dulwich, in company with two other individuals, was arraigned at the Westminster Police Court last week, charged with being drunk and disorderly, and with causing wilful damage. It seems that "Dr." Davenport, whose name, in connection with that of Dr. Day, has been brought prominently before the public in connection with the illegal practice of medicine by the former, and the improper signing of a certificate of death by the latter, has become an object of animosity to the friends of his alleged employer, Dr. Day. Whatever the grievances of the latter may be, they certainly did not justify his friends inflicting wilful damage on Davenport's property—property which, we may remark, incidentally was said to belong to Dr. Day, but which in the present case seems to have reverted to Davenport. The tenure is evidently insecure! The magistrate characterised the proceedings as most disgraceful, and sent the prisoners to prison for a month. We would venture to suggest to Dr. Day that "evil communications corrupt good manners," and that the unholy alliance of a qualified practitioner with a man not duly licensed to practise medicine may be productive not only of disagreeable incidents at inquests held on the bodies of patients attended by the latter, but also of other and even more serious detriment, especially when one's friends are addicted to the abuse of "drink and obscene language."

The Crown Representative for Ireland.

WE are in a position to assert that all the published statements to the effect that an appointment has been made to this office were, to say the least, premature, and that at the time of our going to press no official intimation has been made on the subject. We understand, furthermore, that the mention of Sir George Owens as a candidate for the office was also incorrect, that gentleman not having submitted any application to the authorities. This error arose apparently from a paragraph communicated to the London *Daily Chronicle* by its Irish correspondent, and copied thence into a medical contemporary.

Payment of Dispensary Substitutes in Ireland.

WE learn with satisfaction that Dr. Bolton, of Ballickmoyler (Carlow), has, last week, recovered in the County Court the fees due to him for acting as *locum tenens* for Dr. Hearne of that district during illness. The Dispensary Committee retained Dr. Bolton's services in official form, but the guardians refused to pay, on the ground that they had, at Dr. Hearne's appointment, passed a resolution that they would not pay substitutes. Dr. Hearne was prepared to repudiate, in the witness-box, any acquiescence in such resolution, but the judge did not consider his evidence necessary. The judge held that there was a clear contract between Dr. Bolton and the Dispensary Committee, and that the guardians must pay and if they thought they could prove that Dr. Hearne had contracted with them to pay his substitute, might try their remedy against him. This case was fought by the Irish Medical Association on behalf of Dr. Bolton to establish the princible that the guardians could not, by any resolution impose on the dispensary medical officer the obligation to pay his substitute during illness, and the result is very satisfactory. The Irish Medical Association has thus scored a valuable addition to the code of protective law already established by them on behalf of the Poor-law medical officers of Ireland.

Stomach Digestion.

OPPORTUNITIES for studying gastric digestion through fistulous openings into the stomach are, thanks to modern surgery, more frequent than formerly. This is important, as the physiology of digestion, as understood at the present day requires more than the classical instance of Alexis St. Martin to place it on a sound experimental basis. Such a case with experiments *ad hoc* is recorded in a revue scientifique by von Herzen, of Lausanne. The subject was a man, æt. 28, on whom gastrostomy had been performed for occlusion of the œsophagus. The observations made were as follows:—Bile always appears in the stomach during digestion, but generally only in the later stages. The amount of H Cl amounts to 1·8 to 1·9 grm. pro litre; it increases during digestion and reaches its maximum in the third hour. Sodium chloride appears rather to diminish the amount of acid. When the stomach was empty in the morning, but little pepsin was found, and a large amount of propepsin; peptogen accelerated digestion. In the first hour, of a quantity of albumen introduced, 2 per cent. was digested without peptogen, 12 per cent. with it. In the second hour, 23 per cent. was digested without, 45 per cent. with peptogen. In the third hour, 51 per cent. without, 76 per cent. with peptogen. These results agree with those obtained by Schiff. Chloral, quinine sulphate, and above, all potassic iodide, retard digestion. The author would forbid red wine in disturbances of digession, but would recommend bouillon and dextrine; blood fibrine is also indicated in many cases.

Antifebrine.

Professor Gerhardt has employed this remedy in ten cases of articular rheumatism, in doses of 3 grm. three times a day. In five of the cases (not recent) it was of no service. In five others (quite recent) it cut the disease short in one case, in two others it was almost completely successful, and in the two last its action was only moderately so. He likens the action of the new drug to that of antipyrine, to which it has, however, no relation chemically.

Educated Brutality.

Under this somewhat ambiguous heading the report is given in an evening contemporary of the trial of a physician and his wife, for cruelty to their child. It seems that the child, a girl, had been guilty of some inattention to lessons and in consequence, the defendant and his wife resorted to corporeal punishment, by means of a riding whip to an extent, which, we cannot but consider excessive in the extreme. The chastisement lasted about half an hour, and was so severe that the child fainted immediately afterwards. A doctor who was called in by the police, testified to the marks of injury being the result of considerable violence, and the defendants were fined £25 each. The occurrence is a deplorable one, particularly as the defendant is a practitioner of some standing.

A Cholera Cemetery.

The excavations on the Middlesex side of the Thames for the erection of the new Tower Bridge will necessitate the removal of the remains of persons who are interred in the small cemetery at the eastern end of the Tower. It was at first thought that some persons of historic note were buried there, but it appears that the ground was first set apart in 1832 during the first visitation of cholera for the interment of persons who had died of the disease in the Tower, and since then no bodies have been buried there. All danger of infection has probably been destroyed by the natural forces at work during so long a period of time, Possibly it would be of interest if Professor Koch or some other worker in the department of bacteriology were furnished with a sample of the mould for the purpose of instituting a search for the famous comma bacillus who still lingers on a frail existence as the cause of this terrible disease. There are diseases, the infection of which persists for an unknown but certainly extended period of time after burial, and disturbance of the ground in which the remains have been interred have been followed by outbreaks of the disease. Whether cholera be one of them we are not in a position to say; let us hope not. From another point of view it is satisfactory to contemplate the return to active service of land set apart so long since in response to special and passing needs. We should much like to see several other intra-mural cemeteries change their present wilderness-like aspect for another and more attractive appearance. While there can be no reason to object to the construction of bridges on such sites, they are unfitted for the building of houses and would probably be best employed, as has already been done in several cases, in providing gardens or playgrounds for the people.

The Perils of Kitchen Boilers.

The risk which attends the use of the better forms of kitchen boilers in which no provision is made for accidental stoppage and renewal of the water supply, has unhappily been but too well demonstrated during the past week. Two fatal cases have been reported, one at Acton and the other at Shepherd's Bush. In both, the cause was the same, viz., stoppage of the water supply in high pressure boilers from frost, and sudden entry of water into the heated boiler when the ice was thawed by the heat. It is to be hoped that these untoward occurrences will be instrumental in calling the attention of the proper authorities to the need of laying down regulations with a view to their prevention. The risk can be obviated by several simple precautions. One is the employment of a plug made of fusible metal, so as to melt when the heat exceeds a proper limit in consequence of the want of water. Another would be to provide means for cutting off the water supply when its unexpected return would involve risk of explosion. The latter method is less to be recommended from the fact that it is not automatic in action, and that its efficacy is dependent on a foresight and intelligence upon which we are not always entitled to rely. Means of some kind ought to be insisted on, and that promptly. It is little less than scandalous that boilers should be permitted to be constructed of a kind which renders serious and even fatal accidents inevitable under a concourse of circumstances which are almost certain to present themselves sooner or later. Probably, no code of rules will ever prevent people searching for gas leaks with a lighted candle or match and the utmost that can be hoped for, is that experience may in the long run, act as a deterrent. The prudence begotten of experience, however, can never be a perfect safeguard since, for many reasons, not many persons get mixed up in a gas explosion twice it their lives. As regards boiler explosions, on the other hand, the blame rests entirely on the architects and builders, who from ignorance, indifference, or motives of economy, employ apparatus which are as dangerous as the undischarged bomb shells which careless people have been known to use as anvils or playthings. The prophylactic treatment of shortcomings such as these would be to make their employment of boilers without adequate means of protection, an indictable offence, or at any rate to prevent as far as possible their use.

The College of Physicians of Philadelphia celebrated the centennial anniversary of its foundation last week.

Preventible Mortality.

IN the Registrar-General's return for the past week for the metropolitan area, no less than *thirty-five* children under one year of age are stated to have died from "suffocation." This, we presume, may be taken to mean asphyxia from overlaying or other form of accidental or negligent deprivation of air. Such a figure is simply appalling, the more so as such occurrences are in the majority of cases of an eminently preventible nature. It is, however, difficult to suggest a remedy for this condition of things beyond giving publicity to the lamentable frequency with which such accidents happen. No repressive measures would appear to have any chance of success, and would only add to the distress which the unfortunate result inevitably causes. A mild censure is all that the coroner can offer and even this cannot always be given.

What is Beer?

THE analysis of beer and malt liquors generally has always been difficult and unsatisfactory in consequence of the want of a legal definition of what beer is or should be. This difficulty has recently found expression in the quarterly report of Dr. Bernays, the analyst to the Camberwell Vestry, who, commenting upon two ales and two porters which had been submitted to him for examination, said he should no longer continue to report that they were of the nature, substance, and quality demanded because he did not know what people expected when they asked for beer. Some only would be said to be allowed by law, and were therefore of the nature of beer. When the article was brewed with London water and contained over fifty grains of the chlorides of potassium and sodium, it was evident that these salts did not come from malt and hops, but from the common sugars employed. Such quantities of liquorice were found in certain samples of porter that it must be altogether a matter for taste as to what people required in their drink. He added that beers and porters were in any case very uncertain alcoholic drinks.

The Sale of Practices.

THE sale of practices or shares of practices, so common in this country, is nevertheless by no means universal. Not long since an action was brought at Paris to recover a sum of money alleged to be owing as the price of a sale of this kind. The plaintiff was non-suited on the ground that the *clientèle* of a physician was not a saleable property, and therefore that the money agreed to be paid in consideration thereof was not recoverable by law. Such a decision is apt to surprise one in view of the large sums of cash which change hands on this side of the channel for such considerations. A practice may or may not legally be a saleable property, but it is pretty certain that practices are really transferred for a pecuniary consideration, and although all the patients do not transfer their affection and confidence to the acquirer of the practice, yet generally speaking, a very large proportion do so. The fact is that the goodwill of a practice is bound up to a great extent with the house, and many people having once acquired the habit of going to a particular house continue to do so irrespective of its inhabitant, provided he be a medical man.

Extirpation of Goitre in Berlin.

HERR WEIDEMANN has collected and published the statistics of the operation as performed in the Augusta Hospital, Berlin, between the years 1880 and 1885. Extirpation was performed 25 times during this period, 22 of the patients being females and 3 males. Seven of the patients were in the second decennium, six in the third, four in the fourth, two in the fifth, five in the sixth, and one in the seventh. With the exception of three cases all were from one region, viz., the Mark provinces (of which Berlin forms the centre), Uckermark and Neumark being the most numerously represented. In later years an increase in the number of cases had been noticed, and especially in Berlin. In two cases the goitre was cancerous in its nature. In three cases a history of heredity was observed. One case showed all the symptoms of Basedow's (Graves') disease. In this case the symptoms disappeared after operation. The author sees in this an indication of the correctness of the view that there is no such entity as Basedow's disease, that the first step is goître, the other symptoms being produced by pressure of the tumour on the sympathetic During pregnancy the tumour not only underwent a temporary enlargement, but one that to some extent was permanent. In one case that had existed from youth, a rapid development took place after the "change.' In almost all the females affected the menses appeared late. Three women had aborted, and at periods when the tumour caused inconvenience, but whether in consequence of the respiratory troubles could not be determined. The author was, however, disposed to look upon goître as a factor in the late appearance of the menses, and also in the production of the abortion. At the time of operation, asphyxia had occurred in three cases, which necessitated tracheotomy in every case. The cause of the sudden asphyxia lay in atrophy of the tracheal cartilage, and consequent flattening of the trachea from pressure. In seventeen cases partial resection of the "gland", was performed, and in every case the patients are now perfectly well. Of six total extirpations, two died of secondary hæmorrhage, one patient had to wear a tracheal tube in consequence of previously existing paralysis of the recurrent nerve. In the case of a boy, fourteen years of age, a pronounced cachexia has since developed with myxœdema. Both the cases of malignant disease died, one from recurrence of the disease a few months after the operation, the other shortly afterwards from "mediastinitis."

The Conception of Male Children.

IN a recent number of the *Archives für Gynæcologie* Dr. Camillo Fürst, of Graz, contributes an interesting paper to the frequently discussed question of the determination of sex. The author first treats of "the time and causes of the determination of the sex in general," and endeavours to show that a surplus of male conceptions in the working classes and country inhabitants is always taking place, as compared with the well-to-do people and the inhabitants of cities; likewise that we can look for the surplus of male infants during hard times and the resulting rise of food prices, and before the ultimate extinction of a race. If a deficient nutrition of the procreators produces a surplus of male children, our author continues to argue we can be certain that also the state of nutrition of the fecundated ovum, especially shortly after conception, will influence the sexual differentiation. And as after menstruation the vessels of the genital organs assume an ischæmatous character—forming the so-called post-menstrual anæmia —Fürst concludes that conception taking place immediately or shortly after menstruation will give a surplus of males on account of a relatively bad nutrition of the fecundated ovum. To strengthen his theory, the author utilises the statements of women confined in maternities, who mostly with astonishing certainty could remember the end of the last menstruation and the day of conception. The statistics of the mentioned institutions show a very considerable surplus of male children for the first four or five days after menstruation, and a surplus of female ones for the succeeding period.

Nitro-glycerine in Suspended Animation.

An interesting case is reported in the *Sei-i-kwai*, medical journal of Japan for November, of the resuscitation of a woman apparently dead by the hypodermic injection of nitro-glycerine. A Mrs. Fraser, of Chicago, a few days after childbirth, sank from collapse, and life was believed to be quite extinct. Dr. M. H. Sackersteen, who was in attendance, after having administered various remedies, was about to abandon the case as hopeless when it occurred to him to try nitro-glycerine. He injected ten drops of a solution into a vein. A minute elapsed before his patient gave a slight gasp; in another minute this was followed by three or four gasps, and after the third and fourth minutes the pulse was felt, and the heart was distinctly heard; a flush came over the face of the patient, the eyes opened, and the muscles, which had assumed the rigidity of death, gradually relaxed, and she became conscious. In a few days Mrs. F. made a good recovery. It has been suggested that the hypodermic injection of nitro-glycerine should be tried in all cases of collapse or death from an overdose of chloroform and shock from surgical operation. Martindale, in his very useful "Extra Pharmacopœia," gives several forms for the administration of nitro-glycerine in solution, hypodermic injection when the patient cannot swallow, or drops, tablets, &c., all being perfectly safe, stable, and palatable. His tablets or troches are quite attractive in appearance, and cannot be distinguished by taste from ordinary chocolate creams. No child would refuse them.

Mr. Jaffray, the munificent founder of the Jaffray Suburban Branch of the Birmingham General Hospital, has received during the past week £1,000 as a contribution to the endowment fund from an anonymous donor.

An epidemic of measles of a severe character has broken out at a village named Sebastopol, Monmouthshire. There are over a hundred cases under medical treatment, and no fewer than twelve children are lying dead, as many as three in one house. The neighbouring medical officers have obtained permission to close the schools should the epidemic attack their districts.

As a result of the collections on Hospital Sunday in Birmingham for 1886, the Committee have been enabled to hand over to the Birmingham General Hospital the sum of £4,231.

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France

A RETROSPECT OF 1886.

[FROM OUR OWN CORRESPONDENT.]

It cannot be said that the past year has been one of those in which some remarkable and special advance has been made in either of the three branches of the profession or their subdivisions. But at the same time it cannot be denied that some good information was obtained in several of those diseases which needed much *éclaircissement*, and a better understanding of several affections of the domain of medicine and surgery is the result of diligent research throughout the year. Microbes, or bacilli, have been incriminated in most cases, and in some with a good deal of reason. The *rôle* they play in the etiology of typhoid fever is now beyond dispute, and consequently it is not surprising that the treatment is based on antiseptic principles. Enemas of phenic acid twice a day, and the administration of salicylic acid are frequently ordered. The German method, Brand's, has not found much favour in France. Good opportunity was afforded two years ago by the epidemic which ravaged Paris, to study the best form of treatment, but no well-defined plan could be found. A. M. Demange proposed the injection of fifteen drops of ergotine when the form is cardiac or syncopal. He explained the influence of the ergotine supposing the condition of the patient was due to weakness of the heart, and that the drug restores its tonicity. Phthisis has attracted considerable attention during the year, the question of contagion has long occupied the minds of the leading members of the profession, and last year the Société Medicale des Hopitaux sent out 10,000 circulars on the subject to medical men, asking for their experience on the subject Unfortunately only eighty-three of that large number sent replies. Fifty-seven affirmed that pulmonary tuberculosis was contagious; thirteen as strongly denied it, and the remainder left it an open question. The number of cases brought forward was 439, of which the half was inscribed as cases derived from direct contagion Such was the report which M. Vallin laid before the Société. It would appear that although heredity plays an undoubted preponderating *rôle* in the malady in question, the child runs a much greater risk when the mother at the time of conception is tuberculous. When the father alone is phthisical he often escapes Hereditary consumption the more frequently declares itself at a tender age, while the affection appearing in middle life is generally acquired. The Conseil D'Hygiene issued also during the year notices on the danger of allowing the expectoration of tuberculous patients to lie about on the floor or the clothes, as when it becomes dried the dust, charged with bacilli, enters the lungs of the other occupants of the room and set up that flame which, up to the present, medical science has been powerless to extinguish. A competent medical authority told me that one in every six persons in France dies of phthisis. The treatment of consumption has also received attention during the year, iodoform administered in quills being in favour with a good many, and especially with Dr. Huchard, of Paris, who is no mean authority on the subject, and who unites it with creosote. Unfortunately no advance has been made in the treatment of croup or diphtheria, the abundance of agents recommended proving the little faith they command. It is true that a Dr. Delthil made no little noise about the inhalation of a mixture of turpentine and oil of tar (one-third of the former and two-thirds of the latter). He brought forward three cases which were treated successfully by this method; but in other hands it did not seem to prove so successful. All that can be said about it is that *he* succeeded where others failed. M. de Gassicourt was commissioned by the Société Medicale des Hôpitaux to examine into the case, and he read his report before the Society, in which he declared that having tried it in twelve cases of croup he was completely disappointed. None of the cases were benefited, on the contrary, he considered that the black smoke arising from the mixture could not be otherwise than injurious to the children. Other members also made experiments about the same time, and their unanimous verdict was, unfortunately, pronounced against the treatment as wholly inefficacious. A new and very simple treatment of whooping-cough has been highly recommended by several good authorities. It consists in the administration of the ordinary oxymel of squills by teaspoonful every ten minutes, at night five times successively. In three or four days the attacks are much diminished, and yet a few days and the affection disappears altogether. Thanks to Dr. Huchard, angina pectoris which was considered hitherto as incurable, is now amenable to treatment. Palliative remedies, such as nitrite of amyl, iodide of ethyl, bromide of potassium, nitro-glycerine, &c., were the only resources of the practitioner against that terrible malady. It remained for Dr. Huchard to prove that in the iodide of sodium we have an agent which acts almost as a specific when properly persevered in. And this he has done in the most assured manner, so that henceforth angina pectoris may be classed amongst those diseases which are considered curable. Of hydrophobia and Pasteurism, we heard but little during the last quarter of the year. Are public minds becoming less enthusiastic about vaccine inoculations? is a question which requires an answer, but considering the instability of the French character, it would not be surprising if the people have turned their thoughts to something now more attractive. Be that as it may it is no less curious that for some considerable time hydrophobia has occupied very little attention. M. Pasteur, who deserves the greatest credit for his indefatigable researches, and the deepest gratitude from his countrymen, seems himself to have been a little disappointed at the result of some of his cases. Several deaths occurred in spite of every precaution. No doubt the number of persons who had recourse to him might well be regarded as enormous. But were they all otherwise condemned to certain death? Were all the wounds those of rabid animals? These questions are suggested by reflection on the subject, and perhaps satisfactory answers might be found. In any case, medical men's minds are not fully satisfied as to the effect which M. Pasteur claims for his treatment, and it must be for time to clear up the many doubts which exist. In the department of surgery there is very little to record for the past year. Prof. Olier, of Lyon, still holds on to osteo-clasy, which he prefers to resection in the treatment of genu valgum. The supra-pubic operation for stone is meeting with much favour, and a slight attempt has been made to explore the lungs. Pneumotomy and drainage of the organ have given some satisfaction in cases of pulmonary abscess, and injections of a very weak solution of corrosive sublimate have been successfully employed by Dr. Gouguenheim.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Treatment of Cancer of Uterus by Hysterectomy.—In a paper on the above subject in the *Nouvelles Archives d'Obstetrique et de Gynæcologie*, Kœberle gives his views on a matter about which considerable difference of opinion exists amongst gynæcologists, and in regard to which a corresponding difference of practice prevails, some preferring total extirpation of the uterus when the cervix only is implicated, and others contenting themselves by removing the diseased part only. Kœberle is opposed to hysterectomy in carcinoma of the vaginal portion, and thus lends the weight of his authority to those who limit hysterectomy to exceptional cases. He only recommends the graver operation for those cases in which the body and cervix are diseased, and in which the vagina, appendages, and lymph glands are intact. Total extirpation, whether performed from the vagina or by laparotomy, affords but a grave prognosis both as regards the operation itself and the chances of return of the disease. In cases in which the cavity alone is affected he proposes amputation of the uterus by laparotomy. He considers it not justifiable to remove the healthy cervix in such cases by vaginal total extirpation. In a case in which extreme narrowness of the vagina rendered total extirpation impracticable he operated in two sittings. At first he removed the diseased cervix by supra-vaginal amputation, and twenty-one days later the remainder by laparotomy. The patient remained free from return for three years after the operation. In all cases of carcinomatous neoplasms on the vaginal portion he recommends supra-vaginal amputation, so long as the vagina is not indurated and the glands and bladder are not affected, in short, so long as the disease is limited to the vaginal portion. Only in cases of total procidentia uteri would he prefer total extirpation as the easier operation. He has performed supra-vaginal amputation in nine cases of carcinoma of the portio, and in two cases the disease returned. One is still recent, so no judgment can be formed as to return of the disease. He operated in the right lateral position; for arresting hæmorrhage he employed the thermo-cautery; large vessels only were ligatured.

Contribution to the Theory of Mixed Infection.—Professor Brieger in the *Zeitschrift für Klin. Med.*, Bd. xi. 3 and 4, reports from Leyden's Klinik three cases of suppuration in various parts of the body in the course of typhoid fever (axilla, mamma, buttock, the thigh, and axillary bubo). It was held that the suppuration was caused by the micro-organism made known by Rosenbach. In one of the cases Brieger found Rosenbach's *streptococcus pyogenes*; in other cases of the kind similar micro-organisms will probably be the cause; in what way the organisms find their way into soil already saturated with infection cannot at present be determined. The already infected body not only facilitates the entrance of bacteria, but every injured part of it offers a favourable soil for their development, as is shown in a case of cholelithiasis observed by the author, in which abscesses developed in various parts of the body. From all the abscesses Rosenbach's *staphylococcus pyogenes aureus* could be cultivated. These possibly might have penetrated from the interior of the intestine, when, in the absence of bile, no obstacles to their development were present.

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Scotland.

[FROM OUR OWN CORRESPONDENT.]

University of Edinburgh.—A vacancy has just occurred in the office of Senior Demonstrator of physiology in the University of Edinburgh through an unexpected resignation of Mr. Herbert H. Ashdown. Mr. Ashdown will be greatly missed in the physiological department, where the practical classes under his charge were never better conducted. As an original investigator, Mr. Ashdown had shown much ability. His latest research on absorption from the "Urinary Bladder," has just been published in the *Journal of Anatomy and Physiology.*

St. Andrews University and the Establishment of a Medical School at Dundee.—Report says that both the St. Andrews and Dundee authorities are actively moving in the direction of the early establishment of a completely equipped medical school at Dundee, to be affiliated with the University of St. Andrews. This is a most important announcement in view of the introduction of an Universities (Scotland) Bill. It is rumoured that the two first years of study might be arranged within the present year.

Highland Centenarians.—There has just died at South Uist, a crofter named John Martin, who had reached the age of 104 years. In Beorring, Skye, there likewise died the other day a woman named Campbell, who was upwards of 100 years old, and up till a day or two before her death she was able to walk about. She was the mother of a large family, and in her younger days she had often seen the famous Macorimons, the pipers of the Macleod of Macleod.

The Proposed Glasgow Southern Hospital.—At a meeting of the Glasgow Town Council, held on the 6th inst., a deputation was introduced advocating the claims of the proposed Southern Hospital. Mr. Reny Watson submitted a memorial from the executive committee of the proposed institution. It stated that the memorialists now proposed to proceed with the erection of a portion of the hospital for which the Town Council had granted an eligible site in 1881 in the Queen's Park at a moderate rate of feu duty. The cost of the portion which the memorialists now desired to go on with would be about £20,000, and towards this there had already been obtained, without any general canvass, subscriptions to the extent of about £8,000. The memorial further stated that as the Corporation of Glasgow had already acted cordially and liberally towards the enterprise, it was desired that their co-operation should be invited in getting the approval of Her Majesty for the bestowal of her name upon the institution as a most appropriate commemoration of her jubilee year. Speaking in support of the memorial, Mr. Watson said that as compared with other large cities Glasgow was far behind. In Dublin the proportion of beds in infirmaries supported by voluntary subscription, to the population, was 1 to 157, and in Edinburgh 1 to 400, while in Glasgow it was only 1 to 700. Once established, he felt confident this infirmary would be maintained as had been the others, and he strongly urged its claims, more particularly as the present infirmaries were unable to meet the demands upon them. Mr. ex-Provost Ure also spoke in favour of the proposed institution. We think, however, that such statements in the light of Dr. Erskine's able pamphlet are certainly very surprising. Let other cities be as they may, there is unquestionably too much hospital accommodation in Glasgow, and with the difficulty experienced in keeping up the Royal and the Western Infirmaries, how this new hospital is to be maintained, we fail to see.

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Correspondence.

THE ÆTIOLOGY OF PLACENTA PRÆVIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—May I call attention to the fact that Dr. Braxton Hicks has been no more fortunate than Dr. Fleming in getting the name of the writer on Placenta Prævia in the *American Journal of Obstetrics* for December, 1884, correctly printed, as the author is Dr. Lomer (not Dr. Lownes), assistant to Professor Schroeder, of Berlin.

Dr. Braxton Hicks will also find a very full account of his method in the "Thése d'Agrégation" (accouchements) for 1886, by Dr. A. Auvard, a most able monograph, just published by Octave Doin, 8 Place de l'Odéon, Paris. "De la conduite a tenir dans les cas de placenta prævia," where it is spoken of in the highest terms. Since my paper on placenta prævia was published in your columns I have tried Dr. Braxton Hicks's method in one case, and was much pleased with it, but still I prefer separating the placenta, and dilating with Barnes's bags, as it has given me such good results. I have now treated twenty-seven cases, without a single death, due directly or indirectly to the complication, indeed, all my patients are still alive except one, my twenty-fifth case, which died soon after my attendance ceased, from starvation, the money which was very kindly supplied by her usual medical attendant, Dr. Ridley Dale, to supply food, having been spent by her husband in drink to celebrate her recovery, so, indeed, this may be said to be a death due indirectly to her confinement. I attribute my hitherto good results to my always inducing premature labour as soon as placenta prævia is diagnosed after the seventh month, and remaining with my patient till completion of labour, as though there may not be such necessity for this in a Maternity, where at least the house-surgeon is always on the spot, and prepared for every emergency, it is quite different with my cases, as the hospital to which I am attached, like other provincial infirmaries, does not receive labour cases, so all my cases have been treated in their own homes in Sunderland and neighbouring towns, and in many of them had labour been allowed to come on spontaneously, I have little doubt that the hæmorrhage that would have occurred before a doctor could be obtained would have rendered a very undesirable result.

I am, Sir, yours, &c.,

Holly House, Sunderland, James Murphy.
Dec. 29th, 1886.

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DOGMATISTS AND EMPIRICS, ANCIENT AND MODERN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—During the third and second centuries B.C. the medical profession in Alexandria was divided into two rival sections, named respectively the *Dogmatists* and the *Empirics.* Of the former, Herophilus was a distinguished member, and of him, history records that he was an enthusiastic "experimenter," but a very indifferent medical practitioner. Serapion, a pupil of Herophilus, impressed with these characteristics on the part of his teacher, broke away from the *Dogmatists* and became a prominent member of the *Empiric* sect. In the first century A.C. Celsus carefully examined and compared with each other the opinions of these two sects, and with the result as regards himself, that he adopted that of the Empirics, that is, the sect whose knowledge of practical medicine was obtained by means of clinical experience, and by study, as opposed to the Dogmatists, whose knowledge was derived from "experimental research." And it is recorded of Celsus that his analysis of those rival opinions was performed in a candid and judicious manner.

From that time to the present, medicine has been dominated, now by one set of opinions, now by another; each has flourished for its day, then passed away, some into oblivion, others to resuscitate after a long period of degeneracy, and then to undergo, as before, their several stages of growth, maturity, and decay. Thus we read of the various medical sects, called respectively pneumatics, eclectics, methodics, anatomists, clinicists, intro-mathematists, solidists, animists, and so on. With regard to each of these controversy has raged wildly for a time. But fortunately for the true interests of the medical profession, a large section of its members whose sphere has been, and is, the actual treatment of patients, have obtained their "grasp" of their work by means of their clinical experience, and by their gifts for inductive reasoning from that experience.

In the latter quarter of the nineteenth century the medical profession in London includes two opposing sects, corresponding to the *Dogmatists* and *Empirics* cf ancient Alexandria as above described. I endeavour to compare and balance against each other their several statements and opinions, and to draw such conclusions as to my judgment the data thus obtained warrant. Having done so, I adopt the side of the "Empirics," that is, of the "clinicists," for the reason that with them remains the great preponderance of argument and of fact. For so doing, the critic of my *brochure* entitled "New Theory," &c., thinks I am altogether wrong, and emphasises his belief by the use of strong epithets with regard to me. I, on my side, consider that the views taken by him of the claims of the *Dogmatists* of the day is an erroneous view, based upon the study of only one phase of those claims.

This being the case, I would beg to submit to you and to him the following proposal, in the hope that the merits of the large and important question regarding which we so widely differ may be adjudicated on. I do so not because he and I personally differ—for that is relatively of no importance—but in the hope that such a decision on questions regarding which a division of opinion exists throughout the great body of the medical profession may be authoritatively decided on by members of our common profession.

My proposal is that materials which I have collated from *both* sides who have taken part so far in the general controversy to which I allude as "Modern Dogmatism," and embracing nearly, if not quite, every point that has been brought up in the course of that controversy, be submitted to a committee to be composed of my critic, another "Dogmatist" and an "Empiric," or clinicist. I would further propose that after perusal and due analysis of the evidence *pro* and *con* relative to each successive point therein embraced, the committee may send to you direct their decision upon the whole, and that you, if you see fit, shall publish in the *Medical Press and Circular* the purport of the decision they thus arrive at. If that decision be favourable to my view, I win; if unfavourable, I lose confidence in my own power of analysing evidence.

Yours, &c.,

25 Westbourne Square, W. C. A. Gordon.
January, 1887.

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FEES TO MEDICAL WITNESSES FOR THE CROWN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As it falls to the lot of most medical men some time or other during their career, to be summoned as Crown witnesses to assizes, I think the following narrative will be of interest to my professional brethren. I also hope it may be the means of directing attention to the subject, with the view of bringing pressure to bear on the Treasury:—

1. To make general the rule now followed by many judges, of allowing medical witnesses, living twenty or more miles from the assize town, £3 3s. a day and 15s. a night, instead of £2 2s. a day and 10s. a night.

2. To prevent Crown solicitors from arbitrarily sending home a medical witness in the middle of an assizes, thereby upsetting all his arrangements, and depriving him of the fees that up to this latest "Treasury minute," he had as a matter of course.

I received a Crown summons to attend the late Winter Assizes worded as usual, viz., "to attend and give evidence on behalf of the Crown, and herein fail not at your peril, *and to attend from day to day until discharged by the Court.*" A foot note stated that "medical witness are not to attend until the *first day* of the Assizes." Upon receipt of this summons I, in accordance with the 22nd article of the Local Government Board's regulations, communicated with the Chairman of Committee for the district of which I am medical officer, with the view of his providing for the wants of the district. So far so good, but, two days before the Assizes, I met a policeman on the road, who told me that the Crown solicitor had written and desired that the witnesses should be kept at home until further orders, as it was expected that cases from other counties would go on first. However, not being satisfied with this, I, with Dr. ———, medical officer of the next district, who had been treated in exactly the same manner, went to the Assizes the first day (a Thursday), and saw the Crown solicitor, who was indignant at our not obeying his orders. I said that I did not believe that the verbal orders of a policeman could override the Crown summons. The upshot of the interview was, that he told us to come up on the following Monday. What happened? As if to show the utter confusion things were in, Dr. ——— was telegraphed for on the next day. I came up on the Monday, and on the next Saturday was told by the Crown solicitor to go home until further notice. To make a long story short, I actually attended twelve days and was only paid for ten, because, forsooth, the other Crown witnesses in the case had been up only that number of days. To finish the history, at the termination of the case I went before the judge and asked him for an order for the extra guinea a day and 5s. a night, which two other judges had ordered for me at previous assizes. He refused, saying that he would make the order only in the case of persons coming from a distance. Yet I live three miles from the railway station which is 27½ miles from the assize town. I think the thoughtful consideration of these facts will prove the necessity of agitating so as to place medical witnesses above the caprice of a judge or a Crown solicitor.

Another matter to which it may not be out of place to allude to here, is the want of consideration to which professional witnesses are treated in the line of accommodation. Certain seats in the Court House ought to be set apart for them. Resident magistrates practically have this privilege, surely medical men, as a rule, are not their inferiors either socially or intellectually, but perhaps the most uncomfortable part of one's duty at an assizes is waiting to be called before the grand jury. It does not appear too much to ask that a suitable waiting room be provided for this purpose, so as not to have professional men lounging about with the ordinary witnesses on stairs and corridors.

I am, yours, &c.

A.M., M.D., M.C.

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THE "JACOB TESTIMONIAL."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have forwarded to the secretaries £2, my own and Dr. Hobson's contribution to this fund.

As I believe no man has done so much as Dr. Jacob for us dispensary medical officers of Ireland, I should be sorry not to have my name amongst the subscribers.

Only yesterday, Dr. Bolton of this place obtained a decree against the Carlow guardians for £6 6s., and £1 1s. expenses, for acting as my substitute for two weeks while on sick leave. This case would never have been taken up but for Dr. Jacob's energy and advice, and for the influence and support of the Irish Medical Association, before whom he brought it.

I am, Sir, yours, &c.,

E. Campbell Hearne.

Ballickmoyler, co. Carlow.

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At the Societies.

PATHOLOGICAL SOCIETY OF LONDON.

The last meeting of the Pathological Society, held on the 4th inst., being the annual general gathering, an election of officers for the ensuing year was held, and the choice of president in the person of Sir James Paget cannot fail to be a subject for congratulation, auguring as it does a further brilliant career of usefulness for an association that has long been powerful for good in the profession. In the retired president, moreover, Dr. J. S. Bristowe, the society has possessed a most able and enthusiastic supporter of its aims and objects, and even the distinguished surgeon who now reigns in his place may well be satisfied, if, under his *regime* an equal amount of progress can be chronicled by-and-bye. Dr. Bristowe has laboured long and successfully to advance the science of pathology, and that his tenure of the principal office of honour in this connection in England is properly appreciated by his fellow pathologists was clearly shown by the emphatic way in which the meeting endorsed the resolution, conveying their thanks to the retiring president.

The business of the evening was opened by Mr. F. S. Eve, who exhibited an interesting specimen of multiple cavernous angioma of the leg. In the same patient from whom this structure was removed, there existed also three calcified enchondromata situated on the digits; and on each end of the tibia exostoses were present, while a sarcomatous tumour sprang from the back of the same bone. The case illustrated the dependence of tumours on defective development, and it was pointed out by Mr. Symonds that a similar case had been recorded by his colleague, Mr. Howse, in the Guy's Reports.

A discussion arose regarding the structure of a tumour next described by Mr. Butlin, which was of a melanotic character, occurring in the breast of a woman aged sixty-four, and removed four times within six years. According to Mr. Butlin, it was of sarcomatous origin, but possessing a distinctly alveolar structure; none of the internal organs appeared to be diseased. Mr. A. A. Bowlby did not consider the tumour to be a result of true melanosis, but, judging from the vascular distribution, regarded it as a sarcoma. Mr. D'Arcy Power also spoke to the structure of the growth, the nature of which Mr. Butlin desired to have decided by the Morbid Growths Committee.

The possibility of recovery from meningitis of tubercular origin was raised by Dr. Carrington, in connection with the history of a remarkably interesting case under his care at Guy's Hospital. The patient was a youth of seventeen, who had been knocked down by a tricycle, and invalided only for a week. Fifteen months later, however, one knee having during this time continued to swell, the other knee also began to suffer, and later psoas abscesses formed. Death eventually ensued, and post-mortem evidences of old tubercular meningitis, as construed by Dr. Carrington, were discovered. Against this conclusion it was suggested by Mr. Shattock that the signs indicated peri-arteritis rather, and by Dr. Bristowe, that the tubercular nodules were not necessarily ancient growths. Dr. Carrington, however, guided by the appearances he saw, and also by his experience of the case during its life, could not accept either of these explanations, and the matter consequently remains practically where it was.

An instructive case of peripheral neuritis in a girl the subject of Raynaud's disease formed the topic of the next communication, read for Dr. Wiglesworth by Dr. Coupland. The patient suffered from chronic Bright's disease, and dementia with epilepsy; X. was twenty-six years old. She died suddenly, in a fit, and post mortem the posterior vesicular column of the cord was found chiefly affected, while in the white substance the neuroglia was somewhat thickened. Fibrous overgrowth was extensively distributed in the nerves, but mostly among the peripheral branches. The discussion naturally turned upon the causation of the condition known as Raynaud's disease, Mr. Bowlby thinking that it depended on disease of the peripheral nerves. Dr. Barlow attributed its occurrence to more widespread changes, as was shown, he thought, by association with it of paroxysmal hæmoglobinuria, amblyopia, and jaundice, which indicated a wider pathology than peripheral neuritis. Drs. Harrington, Sainsbury, and J. A. Ormerod also joined in the discussion, but without adding any observations of importance to those previously made.

A specimen of ruptured aneurism from a syphilitic subject given to alcoholic excesses was shown by Mr. Withers Green, and a number of card specimens were exhibited by various members of the society.

MEDICAL SOCIETY OF LONDON.

Dr. Ralfe read a very erudite paper on the subject of phosphatic diabetes. He pointed out that although no method of ascertaining the quantity of phosphates present had been suggested short of volumetric analysis, yet that such analysis could be conducted without too much difficulty once the apparatus set up. In these days, when the examination of the urine had become a matter of routine, it was desirable to make this examination as thorough as possible.

Mr. A. Pearce Gould read the notes of a very instructive case in which the femoral vein had been accidentally ripped open by a knife in the hands of a cat's meat woman. The hæmorrhage was very profuse, and was not controlled by pressure above or below the site of injury. The wound was carefully enlarged, and a ligature applied above and below, and as the hæmorrhage continued, ligatures were also applied to the internal popliteal and external circumflex veins. The femoral artery was exposed, but was apparently uninjured. For a day or two the patient, an Italian organ-grinder, did well though there were slight shiverings and some elevation of temperature. Then unmistakeable symptoms of septic infection set in, and the artery itself gave way and had to be secured. The patient ultimately succumbed. The wound was carefully cleansed with a solution of perchloride of mercury, but this does not appear to have checked the effects of the poison doubtless communicated by the knife.

Mr. Gould pointed out that wounds of veins were comparatively rare, the companion artery being also generally injured. In that case, however, no injury to the artery had been detected, though it might, of course have been wounded.

Mr. Morgan mentioned a somewhat analogous case as the result of a bullet wound of the sternum, which had occurred at Charing Cross Hospital, the preparation of which was now in the museum of that hospital.

THE VICE-PRESIDENCY OF THE IRISH COLLEGE OF SURGEONS.

Mr. Croly, Senior Surgeon of the City of Dublin Hospital, has issued cards as a candidate for the Vice-Presidency of the College, for which the election will take place on the first Monday in June. Mr. Croly is at present a Councillor of the College, which office he served on a former occasion. He on two previous occasions occupied the position of Examiner in Surgery in the College, and is so well known as an Irish surgeon and writer on all things surgical as to need no introduction from us.

We have already announced the candidature of Mr. Fitzgibbon, who is also Surgeon to the City of Dublin Hospital, and a Councillor of the College.

As the Membership of the K.Q.C.P.I. and the degree of M.A.O. of Universities in the United Kingdom are now registrable at the offices of the three Branch Medical Councils, it is desirable that those holding these diplomas should apply at once to have them registered, so as to appear in the Medical Register for 1887.

Literature.

HART AND BARBOUR'S GYNÆCOLOGY. (*a*)

THE third edition of the well-known Manual of Gynæcology by Drs. Berry Hart and Freeland Barbour has been put in our hands. It is not too much to say that the volume will justly maintain the high reputation which the work has already achieved. In addition to the evident signs of careful revision of the text, an obvious advantage has been gained by the omission of the chapters on extra-uterine gestation, abortion, and retroflexion of the gravid uterus. Such subjects are more logically discussed in a treatise on midwifery. The space rendered available by the deletion has been utilised for the introduction of several new chapters on subjects which have come into greater prominence since the previous editions were issued. These are characterised by the same clearness and definiteness of statement, which distinguishes the work. Occasionally the terseness unfortunately lapses into baldness, but, after all, this is a fault on the side of virtue. The value of the volume as a work of reference has been further enhanced by an elaborate index of gynæcological literature in the leading home and foreign periodicals, while the citations in connection with references in the text have been rendered more complete and exact.

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FLINT SOUTH'S CRAFT OF SURGERY. (*b*)

SIR JAMES PAGET explains the object and scope of the late Mr. Flint South's work in a short introduction written in his usual finished style.

The memorials of the "*Craft* of Surgery," have to do more with its business and corporate life than with the progress of surgery as a science, or as an art, and yet many useful lessons and facts of great interest, will be found on studying the result of Mr. South's laborious researches.

The reader will note perhaps with surprise, and certainly with interest, that in the first half of the 15th century, the surgeons and physicians anticipated the conjoint examination of the two colleges in 1885. "He (the reader) may wonder why so good a plan should have lapsed for more than four hundred years, and may find the bad reason for this and many other errors in the maintenance of vested rights, as if they were better than the promotion of knowledge. Or he may wonder that women were licensed to practice surgery in the 14th century and hindered in the 19th; or that in the 16th century licences were granted for the separate practice of specialities; and then as in the study of a development, he may consider whether the abolition of those usages was like the timely cessation of processes that had only an embryonic use."

One good result of the work before us will be to dispel the errors commonly prevalent, even among our profession, of the relations that used to exist between barbers and surgeons. After the Conquest the ecclesiastics were nearly the only persons who taught and practised physic (as well as other sciences), and they found it so lucrative that monasteries became deserted and religious duties neglected. In consequence of this, the Councils of Lateran and Tours issued decrees prohibiting monks from teaching and practising physic. As a natural result, apothecaries and lay surgeons came into existence, and the Jews—who next to the clergy were possessed of the largest share of learning by being in some measure a medium of communication both in literature and science throughout the Western Hemisphere—became the popular physicians. The priests looked with a jealous eye upon the encroachments of both the Jewish physicians and of the lay surgeons, and obtained through their interest at Rome a formal excommunication against all who committed themselves to the care of the former, and by the canon law no Jew might give physic to any Christian. The priests again endeavoured to unite the two branches of medicine and surgery, but Pope Innocent III jealous of such an interruption in the duties of the clergy and looking on the manual part of surgery as derogatory on the plea that the church "abhorret a sanguine," finally debarred them from shedding blood by an ordinance in 1215.

Later on the priests were absolutely forbidden to practise surgery, but wishing however to keep up their hold upon the art they taught the servants who shaved their heads the minor operations in surgery and to work under their direction. "These men qualifying themselves by the instruction of the clergy, assumed the title of barber-surgeons, and became a confraternity or fellowship. The more enlightened of the barber-surgeons again, in the march of knowledge, by attending lectures and practicing dissection, began to spurn such a degrading conjunction, and at last, freeing themselves from the barbers, became a College of Surgeons."

There were at that time surgeons pure and simple, who were neither barbers nor ecclesiastics, but they were very few in number, numbering only twelve in 1513. As Sir James Paget points out the utility of the barber-surgeon may still be observed in several parts of Europe. Thus in Russia many of the Feldshers who are generally educated to be military hospital attendants became barber surgeons in villages and in the poorer parts of towns. The account of the origin of the Barber-Surgeons Guild is of general interest especially to the historian and antiquarian. It shows that guilds were formed not only for the protection of their members, but to strive against the hereditary oligarchy which ruled London; then these guilds ultimately succeeded in converting civic government at least into an elective representation. The barber-surgeons took their place as one of the livery companies of the City of London in 1460.

"Side by side with the barbers, the Guild of Surgeons existed. They were at first merely incorporated as a confraternity, but at a later period they obtained a charter. This guild appears to have been of comparatively recent origin and to have sprung out of an association of the military surgeons who had been trained in the hundred years (1337 to 1444) war with France. It was always a small body, but the members were the *élite* of the surgeons of the time. After an attempted alliance with the physicians, the surgeons amalgamated with the Barber's Company, the two being united by a charter granted in the year 1540 by Henry VIII."

Thus though the real surgeons had previously held themselves apart as a distinct body, and though they had for a time combined with the physicians (1421), they formed an official junction—hardly an union as there was no fusion of the two callings—with the barber-surgeons in 1540. The surgeons were not allowed to practise shaving and the barber-surgeons were not allowed to do more than draw teeth.

"In 1745, after a union of more than 200 years, the surgeons severed themselves from the barbers, and established a new body called the Surgeons' Company, founded on the exact lines of the pre-existing united corporation. By a foolish blunder in 1796, the charter was forfeited, and failing to obtain an Act of Parliament for the reconstruction of their Company, the surgeons were incorporated by a charter of George III in the opening year of the present century as the Royal College of Surgeons in London."

The thanks of the profession at large are due to Mrs. South for so kindly placing her deceased husband's manuscripts in Mr. D'Arcy Power's hands, and to Mr. Power himself for the skilful way in which he has arranged them.

The plates which adorn the work are exceeding well executed and altogether the volume has been tastefully produced.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old

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(*a*) "Manual of Gynæcology." By D. Berry Hart, M.D., F.R.C.P.E., and A. H. Freeland Barbour, M.A., B.Sc., M.D., F.R.C.P.E. Third Edition. W. & A. K. Johnston, Edinburgh and London. 1886.

(*b*) "Memorials of the Craft of Surgery in England," From materials compiled, by John Flint South. Edited by D'Arcy Power, M.A., Oxon, F.R.C.S. With introduction by Sir J. Paget. Cassell and Co. Ld., London. 1886.

Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

A. R. C. (Aldershot).—Your incredulity neither shocks nor surprises us, and as to your reference to Dickens' defence of what is called "Spontaneous Combustion" in man, the theory through which he gets rid of the troublesome victim of his interminable lawsuit in Bleak House, we doubt its scientific accuracy and even physical possibility. As to Monsignore Virtue's statement that "not one day passes in England without men being carried off by excess in liquor, and who literally die drunk, and that some have been seen whose whole interior frame had got so burnt by the intemperate use of spirituous liquors, *that at last on passing near a fire they caught fire themselves and were reduced to ashes*," we believe that it admits of a very similar but, if possible, a more negative qualification. There is, in short, no evidence to show that such an occurrence as he contemplates ever occurred in this or in any other country, but that thousands die of excess of liquor annually in these islands is certain, and the drink bill exceeds, we believe, some £130,000,000 per year in this country alone.

DR. ALFRED D. (Cannes).—Paper on "Treatment of Phthisis by Gaseous Enemata" received.

A POET'S FARE AND PHYSIOLOGY.

"WHEN the physiology of poets has been studied, we shall perhaps know, says Prof. Dowden ("The Life of Shelley, vol. i., p. 86), why Wordsworth and Shelley were water-drinkers, why Keats loved an exquisite claret, why Southey soothed himself to sleep with a tumbler of domestic currant rum, why Byron, in his later days, craved the fierier and fiercer stimulants. 'Poet's food' he (Shelley) has told us 'is love and fame,' but his friend Peacock preferred 'three mutton chops well peppered,' and the same friend intimates that his vegetarian diet did not agree with him. It made him weak and nervous, and it exaggerated the sensitiveness of his imagination." And it would be interesting to know how far, if at all, the growing taste of the day for this species of food affects the physique or the imagination of its votaries.

DR. A. D. (Alpes Maritimes).—We do not keep files of the journal referred to, and doubt if you will get the odd numbers required in this country, as there is no agency. We would advise you to write direct to the editor or publishers at the New York office.

MR. H. WILSON.—We have made inquiries and found the amount collected by the "Carol Singers" in Hammersmith, "ostensibly for a hospital," has been duly disbursed, twenty guineas having been received by the authorities of the West London Hospital. You were a little hasty in your suspicions.

DR. WISE (Maloja, Suisse).—Enclosure received with thanks.

DR. R. D. S. (Fulham).—The matter is under consideration.

DR. G. E. HERMAN.—With pleasure.

MR. A. S. MANDERS (Melbourne).—If you will send us a reminder later on we shall be happy to accede to your request.

A PUZZLED STUDENT.—A little perplexing we grant. "Ala" is supposed by some authorities to be of Arabic origin, a corruption of "al" in the sense of a prefix, meaning *the*. When applied to anatomy it is generally considered as a corruption of the Latin *axilla*; in botany it is applied to the side petals of papilionaceous flowers.

HEALTH OFFICER.—You are not quite correct in your figures, and your contention will be weakened in consequence unless you bring forward indisputable facts before the authoritities. The following are the figures at the six metropolitan fever hospitals:—

	Gross cost per day.	Patient's cost per head.
Hospital Ships..........	20s. 10½d.	2s. 0½d.
South Eastern Hospital..	18s. 1½d.	1s. 1½d.
Stockwell „	14s. 8d.	0s. 11½d.
Western „	10s. 9½d.	1s. 3½d.
North-Western „	8s. 0d.	1s. 0d.
Eastern „	6s. 1d.	1s. 0½d.

MILITARY SURGEON.—But you forget that, in case of need, the President of the United States can call out seven millions of educated Republican militiamen, more than double those of the hosts of Germany and Russia combined. The cost of the armaments of the United States is £9,000,000 per annum, that of Great Britain £29,000,000. But whereas the monarchy spends only £6,600,000 on public education, the Republic lavishes £18,600,000 on that object!

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Meetings of the Societies.

WEDNESDAY, JANUARY 12TH.

HUNTERIAN SOCIETY.—At 8 p.m., The President, Cases of Lead Poisoning terminating rapidly with Cerebral Symptoms.—Dr. Fox, The Nature of Asthma.—Dr. Turner, Actinomycosis of the Liver.—Mr. Symonds, Further History of a case of Intestinal Obstruction.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Mr. Edward F. Willoughby, Preventive Inoculations.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Amand Routh and others.—Dr. Pedley, Midwifery among the Burmese.—Dr. Herman, Stricture of the Female Urethra.—Dr. Gibbons, Case of Unilateral Galactorrhœa.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Annual Meeting. Presidential Address.

FRIDAY, JANUARY 14TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Annual General Meeting for the Election of Officers and Council. Dr. Samuel West, Right Hemiplegia with Aphasia occurring during a Paroxysm of Whooping-Cough, with slight rigidity, subsequently passing into a condition of Athetosis.—Mr. Mayo Robson (Leeds), (1) A Method of Treating Thyroid Cysts; (2) A Suggested Method of Operating on a Uniform Principle in the Treatment of Imperforate Anus.—Living Specimens: Dr. Radcliffe Crocker, A Case of Athetosis after Hemiplegia.—Dr. Stephen Mackenzie, Living Embryo Filariæ Sanguinis Hominis from a case of Chyluria.

Vacancies.

Worcester General Infirmary.—House-Surgeon. Salary £100 per annum, with board and residence. Applications, with testimonials, &c., to the Secretary, not later than Monday, Feb. 7th.

Flintshire Dispensary.—House-Surgeon Salary £100 per annum, with furnished house, &c. Applications, with testimonials, to the Secretary, on or before Jan. 25th.

Lampeter Union.- Medical Officer. Salary £30 per annum. Applications, with testimonials, &c., to the Clerk, on or before Jan. 27th.

Chorley Dispensary.—House Surgeon. Salary £130 per annum, with house. Applications, with testimonials, &c., to the Hon. Sec., before Jan. 20th.

Bedford General Infirmary and Fever Hospital.—Resident Surgeon. Salary £100 per annum, with board, &c. Applications and testimonials to the Secretary, not later than Feb. 3rd.

Scarboro' Hospital and Dispensary.—House-Surgeon. Salary £80 per annum, with board and lodgings. Applications and testimonials to the Medical Staff, on or before Jan. 25th.

Appointments

CLARKE, A. B., L.R.C.S.Ed., L.S.A., Medical Officer for the Shebbear District of the Torrington Union, Devon.

COLLENETTE, F. de B., M.R.C.S., L.R.C.P.Lond., Medical Officer of Health for the Wolstanton Rural Sanitary District.

FENWICK, C., L.R.C.S., L.R.C.P.Ed., Medical Officer for the Dunsford District of the Exeter Union.

GRAHAM, W., M.D. Roy. Univ. Irel., L.R.C.S.Ed., Resident Medical Superintendent of Armagh District Lunatic Asylum.

HARDY, A. E., M.R.C.S., L.S.A., Senior House-Surgeon to Charing Cross Hospital.

HAWKINS, F., M.B., Physician to the North London Hospital for Consumption and Diseases of the Chest.

HOCKEN, J. P., L.S.A., Resident Obstetrical Officer to Charing Cross Hospital.

HUDSMITH, P., L.K.Q.C.P.I., Medical Officer of Health for the St. Anne-on-the-Sea Urban Sanitary District.

LAKIN, C., L.F.P.S.Glas., L.R.C.P.Ed., Medical Officer for the First District of the Leicester Union.

LITTLEWOOD, J. O., M.R.C.S., L.R.C.P.Lond., Medical Officer for the Borough of Walsall.

LUCY, R. H., M.B., C.M.Edin., M.R.C.S., House-Surgeon to the South Devon and East Cornwall Hospital.

MACDONALD, P. W., M.D., C.M.Aber., Medical Superintendent to the Dorset County Asylums.

MAKINS, G. H., F.R.C.S., Assistant Surgeon to St. Thomas's Hospital, has been appointed Demonstrator of Anatomy to that Institution.

NELHAM, A. E., M.R.C.S., L.S.A., Junior House-Surgeon to Charing Cross Hospital.

NORRIS, E. J., M.R.C.S., L.R.C.P., L.S.A., Senior House-Physician to Charing Cross Hospital.

OLIVER, W. P., L.S.A., Junior House-Physician to Charing Cross Hospital.

Births.

HILLS.—On Dec. 27th, at Carlton House, Battersea Park, S.W., the wife of A. Phillips Hills, M.R.C.S.E., F.S.Sc., of a daughter.

SILK.—On Jan. 1st, at 9 Pemberton Road, Holloway, the wife of Frederic Silk, M.D.Lond., of a son.

Deaths.

ANDREWS.—On Jan. 3rd, at New Barnet, Charles Andrews, M.D., of Hammersmith Road, W., aged 59.

BARON.—On Dec. 27th, at Woodland Terrace, Plymouth, Edward George Baron, M.R.C.S., late of Ulceby, Lincolnshire.

BROWNE.—On Dec. 20th, at Rhyl, North Wales, H. D. B. Browne, M.B., House-Surgeon to the Flintshire Dispensary, aged 23.

CURME.—On Jan. 2nd, at Dorchester, George Curme, M.R.C.S., L.S.A., in his 80th year.

HOLMES.—On Dec. 31st, at San Remo, Surgeon-Major A. P. Holmes, 1st Sikhs Infantry, aged 51.

JACKSON.—On Dec. 23rd, William Jackson, M.D., late of Kingsland Road, aged 75.

LINTON.—On Dec. 29th, at Bristol, Cornelius C. Linton, Inspector General of Hospital, late Indian Medical Service, aged 83.

MACKENZIE.—On Dec. 18th, at Eileanach, Inverness, N.B., John MacKenzie, M.D., aged 83.

MOORE.—On Jan. 1st, at Much Hadham, Herts, Francis Moore, M.D., aged 80.

RANGER.—On Dec. 27th, at Bexley Heath, Kent, Frederick Ranger, M.R.C.S., late of Cranbrook, Kent, aged 67.

REE.—On Jan. 4th, at Addiscombe, Surrey, Frederick George Ree, L.R.C.P.Lond., M.R.C.S., second son of Dr. Ree, late of Fulham.

SELLERS.—On Dec. 28th, at John Street, Rochdale, William Burdett Sellers, M.R.C.S., L.S.A., aged 67.

SMART.—On Dec. 26th, suddenly, at Queen's Crescent, Glasgow, Robert Smart, M.D.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, JANUARY 19, 1887. [No. 3.

Original Communications.

SUBDIAPHRAGMATIC ECHINOCOCCI AND THEIR TREATMENT.

By Dr. LEOPOLD LANDAU,

Docent der Gynekologie, University of Berlin.

THE author read this interesting paper before the Berlin Medical Society on November 1st, embracing four cases in which operation for the removal of echinococci had been performed, and illustrated by three of the patients on whom the operation had been successful.

The first case was that of a women, æt. 36, who had borne 11 children. From 30 years of age she noticed a swelling in the epigastrium, and another in the right hypochondriac region. The tumour was very large and uneven on the surface, and caused distressing dyspnœa. The heart was displaced to the left. The upper border of the swelling reached to the fourth rib. Downwards in the axiliary line it reached to the crest of the ilium. Aspiration showed that the tumour was an echinococcus cyst of the liver. Operation May 27th, 1886. The incision was made in the linea alba, three finger breadths above the umbilicus, and continued cautiously to the end of the ensiform cartilage. As the cyst was high up, close to the diaphragm, the liver was drawn down and anteverted in order to bring the desired spot within reach. Then, as in a former case, two sutures were passed through the abdominal wall, peritoneum, and liver parenchyma, and the upper and lower angles of the wound, which were held untied by assistants and drawn tight. The liver was then incised in the most prominent part, and hundreds of daughter echinococcus cysts spouted out. The finger was then passed into the parent cyst and the remainder cleared out. In addition to the cysts about half a litre of clear fluid escaped from the cyst. The cut surfaces of the liver were now united by vertical sutures to the opening in the abdominal wall, and after washing out the cyst with 1·5000 solution of sublimate and the insertion of three rubber drainage tubes the wound was closed by Listerian dressings. Recovery was uninterrupted, the cavity not requiring any further syringing. On August the 15th the wound was completely closed. The patient became pregnant for the thirteenth time on November 1st.

The second case was that of a nullipara, æt. 37. The cyst was situated high up, and interfered much with respiration (42 per minute). Percussion over left lung normal. Over the right dulness began in front of the fourth rib, and behind at the middle of the scapula. Right thorax and intercostal spaces much bulged out. Downwards dulness extended to the navel. Exploratory puncture of the liver through the soft abdominal walls gave no result, but by deep puncture between the eighth and ninth ribs in the axillary region a clear fluid was obtained. It was difficult to decide whether the cyst was in the kidney (anterior surface) or the liver (posterior surface). Operation November 8th, 1885. The abdominal incision was made from the axillary line parallel to the fibres of the external oblique, about 16 cm. long, and about 8 cm. above the thick margin of the liver. In order to gain space the incision was forked at each end. The other structures were then divided regardless of the direction of their fibres, and the liver dragged as far as possible to the left and still more retroverted. It was then stitched to the abdominal wall, as the operator was satisfied that the opening into the cyst could be made from the extreme end of the incision. The liver was then incised a little above the twelfth rib in the anterior axillary line, with a pointed scalpel, the point being directed sharply upwards. Whether the cyst had perforated the diaphragm could not be ascertained. The cyst reached as high as the third rib, and the finger could not reach to get them away. They were dislodged as much as possible by means of a long blunt-ended sound, and three thick drainage tubes were inserted. The liver and the abdominal wall were then united for a distance of 6 cm. The course after operation was for six days very unfavourable. Lung complications, fever, and urticaria rendered prognosis doubtful. On the fifth day œdema of the lungs supervened, which was overcome, however, by subcutaneous injection of camphor, and brandy. From the seventh day the symptoms became more favourable. On December 8th the drainage tubes which had remained in from the operation were shortened. Profuse secretion of bile was then noticed, lasting two days. Recovery from this date was uninterrupted. In five months after the operation the patient had gained thirty-six pounds in weight.

The third case was also that of an unmarried nulliparous woman, æt. 30, with an elastic tumour on the right side reaching from the axillary region almost to the umbilicus. Exploratory puncture showed that it was an echinococcus cyst, but whether of the liver or right kidney could not be decided. Operation April 24th. The incision was made from the anterior axillary line, close to the ribs, and parallel with the fibres of the external oblique down to the tumour. This was found to be the right lobe of the liver. It was forcibly pushed to the left and attached to the abdominal walls by sutures passing through at the upper and lower angles of the wound, not tied, but drawn tight, thus completely shutting off the peritoneal cavity. The cyst lying backwards was now incised, when the mother cyst, only a few daughter cysts, and about one litre of fluid spurted out. The subsequent steps of the operation were as in the previous cases, and the patient recovered rapidly and completely. The patient had also an echinococcus cyst on the left thigh, which was enucleated at the same time.

The fourth case was that of a man, æt. 34, who had suffered for ten years. The following measurements were taken :—Xyphoid process to symphysis 46 cm. (18 in.); from umbilicus to symphysis, 19 cm. (7½in); from umbilicus to xyphoid, 26 cm. (10 in.); girth at umbilicus 86 cm. (33¾ in.); 5 cm. below umbilicus 83 cm. (32½ in.); 10 cm. below umbilicus, 65 cm. (25 in.); at the 12th rib, 88 cm. (34½ in.); thorax over nipples, 79 cm. (31 in.). Percussion sound absolutely dull over the whole of the right side. There were three distinct groups of tumours that did not communicate with each other. The case was so serious that operation could not be delayed. Operation June 5th, 1886 (in Dr. Güterbock's Klinik). The incision beginning at the convexity of the left ribs was carried a distance of about 20 cm. parallel to the fibres of the external oblique down to the cyst, which was previously attached by four sutures to the abdominal wall. About six litres of cysts of the most varied size escaped without external pressure. The hand could then be passed into the cyst which ran for a distance of about 40 cm. (15¾ in.) diagonally upwards behind the posterior surface of the liver towards the diaphragm. This was forced up so high that the forearm, passed into the cyst almost up to the elbow, could not reach the farthest extremity. Notwithstanding the escape of such a large quantity of cysts the liver did not fall back into its normal position. By this peculiar behaviour of the liver, assisted by the fixed bony thorax and the aspiration of the lungs, a large cavity of greater size than a man's head remained after clearing out the echinococci. The upper boundary was formed of the whole of the diaphragm with the exception of the two lateral borders. The cyst itself extended over the posterior surface of the right, and a portion of the left lobe of the liver, reaching close to the neighbourhood of the spleen. From this portion the echinococcus cysts were not removed, as they were firmly retained by aspiration, and it was not possible to reach them with the hand. After destroying and removing as many of the cysts as was possible, three drainage tubes, each the thickness of the thumb, and 40 cm. (13¾ in.) long, were inserted behind the liver. A second opening was also made in the posterior wall, through which another drainage tube was passed. The left side now showed two marked prominences, under the convexity of the left ribs and in the left iliac fossa. Examination showed that these were two separate and distinct mother cysts. The one under the ribs was attacked first. It was pressed strongly against the abdominal wall and cut down upon. It was evident that it was situated in the omentum. Enucleation was then attempted, but as this did not succeed on account of the intimate union of the base with the intestine, and especially with the transverse colon, the walls were resected as far as possible, and the remainder of the connective tissue capsule attached to the abdominal wall, and a drainage tube inserted. The third was reached with difficulty as intestine lay over it. It was situated apparently in the parietal peritoneum of the ilium, or in the mesocolon of the flexura sigmoidea. After cutting through the abdominal wall, taking care of the intestine, it was pressed against the abdominal opening, attached to this by two sutures, cut into, and drained. The operation altogether lasted one and three-quarter hours. The whole course of recovery was free from fever. From the day of operation, for three and a half months, the secretion of bile was so profuse that the fæces remained without any admixture of it. They were clay-cloured until July 7th. Even then the escape of bile from the large opening did not cease till August 15th. The cavity contracted so slowly that in the beginning of August several drainage tubes, 35 cm. long, were required to prevent the accumulation of bile in the cavity. Closure was so slow that the question was repeatedly ventilated whether resection of some rib would not be necessary in order to effect it. Notwithstanding the fact that not a drop of bile escaped through the ductus choledochus the slow recovery was not interfered with. On September 15th the drainage tubes were finally removed, followed by rapid closure of the cavity.

(The report of the cases is followed in the original by a careful consideration of the diagnosis, vital and clinical phenomena, and various methods of treatment employed for the eradication of the parasites, for the reproduction of which we have not space at our disposal.)

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A MAN named Mullett died last week at Bolton from hydrophobia. He was bitten by a dog in October last, and though the wound was immediately sucked by his son, and subsequently cauterised, symptoms showed themselves on Wednesday last, and he died in great agony.

NOTES FROM THE HISTORY OF MEDICINE AND OF MEDICAL OPINION

FROM THE EARLIEST TIMES.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Hon. Physician to H M. the Queen.

(Continued from p. 26.)

MEDICINE had now (thirteenth century) become a general branch of education at most of the Universities of Europe. That of Salerno, already mentioned, was the first of those establishments after the destruction of the Roman Empire. Then followed in succession those of Montpellier, Bologna, Vienna, Paris, Padua, Pavia, Milan, Rome, and Naples. In all these, however, the doctrines of Hippocrates and Galen were adhered to with slavish servility. [As are, at the present day, doctrines and theories which happen to be, from accidental circumstances, brought temporarily into prominence.] The Italian surgeons held opposite opinions with regard to the correct method of treating wounds, and both sects appealed on the subject to the writings of Galen. Of these the one found in these writings, that "moisture and relaxation of tissues are more natural than dryness and tension," the members of that sect accordingly treated their wounds with moist applications. Another sect considered that "dryness approaches more nearly to the natural than moisture," the employment of desiccating remedies was the proper mode of treatment. (Meryon, p. 77.) [And even at the present day differences of opinion not dissimilar from that just expressed prevails among surgeons.]

In one respect a very remarkable similarity existed between the opinions entertained in the thirteenth century and that which characterises advanced science in the latter part of the nineteenth. In the former there was a prevailing belief that an intimate relation existed between the human body and the planets, and that therefore, medicines should be administered in relation to planetary influence (Meryon, p. 188). In the latter the belief was expressed by a distinguished savant that "one chain of causation connects the nebulous original of suns and planetary systems with the protoplasmic foundation of life and organism." (Med. Congress, 1881.)

Not far from the time of Gilbertus Anglicanus, in the fourteenth century, lived John of Gaddesden. He was Professor of Medicine in the University of Oxford about the year 1320. In his method of practice he appears to have ministered to the luxurious appetites and refined tastes of his patients, "so as to play them into health rather than disgust their palates with nauseous potions, or hurt their delicacy by the operation of rough medicines." He tempted the wealthy and the delicate by his luscious viands; he pampered the ladies by devising new perfumes, divine cosmetics, and exquisite oils. And yet John's reputation stood so high that he was specially sent for to attend the son of Edward the Second when the prince had an attack of small-pox. On that occasion his treatment consisted in wrapping his patient in scarlet cloth, and draping his bed and room with the same colour, "by which means he so effectually cured the prince that not a single spot remained to detract from the beauty of his visage." Such was the fashionable physician of that day; such the means by which he obtained his high reputation. We learn also that he "conquered epileptic attacks with his Anoydine necklaces, and cured paralysis of the tongue with aqua vitæ. But, notwithstanding the characteristics just mentioned, he made some observations that are of importance to medicine. Thus he noticed the circumstance previously alluded to by Paulus Aegnita and Avicenna, that paralysis of the limbs occasionally follows attacks of Colica pictonum; also that, as recorded by the Chinese, a repetition of an attack of small-pox sometimes occurs. Unfortunately the "Rosa Anglica," by which name the chief work of this author and fashionable physician was known, has the reputation of containing certain remarks of a nature scarcely in accord with modern ideas of taste and morals.

About the year 1363 Guido de Chauliac published his "Magna Chirurgica." That work, partly relating to the labours of different authors, but chiefly the result of practical experience of its author, reduced the art of surgery to a system. In surgery he revived the use of the trephine, and invented a forceps for taking up wounded arteries. He gave the case of a man who recovered after the removal of a considerable portion of cerebrum or anterior part of the brain; a circumstance the more remarkable, as it appears to be the first case of the kind recorded in the annals of Brain surgery. "In Galen also mention is only made of the brain being wounded, but not of any part of it coming out." (Freind, vol. ii, p. 321) Chauliac discussed the subject of strangulated hernia, the Cæsarian section, amputation; and in relation to the latter, "disapproves of the practice of giving narcotics to allay pain adopted by Theodoric and others." Adverting to the plague which in the year 1353 nearly depopulated the whole world, he ascribed the disease to "the influence of the three great planets, Saturn, Jupiter, and Mars entering into conjunction into the sign of Aquarius on the 24th of March, 1345." He observed that two forms of that disease prevailed, and he gave descriptions of each. It was about this period that the use of gunpowder in war began; he accordingly discussed the method of treating gunshot wounds, and it is evident from his own statements on the subject that, although the applications used by him were rough, yet he effected some remarkable cures.

He describes the various methods followed in his day by the five classes of practitioners in the treatment of wounds, whom he enumerates. The first of these applied poultices to all wounds and abscesses; the second used wine only; the third treated wounds with ointments and soft plaisters; the fourth sect, mainly Germans, who attended the wars, used promiscuously charms, potions, oil, and wool; and the fifth, women and ignorant people, had recourse only to saints. All these, he said, continued to tread in the same track, and to follow one another like cranes. In many other places we met with several things which the more modern practitioners have given out as their own inventions. (Freind, vol. ii, pp. 321-2.)

John Arden or Arderne lived in the latter part of the fourteenth century. In his time the operation for fistula was performed "by ligature," that is, drawing the thread by way of sewing, in this manner representing what in modern times became the *écraseur*. It was considered that this method was a great improvement over the actual cautery for the same operation as recommended by Albucasis. His description of venereal disease, including ulceration or excoriation, with heat of the urine, or *Brœnning*, was all taken from the Arabians ("Freind," vol. ii, p. 355). As in France the revival of surgery was ascribed to Guy de Chauliac, so in England it has been credited to Arderne. It is said of him that he alwaya took the precaution to make a bargain with his patients before he entered upon the case, and advises physicians to stipulate for as much as they can get, and to obtain security for the payment of the sum as soon as the cure is complete (surely a code of professional ethics that has nothing in its favour, but every consideration against it).

About the same period *Petrus de* Apono advocated the medicinal employment of mercurial fumes, on the ground that "though hurtful to the nerves, they expel and kill all other poisons."

In the fourteenth century the outbreak of "The Black Death" in England was, by the physicians of the period, attributed to "an unknown change or corruption in the air," which might be caused by the putrefaction of locusts that had perished in the sea, and were thrown up, combined with astral and telluric influences (in other words the theory of zymotic origin was assigned to the outbreak). During the same period, as well as in the fifteenth century, all disordered states of the body were supposed to result from the *veins*. One set of medical men, namely, the advocates of "derivation" believed that Nature was apt to set up local and active congestions, towards which the noxious humours flowed; the revulsionists, on the other hand, considered that local disease originated in a kind of metastasis of humours (Meryon p. 229). According to Louis Mercado, at that time, all diseases were a subtraction or minus without any material cause (p. 341). Mizauld and Nostradamus sought for the causes of epidemic diseases, and for their remedies in the relative position of the planets (p. 395).

With reference to the general condition of medicine in the fourteenth century, we learn that it had to surrender its pretension to the more practical sciences of natural history and natural philosophy; physicians endeavoured to make it a practical art, but in the absence of correct data it was thus degraded into a coarse empiricism (Meryon, p. 217). [Let those who make a study of such subjects say how far the remarks quoted are applicable to more modern times.] Europe teemed with physico-spiritual advisers (p. 191). While one set of physicians attributed the plague, which at that period prevailed, to the planets as already observed, another set attributed the same disease to "a putrid corruption of the blood," and recommended "a purification of air and a nutritious diet as the best protection against it" (p. 211). Isolation and quarantine in the case of plague-stricken places were at this time instituted (p. 214).

In this century the sect of Rosicrucians, *i.e.*, *ros crux*, dew cross, arose (1302) in Germany. They proposed to hold, and to teach the same doctrines as did the ancient philosophers of Egypt; the Chaldean Magi of Persia, and the gymnosophists of India. In 1614 they received their distinctive title (p. 462).

As teaching of medicine declined in Asia, it became transferred to Europe, where, for a considerable period it remained chiefly in the hands of the clergy. As the art of printing developed, so did the study of professional subjects extend. But for a long period even subsequent to that date the system followed, alike by clerical and medical practitioners was that of the Arabians, namely, pure empiricism, that is, the empiricism of experience, although undoubtedly, not unfrequently mixed up with what is at the present day better known by the term, otherwise charlatanism and systematic deception. As already noticed also, advantage was taken of the prevailing credulity of the times by men whose reputation stood high. Certain diseases were attributed to the presence of "poison" in the system, and in them the treatment was directed to "drawing out" that poison. In principle, at least, personal hygiene was indicated; so was attention to the nature and quality of food, and of the best methods—according to the opinions of the day—of preparing it. With regard to the treatment of fevers one need only turn over the collections of authors on that subject to be quickly satisfied, how little that age added to what had previously been said with regard to it.

In the early part of the fifteenth century, namely, in 1418, Valescus, or Belascou, a native of Portugal, wrote a work entitled "Philonium," which contained many observations in medicine and surgery. Instead of treating attacks of pleurisy by means of "warm" medicines, such as hyssop and origanum, after the manner of the ancients, he employed refrigerants in that disease. In fact, the name of this author comes down to us in reference to the circumstance, rare at that period, that instead of blindly following authority, he thought for himself.

He proposed the extirpation of cancerous tumours by means of preparations containing arsenic; at the same time, adverting to the use externally of arsenical preparations for Tinea, he alludes to the fact that sudden death had in certain cases followed therefrom;

The name of Savanarola stands pre-eminent in reference to all mineral waters in Italy, on the properties of which, at the same time, he wrote a treatise.

It was in this century that scarlet fever for the first time made its appearance in Italy. Previous to this time the operation of lithotomy continued to be performed by itinerant practitioners. In 1460, however, Germain Colot having witnessed their method of operating practised the operation on the dead body, and then upon a condemned criminal, and so successfully that the latter made a rapid recovery, and was rewarded with a free pardon and a pension.

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SOME EXTRA-PROFESSIONAL EXPERIENCES.

By Brigade-Surgeon W. CURRAN,
Army Medical Department (Retired.

[Contiued from page 8.)

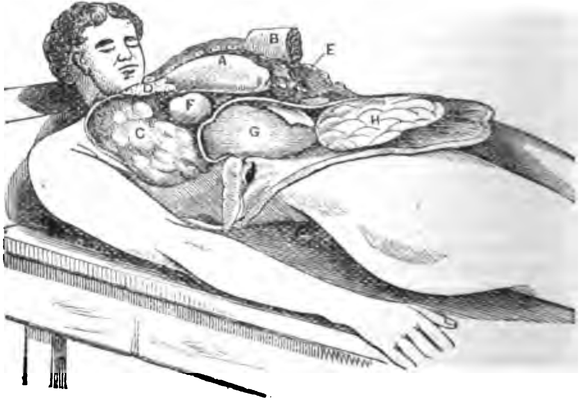
Case III.—A Curious Congenital Displacement.

The following case occurred under my care at Pembroke Dock, South Wales, and it is so striking or suggestive in itself, as to call for inclusion in these reminiscences. I had not before seen, neither have I since heard, of anything at all like it, and the testimony it bears to the efforts of Nature to adapt herself to the requirements of a faulty mechanism, or a primary abnormality, is very strong. It almost, in short, embodies a paradox, by showing that, contrary to the usual and accepted teaching of physiology, digestion may be carried on for years, not only with impunity, but with more or less efficiency, through the medium of a stomach that had been, so to speak, turned upside down upon itself, and had this strange malposition been recognised during life there is no saying but that experiments might have been carried on through it, as well 'fore as 'aft, that would have thrown those of Dr. Beaumont into the shade. However that may be, it never occurred to me, or to any one else, that this poor lad was the subject of such a displacement as I am now going to describe, and therein lies, as I think, the peculiar import or significance of this unique lesion.

George A., æt. 19, recruit, was admitted to hospital as above, on the 5th of June, with a small boil on the back of his neck, from which he had suffered for some two or three days previously. This was treated in the usual way, and he was doing well up to the forenoon of Saturday, June the 9th, when he first complained to the orderly of the ward of headache, thirst, and a sense of tightness and throbbing about the forehead and temples. Having subsequently exhibited some signs of mental disturbance or general excitement, I was asked to see him, and finding him very hot, confused, and irritable, I ordered him an emetic. He could not, however, be induced to vomit, and he afterwards complained to the ward master (in deprecation, I presume, of his further efforts in that direction) that he never in his life remembered being sick. His mother confirmed this part of his statement, and added that he was always ailing and delicate. She further intimated that he used to suffer from uneasiness or oppression about the chest after food, and she gave us to understand that palpitation and dyspnœa invariably following rapid motion or other unusual exertion or excitement on his part. How under such circumstances he got into the service I do not know, but there he was, and truth is in this, as in so many other instances, sometimes stranger than fiction.

Having had to perform the usual Saturday inspection, I visited him again on my return from the huts hard by, and was informed that he had been very freely purged. Whatever he took by the mouth appeared, in short, to pass through him very soon after it was swallowed, and indeed almost unchanged; but there was still nothing about him to excite alarm, and the weather was at this time close and sultry. Having prescribed some lemonade and also a cooling spirituous lotion for his forehead, I left him under the impression that he would soon be himself again. Not so, however, for I had scarcely settled to a book in my room than my attendance was again pressingly requested, as the patient was said to be struggling convulsively in a fit, and on my arrival in the ward I was surprised to find that he had ceased to breathe, and was otherwise to all appearance quite dead. I endeavoured to resuscitate him by the then fashionable "Ready Method," but failed of course, and I then opened a vein in his arm. This procedure was also a failure, and, after a short pause, I ordered his removal to the dead-house.

On section, twenty-six hours after death, and as the symptoms immediately preceding death pointed to irritation of the brain, the cavity of that substance was examined, with the following results. A quantity of dark fluid blood—estimated at two or three drachms—was found pressing on the dura mater, about midway between the frontal sinuses and the parietal suture, and this did not appear to result from any rupture or laceration of a large vessel. It appeared rather to have oozed out of the longitudinal sinus. On percussing the walls of the chest previously to their removal I was surprised to find that this tapping elicited a clear, ringing sound, like that of a pneumothorax. Unable to account for this resonance at the time, or unwilling to acknowledge, even to myself, so grave an error of diagnosis, I hesitated for a moment, and then opening the chest, was surprised, or rather, gratified, at finding that after all my diagnosis or treatment was not at fault. The stomach was, in short, completely displaced upwards through an opening that existed in the left tendon of the diaphragm, and occupied such a position in front of the left lung as must, after food or when otherwise distended, have gravely interfered with the functions of that organ, and had, indeed, so compressed this lung against the spine as to reduce its weight to six ounces, and deprive it of almost all sponginess or elasticity. The right lung weighed, however, twenty-two ounces, and must have done double duty for many years back. Finally, this erratic viscus had quite filled up the left cavity of this lad's chest, and, for the rest, are not the appearances disclosed well represented by this engraving. (*a*)



A. Stomach displaced upwards.
B. Portion of omentum withdrawn from under the stomach and placed on a piece of sponge.
C. Right lung.
D. Atrophied left lung.
E. Diaphragm.
F. The heart.
G. The liver.
H. Folds of intestine uncovered by omentum.

(*a*) The sketch from which this engraving was made was taken by the late Dr. R. Wolseley, who was then, like myself, an assistant surgeon at this place. I believe that, from what has since transpired on the point, he was killed by a fall from his horse at Meerut on or about the very day or hour on which this note was written. As he and I often rode to hounds together, while we contested at least one steeplechase in the pigskin, I can testify to his more than average horsemanship.

The heart was also displaced downwards and to the right, but there was no appearance of any recent rent, laceration, or rupture of the diaphragm, and the edges of the part of it that surrounded this protrusion were rounded, indurated, and callous. This membrane itself was held *in situ* by a thin band of ligamentous tissue that stretched loosely from the right tendon to the wall of the chest, and that allowed a free communication between this cavity and the abdomen. The left kidney occupied the place usually assigned to the spleen, which latter, adhering slightly to the subjacent pleura was found lying within the walls of the thorax. So were also several coils of the large and small intestines, some of which were, doubtless, drawn up by the efforts at vomiting that preceded death, but other portions were as clearly due to the unnatural position of the pylorus —which was closely jammed in under the left clavicle— and the conclusion I arrived at in respect of this displacement at the time, and to which I may say, I still adhere, was that it was the result of a congenital deficiency of this muscle, rather than of any recent rupture or spasm of its fibres.

On discussing the matter with my then two *confrères*, one of them, who had served for many years in New Zealand, assured me that he had seen a somewhat similar case in that colony in the person of a banker who "after retiring early to bed the previous evening with an over-loaded stomach, was suddenly seized with faintness and vomiting. When I saw him, said Mr. Bacot, the symptoms were obscure and puzzling, his skin was cold and clammy, his pulse rapid and small, his countenance was fearfully anxious, and the features were drawn and haggard. The intellect was however, clear, and there was little or no pain, tympanitis or distension in or over the abdomen. There were, on the other hand, hiccough, subsultus, and unavailing spasmodic attempts at vomiting, and my informant came to the conclusion that Mr. M. was suffering from the effects of a strangulated bowel or of an intussusception. He continued to sink in spite of all our efforts to the contrary, and on opening the chest, in presence of several local practitioners, there appeared (continues my friend), what we all mistook for an uncommonly distended pericardium, an unusually large tympanitic and bulging bladder-like mass, which allowed on puncture a very free escape of gas. This settled the question, and led to our recognising this membranous mass, as the stomach displaced upwards in front of the heart, through a recent rupture of the diaphragm," and other ruptures of *this kind* must, doubtless, be within the cognisance of many of my readers.

As to the comparative pathology of this condition, the consideration of it scarcely comes within the scope of these experiences, and it is, moreover, more a question for veterinarians and physiologists than for a mere outsider like myself. All the same I have while rewriting this account of the case, looked into the papers of Montgomery and Vrolick in Todd's Cyclopædia, but they do not, so far as I can see, throw any light on this lesion, or on its consequences, and so we had better address ourselves to that feature of it with which we are most concerned or conversant ourselves. Encased as this boy's stomach was in a comparatively immovable cavity, and beyond the reach of either abdominal or diaphragmatic agency, it is no matter for surprise that he could not be induced to vomit. The wonder would lie on the other side did he do so, and this—his resistance to our stimulation—may serve to throw some light on the once much debated question of the vomitory or non-vomitory powers of the horse.

Gerard regarded the somewhat analogous position of this animal's stomach, that is to say, near the spine, and separated from the floor of the abdomen by the intestines, as an insuperable obstacle to such healthy compression of its walls, as would enable it to reject its contents. Youatt, M. Colin and several others ascribed this weakness or non-capacity (?) to the mechanical arrangement or interlacement of its (the stomach's) œsophageal fibres with those of its cardiac sphincter, and the question is still, I believe, *sub judice*. The late Mr. Gamgee, on the other hand, regarded "the fact that therapeutics, as applied to the horse exclude emetics, as settling the point, and he held that the fact, that the great majority of experimenters have agreed on the inoperativeness of emetic substances, even when injected into the veins of that animal" as conclusive against the assumption of a merely mechanical obstruction. He refers the rarity of vomition in the horse to his total insusceptibility to emetic action, and probable physical indifference to ordinary nervous excitation, and how far this case bears upon the question of vomition in the horse, or whether it throws any light at all on the mechanism of emesis in our own or other species is for you, gentle reader, to determine.

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Therapeutic Notes.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

SULPHATE OF BERBERIN.

The alkaloid berberin has recently come again into notice, principally through the writings of Schatz, of Rostock, who has recommended Hydrastis canadensis, of which berberin is the active principle, very highly as a reliable agent in checking or restraining uterine hæmorrhages under various conditions. Fellner, of Vienna, has stated that it is an ecbolic, but this is denied by Schatz, who maintains that its action is limited to the blood vessels.

The sulphate of berberin has recently been submitted to independent investigation by Dr. Schurinow, of St. Petersburgh, in which the following conclusions have been reached.

1. Small doses of berberin slow the action of the heart for a short time, after which acceleration follows from paralysis of the peripheral portion of the vagus.
2. Arterial pressure is diminished from its action on the vasor-motor nerve apparatus.
3. The respiratory centres are curtailed by small doses and paralysed by large ones.
4. Sensibility to pain is diminished by lessening the conductivity of the sensory nerves.
5. Vomiting and peristaltic action of the bowels are produced by it.
6. It is eliminated by the kidneys only.
7. It has no ecbolic action.

TREATMENT OF PERITYPHLITIS.

In a case of perityphlitis, occurring in a young man, æt. 22, caused by eating an immoderate number of oysters—(*Medical and Surgical Reporter*)—(a not very probable cause in this country), Dr. Hutchinson, in whose care the case was, successfully treated him with large doses of opium, inunctions of oleate of mercury to the gums, until they were slightly touched. Nourishing diet, but of a kind that will not distend the bowels, milk, &c., the bowels to be relieved by enema. And he further recommends the patient to be detained in hospital for some days after convalescence.

INTRA-PERITONEAL INJECTION IN HÆMORRHAGE.

Dr. Rutgers, of Rotterdam, publishes in the *Weekblad van het Niederlandsch Tijdschrift voor Geneeskunde*, a case of dangerous post-partum hæmorrhage, which was attended by a midwife, and not seen by himself until four hours after delivery, hæmorrhage still continuing. Injections of ergotine and ether were given, and the patient swallowed some port wine. A saline solution 6 grammes of chloride of sodium and 0·3 grammes of the hydrate of sodium to the litre of water was prepared. After vainly attempting its injection into the brachial veins, Dr. Rutgers injected half a litre into the peritoneal cavity with the best results. From his success in this case he recommends a trial of the same plan in cholera.

PHARYNGEAL NASAL DOUCHING.

In a paper contributed to the *Southern Medical Record*, Dr. A. G. Hobbs thus refers to the use of the nasal douche for catarrhal conditions of the mucous membrane:—"Should the posterior nasal douche be used? Never! While it can do more good (if effectually used, and not one person in ten can ever learn to effectually use one) than the anterior douche, it may do a great deal more harm by throwing the fluid into the Eustachian tube, and causing middle ear inflammation.

RESULTS OF PASTEUR'S INOCULATIONS.

In a recent communication to the Academy of Science, M. Pasteur stated that 2,490 persons had been treated by his method for rabies. These patients were from almost every civilised country, the different nationalities being represented as follows:—

England	80	Russia	191
Austro-Hungary	52	India	2
Germany	9	United States	18
Belgium	57	Roumania	22
Spain	107	Turkey	7
Greece	10	Switzerland	2
Holland	14	Brazil	3
Italy	165	France and Algeria	1,726,
Portugal	25		

Of the French and Algerian patients ten died. Two deaths being attributed to tardy arrival, the death of Russian patients being uncertain. M. Pasteur's faith in the treatment is still unshaken, but to the majority of readers the necessity he feels for a more perfect and severe treatment than he adopted earlier is hardly proof of the efficacy of the treatment.

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Clinical Records.

CHARING CROSS HOSPITAL.

Cancer of Rectum—Lumbar Colotomy.

Under the care of Mr. J. Astley Bloxam, F.R.C.S.

Charles J., 73, surgical instrument maker, was admitted on October 6th, he said he first noticed a difficulty in passing his motions about eighteen months ago, and this gradually got worse. Six months ago he had inflammation of the testicles, and since that time he has been quite unable to retain his motions, but this inability only supervened gradually. His motions are liquid and small in quantity, but necessitate a good deal of straining. He has a motion about every hour. Latterly, his appetite has fallen off considerably. His occupation necessitates a good deal of sitting. His wife and children died of consumption. Patient complains of smarting pains just before going to stool and during its passage. There is troublesome flatulence with some abdominal tenderness. He has periods of calm followed by a recurrence of the smarting in left groin, and to some extent in the right groin. Patient was ordered five grains of pil. saponis co. at bed time, and although it did not procure sleep the frequency of the attacks of pain was diminished.

9th.—Patient complains of the constant running from the anus accompanied by a smarting pain. He sleeps badly, but takes his food better, and the abdominal tenderness has disappeared.

19th.—Patient has much improved under opiates. He has no pain in the bowels except after meals, and the running from the anus is less troublesome. He was placed on a water-bed to-day. The patient being anæsthetised Mr. Bloxam performed the operation of lumbar colotomy, the direction of the incision being two inches behind a line drawn vertically upwards from a point midway between the anterior and posterior iliac spines on the left side. No great difficulty was experienced in finding and securing the gut. The edges of the wound were then brought together as far as necessary by means of sutures, and an antiseptic dressing applied.

20th.—Patient complains of a good deal of pain in right hip and down right thigh, especially on moving. He was placed on his back, and the water-bed removed. The urine had to be drawn off with a catheter, in consequence of his being unable to pass it.

21st.—Two sutures were removed to-day, and the wound dressed antiseptically.

23rd.—Patient complains of severe scalding pain along the course of the urethra. His urine dribbles away, and any attempt to check it causes him great pain. The wound is going on well, a small quantity of fæcal matter collects in the immediate neighbourhood. Temperature, 98·4° F. Pulse strong, and not compressible. He is on milk, beef-tea and port wine.

24th.—Since yesterday patient has passed one motion by the rectum, and three by the artificial anus, but the quantity evacuated each time was small.

25th.—Patient has been having linseed meal poultices to the left side, and this morning, on removing the poultice a fair quantity of solid fæces came away from the artificial anus. The third suture was taken out, and the wound is now healed up. The pain in the urethra is less, a catheter was tied in last night. Patient sleeps pretty well. Patient left the hospital on the 13th November much improved in general health.

CASES OF SKIN ERUPTIONS AND SYPHILIS TREATED WITH HORSFORD'S ACID PHOSPHATE.

By Mr. James Startin,

Late Honorary Surgeon and Lecturer, St. John's Hospital for Skin Diseases, London; Honorary Consulting Surgeon to the Sheffield Public Hospital for Skin Diseases.

It appears to me that the "acid phosphate" originally prescribed by Professor Horsford, of Cambridge, U.S.A., is not so well known in this country as its merits deserve. A glance at the formula will however readily convince one of its value in suitable cases. Each fluid drachm gives on analysis 51-2 grains of free phosphoric acid, and nearly four grains of phosphate of lime, magnesia, iron and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success.

Mr. G., æt. 69, consulted me November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy business life with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., æt. 46, consulted me in December, 1885, for psoriasis all over the body more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day with marked good effect. Patient had been much exhausted by continuous nursing on an invalid mother.

Mr. C., æt. 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits from which he suffered, with excellent results.

Mr. McJ., æt. 63, consulted me in November, 1885, for lichen ruber, which was accompanied with intolerable itching. He was a nervous irritable man. I prescribed the acid tonic with the effect that in December he presented himself quite convalescent.

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The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 40, Bombay 22, Madras 39, Paris 23, Geneva 21, Brussels 20, Amsterdam 24, Rotterdam 20, The Hague 23, Copenhagen 18, Stockholm 20, Christiania 29, St. Petersburg 29, Berlin 21, Hamburg 36, Dresden 19, Breslau 31, Munich 28, Vienna 24, Prague 32, Buda-Pesth 31, Rome 28, Turin 22, Venice 25, Cairo 43, Alexandria 34, New York 29, Brooklyn 24, Philadelphia 23, and Baltimore 21.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 14TH, 1887.

Thomas Bryant, Esq., F.R.C.S., President, in the Chair.

A CASE OF RIGHT HEMIPLEGIA WITH APHASIA IN A CHILD.

Dr. Samuel West read the notes of a case of right hemiplegia with aphasia occurring during a paroxysm of whooping-cough, with slight rigidity, subsequently passing into a condition of athetosis. He attributed the paralysis to hæmorrhage, possibly into one of the central ganglia, but of course this could only be surmise.

Dr. Radcliffe Crocker said that he had had a case with a very similar history to that of Dr. West's. A girl, æt. 10, was brought to the hospital in November last complaining of inability to use the right hand. On examination there was a condition of athetosis and spasm, just as Dr. West had described. On making forced extension of the hand the fingers began to close up, then the wrist was bent in pronation. On making inquiry as to the history, it appeared that twelve months ago the child had three right-sided fits in twelve hours, the last being followed by paralysis and aphonia. The child was unable to talk for three weeks, and to walk for three months. The athetosis came on about three weeks after the onset of the paralysis. As to cause, he found that the child had a mitral obstructive and regurgitant murmur, and therefore the inference was that it was a case of embolism. Her general condition did not appear to have made any progress during the last three months.

Dr. Broadbent said that he thought the lesion in Dr. West's case was more likely to be located in the cortex than in the central ganglia. It was of course difficult to localise a cortical lesion which had followed so accurately the motor area.

Dr. West, in reply to Dr. Broadbent's remarks, said that he did not attempt to localise the injury, but only suggested the possibility of the central ganglia being involved.

Mr. Mayo Robson (Leeds) read a paper on

A METHOD OF TREATING THYROID CYSTS,

in which he advocated antiseptic incision and stitching the edge of the cyst to the skin, draining for a short time under an antiseptic dressing, and then packing with zinc lotion and lint. He read notes of two cases thus treated, the first in a girl, æt. 22, who had a cyst the size of a Tangerine orange over the trachea, which occasionally produced dyspnœa; the second in a girl, æt. 24, in whom the right lobe of the thyroid was forming one large cyst. In both the above treatment was perfectly successful, and produced no constitutional or local disturbance. When seen some time afterwards there was very little trace of scar, and no tumour in either case. He quoted from several standard surgical works to prove that the usual operations for thyroid cysts, such as injection, seton, &c., are either dangerous or unsatisfactory, and thought that the advantages of this method were its simplicity, safety, and certainty.

Mr. Bryant asked Mr. Robson whether, if the cyst had proved multilocular, he would have broken down the divisions.

Mr. Christopher Heath said that Mr. Robson had not spoken of any difficulty with the hæmorrhage, which, in his experience, was apt to be profuse from the interior of the cyst when emptied. For that reason the use of perchloride of iron was probably introduced. He had employed the system several times with success.

Mr. Clutton said that in his experience, hæmorrhage from the interior of the sac was apt to be very profuse. It, however, stopped on plugging, but high fever had succeeded the operation until he employed iodoform gauze for the packing. The fever was then much less marked. He advocated the removal of the cyst wall. One disadvantage of plugging was that the sinus was apt to persist for a very long time, in one case three years.

Mr. Gant said that his experience had led him to make up his mind as to what he would *not* do rather than what he would do. He would never tamper with the cyst walls. He inquired whether, in removing the colloid material with the spoon, the cyst walls were much interfered with.

Dr. Stephen Mackenzie, alluding to his microscopical examination of the cyst walls, said that they contained an abundant supply of thin-walled blood-vessels, very liable to give rise to hæmorrhage, and he inferred therefrom that perchloride of iron was peculiarly indicated.

Mr. Thos. Bryant said the salient point in Mr. Robson's paper was the proposal to stitch the cyst walls to the skin. He hardly thought this was required in the majority of cases. He remembered two cases; one of simple tapping in which a good deal of bleeding took place, and on pressure being applied it became very tense. It all went away, however, when a free incision was made and the cavity packed. In the other case he at once made the incision, and no trouble was experienced with the hæmorrhage. He mentioned that in one case in which he was injecting a mixture of tincture of iron and iodine, the sac suddenly filled with blood and pulsated in a way which caused him considerable alarm. Ice was applied, and after a period of anxiety matters subsided.

Mr. Robson, in reply, said that in both cases the cyst was simple. Had it been multilocular he would have broken down the partitions in order to remove all the contents. The advantage of stitching the sac wall to the skin was that it shut off the cellular tissue of the neck from the danger of infiltration. As to Mr. Clutton's suggestion to excise the part of the gland affected, the difficulty in cutting away the thyroid was to know where to stop. He had done it twice, and both times with imminent risk to the patient, once from asphyxia and once from hæmorrhage. In scraping the walls he employed just enough force to set up sufficient inflammation to secure obliteration of the cavity.

Mr. Mayo Robson (Leeds), read a paper on

A SUGGESTED METHOD OF OPERATING ON AN UNIFORM PRINCIPLE IN THE TREATMENT OF IMPERFORATE ANUS, WITH EXAMPLE.

and read extracts from several authors to prove that the recognised treatment of cases where the bowel is not soon reached is to perform either Littre's operation or colotomy, although the mortality of the operation, judging by published statistics, is extremely heavy, *e.g.*, Mr. Guersant having operated in this manner twelve times without saving a patient. He advocated an incision from the central point of the perinæum to the coccyx, and then a careful dissection, until either the bowel is reached or the peritoneum is opened, when the upper end of the rectum or the sigmoid flexure of the colon can be brought down and sutured to the skin in the anal region. He described a case in a child one day old, on whom, in March 1866, he had performed this operation with a very good result, the child recovering without a bad symptom, either local or general, and when seen last the patient had what appeared to be a normal anus, through which it had a motion about once a day. He considered the operation ought not to be very difficult if a catheter was passed into the bladder and a good horizontal light was available, that it should not be very dangerous either from shock, peritonitis, inflammation, or hæmorrhage, and that the result if successful was infinitely preferable to that of Littre or a colotomy.

Mr. Godlee said that the escape of meconium into the peritoneum did not set up the same irritation as ordinary fæcal matter.

Mr. Harrison Cripps criticised the statistics brought forward at the end of the paper. He had collected about a hundred cases, in many of which Littre's operation had been performed with success. He had had five successful cases out of sixteen. The results of operations when there was no sign of an anus were much more favourable than when some trace could be seen, as the malformation was often more serious in the latter case. He preferred Verneuil's operation of resection of the coccyx without opening the peritoneum.

Mr. Robson, in reply, said that there was an advantage to stitch the mucous membrane to the skin, if only to prevent extravasation of the areolar tissue.

LIVING SPECIMENS.

Dr. Radcliffe Crocker showed a case of hemiplegia followed by athetosis in a child.

Dr. Stephen Mackenzie, chyluria with living specimens of the *filaria sanguinis hominis* under the microscope.

Dr. Angel Money, a case of hemiplegia with spasm in a syphilitic child.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Dec. 18th, 1886.

The President, Dr. Cleaver, in the Chair.

FIBROMA PASSED FROM UTERUS OF A WOMAN, ÆT. 79.

The patient had been under Mr. Baldwin's care, who showed the specimen. Hæmorrhage set in about 1 p.m. the day of seizure; at 4 p.m. the mass shown was passed. All bleeding ceased three hours after it came away. The lump was about as large as a medium sized kidney.

TUMOUR OF THE PANCREAS.

This specimen was shown by Dr. Dyson, who gave brief notes of the case. The patient, a man, æt. 49, by occupation a metal shearer, was admitted into hospital in October, 1886. There was no history of syphilis, gout, or rheumatism in the case. He was married, and had three healthy children. Two years before his last illness, he had been under treatment for pleural effusion on the left side of the chest, for which he was tapped. At that time he presented a peculiar colour very suggestive of Addison's disease. Pain felt down the left side, but not much attention was paid to it. In August I noticed a swelling on the same side. When admitted, he had occasional attacks of very severe pain, with long intervals of freedom from pain. In consultation, after admission, malignant disease was diagnosed. He was in the ward three weeks before he had pain. Felt weak and was losing flesh. Was upon the ordinary diet. At the end of three weeks, pain commenced and continued. The tumour felt in making palpation was really the left lobe of the liver pushed up by the swelling, a cancerous mass in and about the head of the pancreas. The liver was involved. Opium was the chief treatment, and the only treatment which gave relief.

Dr. Dyson believes that the disease commenced in the hylus of the liver, spreading thence to the pancreas, and subsequently to the substance of the liver.

The President asked if there had been any return of the pleural effusion in the left chest?

Dr. Dyson, in reply, said that the pleura had healed by first intention, and that there had not been the slightest return. The tapping had been done on the old system of using trochar and canula under the protection of the carbolic spray.

ON SOME CLINICAL FEATURES OF GRAVES' DISEASE.

Mr. Snell read this paper based on cases coming under his observation. Referring to those cases in which the eyes symptoms were the first to appear, he related particulars of a young woman, in whom the other cardinal symptoms had recently come on. Dr. Dyson, under whose care she now was, introduced her. Another instance was in a woman (introduced), æt. 45, who had Stellway's and Graafe's symptoms, with little (if any) exophthalmos of the eye; small enlarged thyroid unnoticed by patient, and an absence of other symptoms. The left eye was normal. Two monocular cases, besides the one just mentioned, were related, and particulars were given of two instances of suppuration of both corneæ. One, a young woman, æt. 23, was only seen when the corneæ were both seriously affected, and the other, a woman, æt. 40, had both corneæ destroyed when first observed. The question as to the occurrence of Graafe's (loss of coordinated movement of eyelid and globe on looking down) and Stellway's (widening of the palpebral affections) syris independently of the usual train of symptoms, associated under the name of exophthalmic goitre was discussed; the case of a young lady was mentioned, in which in the right eye Stellway's and Graafe's symptoms were both present; no exophthalmia; the other eye was normal; there was an absence of other symptoms; she greatly benefited under treatment. An interesting case was that of a miner, æt. 36, introduced before the Society, with well-marked miner's nystagmus. He had in both eyes also well-marked Stellway's and Graafe's syris. There was no enlarged thyroid or other symptoms of Graves' disease. He seemed to possess some control over the lid phenomena. The pathology of the disease was alluded to, and support given from the cases related to a central lesion theory (Sattler, Fitzgerald).

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 19, 1887.

SUDDEN CHANGES OF TEMPERATURE.

Experience leads us to anticipate certain definite results in the production of disease from marked and sudden variations in temperature. If a north wind sends down the thermometer from 70° to 40° in the course of a day it would not be unreasonable to anticipate an increase in the number of cases of disease of the respiratory organs, rheumatism, &c. The more abrupt the fall the greater will be the effect. Yet with a knowledge of these facts our civilised existence is one continual series of exposure to such changes—changes greater in extent and more sudden than any which occur from natural causes. Instead of a day, the result of leaving a warm room for the streets, may be to affront a difference in temperature of 40° or more, and even within the limits of the same house it is possible to pass, metaphorically speaking, from Greenland's icy mountains to India's coral strand. Of course it will be urged that certain precautions are taken with the view of obviating the risks attending such abrupt changes of temperature, but it will be found on inquiry that they are as a rule quite illusory. Who dreams of putting on an overcoat on going to the closet or fetching any object from another and unwarmed room? On leaving the house, it is true, persons possessed of average prudence take the trouble to put on an extra coat or shawl. By so doing they do protect the *outside* of the body, but they leave unprotected the naked surface of the lungs, a delicate and easily irritated organ, very inadequately provided with means of self defence. Even nature's resources, whereby the equilibrium of heat is maintained, are apt to break down when one inspiration is at 70° and the next at 30°. Nature as a rule does not allow of an abrupt reversing of the gear; her movements are pendulum-like, and adjust themselves, accurately it may be, but slowly, to the vicissitudes of life. In a natural state of existence, which may be assumed to be a savage one, such changes are impossible, or at least improbable, and hence, as we advance in civilisation, so the bad results of an artificial condition of existence become apparent.

Another danger to which our habits of living expose us is that which accrues from *local* disparity of temperature, when, for instance, to use the same simile, our bodies are in India and our feet and legs in Greenland. Here the mechanism is somewhat different, but the result is at least as detrimental. Beginning at the inflamed eye which is caught by looking through keyholes, we get to the neuralgic affections which may attack any part of the body exposed to the action of a draught. Although the cause may be local, the effect is by no means necessarily so; indeed, in a large proportion of cases the result of such localised exposure is to give rise to constitutional ailments, it may be, of the most serious character.

The bad effects of rapid changes of temperature are by no means confined to transition from heat to cold. Very often, indeed, the converse change, from cold to heat is the starting point of a series of complaints which cold alone had failed to induce. This is a matter of common experience in armies on the march in winter. Entrance into a warm room from an outside temperature below freezing point is not uncommonly followed by a sensation of suffocation and malaise, which takes some little time to wear off.

Much can be done by care and attention to ward off part of the harm which might otherwise accrue from the causes alluded to. Inside the house, the warmth should be more equably distributed so as to avoid undue change of temperature on traversing corridors or passages; this involves structural arrangements which are not within the reach of everybody, but excellent results follow even the employment of a stove in the hall. Outside, not only should additional clothing be resorted to, but no air should be permitted to reach the lungs except after having been warmed by passing through the nose —a little contrivance by which nature remedies, within certain limits, alterations in the temperature of the respired air. For this reason singing in the streets on cold nights, and even talking, is undesirable. The most robust are amenable to these influences, to some, if not to the same extent as the more delicate, and cannot brave them with impunity. In cities, especially where fog and cold go together, the maxim should be to keep the mouth shut and the ears open.

SMALL-POX AND RAGS.

THE study of the modes in which disease is propagated offers one of the most attractive paths open for inquiry in the field of preventive medicine; nor is it altogether a misfortune that the nature of the problems it involves is such that a good deal of speculative investigation must necessarily be indulged in by those who pursue it. That the study is difficult from the multiplication of details that surround it, that it is attended by complications often most confusing in their relations, and that the results aimed at are not rarely of the utmost importance, not only in a sanitarian sense, but also socially, is a fact to the recognition of which a great part of the present position attained by it is due; and it is to be hoped that the future progress of this particular line of thought may be in no wise slower, but even still more satisfactory than that which has marked the steady growth of opinion bearing on measures of prevention in the past.

Among the diseases more particularly referred to in this connection are several that have claimed a severe penalty in suffering and death, as the price of that ignorance regarding their dissemination which existed until the labours of patient and skilled investigators had traced their origin to the source, and the histories of which provide some of the most fascinating pages in the record of modern advances in medicine. Thus the details of the discovery of the etiology of malignant pustule or "woolsorters' disease," of cholera, of several of the specific fevers, and above all, of small-pox, familiar as they now are to professional readers, will never fail to call forth a feeling of pride in the achievements which led up to them. As a consequence of the labour which has been expended in elucidating problems of this description, we have been enabled not only to modify the effects produced by the poison severally concerned, but even also to *prevent* in vast numbers of instances, the injury which would arise from its presence, and that, by attacking the virus and destroying its power for evil by obliterating its nidus. In the case of small-pox this is essentially true; and we are led to present mention of the fact because of an interesting discussion which took place on Thursday last at a Local Government Board inquiry held at Ivybridge, near Plymouth, respecting a recent outbreak of small-pox in that locality. The town of Ivybridge is the seat of several paper manufactories, and the epidemic forming the subject of inquiry appears to have originated in the introduction of infected rags for manufacturing purposes. There can, of course, be no hesitation in affirming that when once it has been proved that such a method of introduction is prevalent, the first duty of those entrusted with the task of preserving *salus populi* is to insist on the adoption of measures efficient to that end; and even those personally interested in the maintenance of the industry, that is, the mill-owners, seem to admit this *suprema lex*. But, unfortunately, when they learn the conditions necessary to ensure the protection of their *employés* against the influence of infective germs possibly present in imported rags, the *auri sacra fames* rules stronger than pure humanitarianism, and we are informed that the injury to the rags caused by their saturation with superheated steam, or by other processes designed to promote destruction of the germ elements, would conduce to losses regarded from the trading point of view, and naturally held to be of the utmost importance by traders. The provision of a hospital for the isolation of stricken workpeople was another point entered on at the conference in question, and it seems almost incredible that, though Ivybridge has witnessed three outbreaks of small-pox within as many years, yet no step has been taken in this direction, and further, that nothing definite has even now been settled. The inquiry was presided over by Dr. Parsons on behalf of the Government, and it need not be doubted but that an inspector of his known ability and promptitude will urge on the importance of decisive action in the interests of the large number of people locally affected, and also in furtherance of protection for the national health.

In America the disinfection of rags at once on their being landed is largely carried out by the injection of steam, or of disinfecting substances, performed with specially designed apparatus, the result of long-continued experiment and comparison. We have formerly dwelt on this subject, and have insisted on its importance from a preventive point of view; and now that it has once again arisen an opportunity should be taken of arriving at a definite and general decision to carry out a universal system of disinfection of all rags, &c., imported for manufacturing purposes.

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"THE LITTLE FOXES."

Since the days of Solomon the vintage has been threatened, and ofttimes ruined, by "the little foxes that destroy the grapes." No fence is close enough for the exclusion of these "little foxes." Somewhere or other the lanky-bodied managed to pull through the hedge-row, and many a promising bunch of newly-forming grapes met an untimely end, and the vintage lost much of the fruit that would, if saved, have contributed to make it remarkable for its excellence.

What can be done for the extermination of these "little foxes;" social pests that destroy much fruit of promise. Foxes so small, so audacious, and so cunning that ere you can draw attention to their presence they have escaped. Who can tell how much work of promise has been killed by the slighting sneer, or what ardour has been cooled by the disparaging remark. To notice social sins and to prevent the depredations of these thievish little foxes would not be within our province had we not observed with alarm their frequency in our medical societies, and often felt aggrieved to notice the quiet but humiliating sneer that has met the early attempt of some young author to place his ideas and facts before a medical meeting. Unpractised in the art of gaining the ear of his judges by a little preliminary flattery judiciously incorporated into his discourse, he places his observations and deductions before the meeting, and judging from the deference with which papers, devoid of scientific or medical interest, have been received on previous occasions, he naïvely hopes that his, which with much zeal, hard work, and care he has brought forward, will meet with some honest scrutiny. Who can depict his suffering when he finds his paper has called forth no response except the quiet smile that damps his enthusiasm, freezes his hopes, and effectually deters him from ever again offering the fruit of his labours to the withering indifference of his brethren—brethren only in name!

In Solomon's days the "little foxes" confined their mischief to destroying the grapes; in ours the evil has advanced, and the foxes by judicious approval, foster, weeds that occupy the vineyards, choking the vigorous young fruit-bearing plants, and producing at the *vendange* instead of a generous wine, which gladdens the heart, and stimulates to great actions, a wishy-washy swill that produces nothing but wind. The praise in soft murmurs or the hand-clapping that greets him who substitutes a French or German opinion for an honest native observation, pains all who love Medicine for herself, and who do not use her as a prostitute to make money, or as courtiers have done their wives, to get titles.

In one case a man loving his profession has been discouraged. The inelegance of his style and his want of familiarity with foreign literature are quoted as damning sins; while his careful observation and accurate deductions are passed over unnoticed. In the other case the many quotations, the constant reiteration of foreign names, Slavonic, French, German, &c., by one whose whole, or, at any rate, whose principal, merit rests on an ability to write in an agreeable manner, elicits signs of evident approbation. He has merely chosen a plain broad road, without attempting to cut his way through difficulties, all can follow him, his pace is theirs, his path the beaten track.

The pettiest skipper that from Genoa sailed the Mediterranean had less difficulty with his crew than had Columbus, as he day by day stared westward in hope of seeing land. Columbus had thought out his course, had resolution, was determined to win; but did not the "little foxes" nibble at him? Did not the microcephali with sneers, and gibes, and flouts seek to prevent him carrying out his great and self-imposed task—the calling into existence of a New World. How petty to-day appears the intriguing and the manœuvring of the crowned heads of Europe beside this determined sailor's work! How stood this poor Genoese in his coarse clothes by the side of lace-clad nobles? He stood fixed, resolved, God inspired, with an unquenchable determination to do or die. So in Medicine, the honest, though less refined, observation will live—live as a fact useful to all future workers, waiting for the time when one born with prophetic instinct will clothe the dry bones of careful observation with poetic prose, and make them ever-living thoughts, whilst the elegantly clad medley of quotations must die as of the earth earthy, and in time be brushed from the world of thought into oblivion.

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Jubilee hospitals promise well, or ill, as one looks at it; in any case, there will be plenty of them. Southend now proposes to commemorate the Queen's Jubilee by the erection of a hospital. The cost is estimated at £2,500, and the annual expenditure at £250. (?) A committee has been appointed to carry out the scheme, and about £500 has been subscribed.

Notes on Current Topics.

The Latest Phase of the Laparotomy Epidemic.

THE following important letter relating to the Liverpool Hospital for Women, from Dr. Thomas Keith, of Edinburgh, appeared in the *Liverpool Daily Post* of Monday, the 17th inst.:—

"SIR,—In your paper of Jan 11th, which has just been sent to me, Dr. Imlach makes the momentous (the word was 'monstrous' in the original) statement that I am entirely in accord with him on the question now in dispute at the Liverpool Hospital for Women. So utterly does my practice differ, that during the last seven years, of a great number of cases submitted to me, and including all operations done by my son, I have only felt justified in advising performance of this operation in not more than half the number that were operated on the Shaw Street Hospital in the course of a single year. I have also had brought under my notice for the first time the printed report of the committee submitted to the governors and subscribers of the hospital. At page 4 it is stated that my opinion on this matter was sought last year by the committee. I never received any communication from them. Had my opinion been asked, however, it would have been to this effect, that at their hospital it seemed to me that there was an undue haste, amounting almost to recklessness, in operating, and that the death-rate of one in every twelve women following an operation for a complaint that, of itself, is rarely dangerous to life, was an excessive mortality, and *far more than sufficient to banish the operation from surgery altogether.*—(Signed) THOMAS KEITH, Edinburgh."

The Executive Committee of the General Medical Council.

A MEDICAL contemporary says that the Executive Committee of the General Medical Council, which met last Friday had before it, among other matters, the mode in which diplomas or certificates in sanitary science are to be registered, and questions connected with the registration of foreign and colonial practitioners, and the employment of unqualified assistants. The proposal under discussion had no reference to unqualified assistants employed in the ordinary way, but to cases of gross misconduct in the employment of so-called unqualified assistants, who are in reality merely covered by a registered practitioner. The question whether the Council have the legal power to order the expenditure of the large sums of money which would be necessary if the proposed visitation of medical schools were carried out, was also considered.

The Association of General Practitioners.

A MEETING of the Council of the Association of General Practitioners is announced to take place at Exeter Hall on Wednesday, Jan. 19, at 5.30 p.m. Mr. Wheelhouse, President, will take the chair, and resolutions will be proposed approving of the proposal for securing to the general practitioners of England the means of obtaining the M.D. in London by reasonable and adequate examinations, but asking for a Royal Commission of inquiry into the constitution of the Colleges of Physicians and Surgeons before granting any charter for the extension of their powers and privileges, more particularly with the view of securing a voice in their councils for the general practitioners, who compose 95 per cent. of the profession. A resolution deprecating the exclusion of the Apothecaries' Society from the conjoined examining board will also be proposed.

Pate de Foie Gras.

COINCIDENT with agricultural depression, it has been suggested that a welcome addition to the income of farmers might be managed if geese were treated in this country in such wise as to render us independent of Perigord and Strasburg in the matters of this dainty dish. The price at which it is sold is certainly high enough to allow of a very decent margin of profit in spite of the cost of the *truffes* which generally enter into its composition. This delicious viand is prepared, as is well-known, on a large scale in several continental countries by a process of "stuffing" geese with food until the liver undergoes enormous fatty degeneration. The practice is one which has often been condemned, especially on this side of the channel, on account of the supposed cruelty involved in the abnormal conditions of existence imposed on the animal in order to attain the desired result. It would be interesting to note the attitude of the Society for the Prevention of Cruelty to Animals *vis-à-vis* the enterprising persons who begin the experiment. Possibly as the result of it is the production of a well-known and esteemed *comestible*, the officials may consent to shut their eyes—and open their mouths.

Bicarbonate of Sodium in the Treatment of Gonorrhœa.

THE copious discharge which is so marked a feature in gonorrhœa is invariably acid in reaction, and this fact has even been suggested as a test for the nature of the disease. The specific bacillus, moreover, to which gonorrhœa owes its ready and peculiar infectiveness, can only flourish and multiply in an acid medium. Considerations of this kind have led Dr. Castellan, a French army surgeon, to try the effects of alkaline injections into the urethra in gonorrhœa. The results obtained are reported by him to have been excellent. He begins by testing the reaction of the discharge, and then, if acid, injects a small quantity of a one per cent. solution of bicarbonate of sodium, the least irritating of the alkaline salts, repeating the injection several times daily. Under this treatment, the scalding accompanying micturition is at once alleviated, and in the course of a week a very marked diminution is brought about of the discharge. Convalescence was generally rapid, and the final result very satisfactory. The treatment is also applicable to gleet. The good results alleged to have been obtained naturally require to be confirmed by experience before we can call on our neighbour to rejoice. Reiterated disappointment has begotten scepticism, but the plan of treatment has the great merit of being inexpensive and absolutely free from risk. Even if the specific action of the alkaline solutions be not justified by observation, nothing but good could follow the employment of a weak solution of anything.

Convalescent Homes.

These institutions, the multiplicity of which reflects such credit on the kindliness and charity of the English people, undoubtedly do much towards restoring to health the victims of disease or accident. They are the necessary complement of every hospital, and serve to carry out the cure which has been began in the latter. In those homes, however, devoted more particularly to children, there exists a certain risk of infection on account of the previous surroundings of many of the little sufferers, and no stringency nor care on the part of the authorities can insure a perfect immunity. Patients recovering from any of the infectious diseases are, as a rule, considered ineligible as convalescents, but the fact of their having suffered from one or other of the infectious diseases may have been overlooked or wilfully concealed. We have heard of several cases in which the circumstances have seemed to point to infection having taken place during convalescence, and the inability of the authorities to trace the infection only shows the difficulty of enforcing any adequate rules for its prevention. Persons just recovering from the effects of serious illness are presumably more than usually amenable to the influence of disease causing germs, and the greatest care is therefore necessary to prevent their exposure.

Materia Medica and Pharmacy at the London College of Physicians.

The examination in these subjects has undergone considerable modification during the last two or three years, with considerable benefit to the students and their teachers. While they have not been rendered less severe as tests of knowledge, their form has been rearranged so as to be better adapted to the epoch of the curriculum at which they are usually taken. For the present, it is less with the subjects examined upon than with the form in which the questions are put, that we have to do. In the last paper, set on January 5th, the following question is put:—"Give an account of nux vomica, . . . its medicinal action *on the various organs of the body, &c.* Now what do the examiners mean by an "account" of a drug? Do they wish to be told its life history? its botany? its appearance? it is difficult to imagine a reply within the limits of the time allowed, which should comply with such a request. Again, as to its action *on the various organs of the body;* we should like the examiner himself to say what its action is on the liver and kidneys respectively, or on the stomach and intestines. It is so easy to put the same question in a simple, straightforward manner, that we cannot but regret so much ambiguity should have been allowed to creep in. Question No. 2 requires the candidate to enumerate the various forms of alcohol contained in the Pharmacopœia, with their strength. But the list is unduly comprehensive, seeing that not only the various kinds of alcohol may be expected, but tinctures and other preparations into which alcohol enters, from egg flip downwards. It is a pity too, that examiners will continue to ask such comparatively idle questions as the composition of mist. ferri. co., pulv. cretæ aromaticus c opio, &c., &c. Provided the student knows the proportion of the active ingredient, it surely is of little consequence to bear in mind the subsidiary flavouring or diluent agents. Fancy asking a man the proportions of the drugs entering with the composition of the confection or the compound mixture of senna.

What a man wants is a good working knowledge of pharmacy and materia medica, and not the phenomenal recollection of a crowd of unimportant and often ridiculous details. The examiners of the College of Physicians may be excused if they fail to grasp the real wants of the men whose future existence is to be so different to their own, but their lack of judgment militates in favour of leaving such subjects to be dealt with by so competent an authority as the Apothecaries' Society, which is more in touch with the wants of every-day practice.

Chinese Domestics.

A proposal is before the public which may perchance shock the nerves of that estimable person, Mrs. Grundy. It is nothing less than an attempt to remedy the daily increasing dearth of steady, respectable domestic servants by the importation of others from the celestial regions. The scions of this ancient race have given proof of their capacities in this direction in San Francisco and the Western States of America, though it must be confessed they have not invariably been appreciated as their services merited. These servants have the disadvantage of being male, Chinese females seldom or never leaving the old country, and this fact alone may not unnaturally inspire some anxiety until experience shall have proved them more inoffensive than males in general. The importation, however, of large bodies of single men, unaccompanied by women, is one which may be attended by grave prejudice to public and private morality, especially as these gentry do not possess a remarkably good reputation under this head. There is doubtless scope for their employment in this country, but it should be with circumspection and with full consciousness that though bland be their smile, they are by no means exempt from the vices which flourish in other climes.

The Royal College of Surgeons of England.

The result of the questions put to the Fellows of the College in reference to the admission of Members of the College to seats on the Council, and to the vote for members of the Council, has now been published. Some 987 circulars were sent out, to which 706 answers were received; of the latter, 419 were opposed to the admission of members to vote, and 276 were in favour thereof. The majority against the proposed change is therefore 143. As regards the eligibility of Members to seats on the Council, a majority of 354 votes were recorded against it. This result will surprise no one. The deliberately unfair and misleading form in which the questions were put allowed of scarcely any other issue. The *quasi* duplicity of which the College has been guilty, and by means of which it has apparently scored a victory in favour of the *status quo*, will, however, not be forgotten, and the movement, of which this is only an episode, will continue, undeterred by a *scrutin* which leaves matters pretty much where they were before, except that some change in tactics may be judged necessary in view of the oriental diplomacy of the College authorities.

The Death of Lord Iddesleigh.

Most of our readers will have learned with regret the death of this veteran politician and accomplished gentleman, which took place on the 12th inst. Death would appear to have been the result of mitral and aortic disease, causing fatal syncope. Although a medical man was almost immediately on the spot, nothing was of any avail in postponing the fatal termination. The occurrence was not altogether unforeseen, but nevertheless gave rise to a feeling of painful surprise among the public. No inquest will be held, as Dr. Mortimer Granville, his ordinary medical attendant, has certified his death to have resulted from gout, cardiac disease, and syncope.

The Crown Representative of Ireland in the General Medical Council.

We asserted last week that all the statements made in the daily press and in our medical contemporaries as to the appointment of a successor to Dr. Lyons were, if not unfounded, at least premature. The day succeeding our publication, Sir George Porter was offered the appointment, but unhesitatingly declined it, being unwilling to incur the sacrifice of practice which the duties would involve.

We have now to announce that on Friday last Dr. William Moore, Physician to the Queen in Ireland, was offered the appointment, and that he has since accepted it. Dr. Moore will be, undoubtedly, a capable Crown representative, inasmuch as he is thoroughly conversant with Irish medical education and the moot questions which may arise in the Medical Council thereupon. He has, in the College of Physicians, of which he is a Fellow and ex-President, and as their representative on several occasions in Parliament, always taken an independent and liberal view, and shown himself free from the influence of ancient traditions and anxious for progress and necessary reform. He can speak well, and is in every respect a creditable representative of the Irish party in the Council. We could, however, have wished that the successor of Dr. Lyons might be less closely related to the University-Physician party than Dr. Moore's antecedents promise that he will be. Already Trinity College and the College of Physicians have a large predominance in the Irish Branch Council, being represented by Dr. Haughton and Dr. Banks, and we hope we are doing Dr. Moore an injustice in expressing our apprehension that he may reinforce that influence. The coming meeting of the Medical Council will show whether or not our fears are well grounded.

The annual general meeting of the Harveian Society of London will be held to-morrow (January 20th) at 8 p.m., at the Stafford Rooms, Tichborne Street, Edgware Road, when the retiring president, Dr. Hughlings Jackson, F.R.S., will deliver an address, after which a *conversazione* will be held.

A Reputed Anti-Neuralgic Specific.

The number of drugs and combinations thereof recommended from time to time as capable of being successfully employed for the cure of neuralgic pains is only equalled by the frequency with which their vaunted powers are found incapable of controlling the attacks against which they are directed. A prescription, however, communicated by Dr. H. G. Davis to the Boston *Medical and Surgical Journal* seems, at any rate, worthy of trial, it being asserted that it has never failed, in the hands of Dr. Davis, to cure the cases of pure neuralgia occurring in his practice. The mixture is as follows:—℞ Tinct. cinchonæ comp., oz. ii; Tinct. nucis vom., oz. ss; Morphiæ sulph., grs. ii. Of this, one teaspoonful is to be taken every three hours, and as the dose of morphia thus administered is one eighth of a grain, it is not difficult to suppose that, if sufficiently prolonged, the medicine may exert a sedative effect. Dr. Davis, however, implies in his letter that the desired result is obtained after one or two doses, and that it is permanent, in proof of which he cites two cases, both of which had been given up as incurable after having consulted numerous eminent practitioners at home and abroad. He expressly advises physicians who resort to his prescription to use the precaution of ascertaining the strength of the tinctures employed, as many of those sold are, he declares, worthless. A trial of the remedy may well be worth making, for neuralgia is not infrequently a trying difficulty in general practice.

Cold and Fog Mortality.

As illustrative of the effects of cold and fog on the health of the population it may be noted that the mortality rates in some of the large towns have risen nearly forty per cent. within a month. Birkenhead, which on December 18th gave a death-rate of 14·8 per 1,000 has now one of 23·5; Birmingham from 17·1 has risen to 24·4; Brighton from 12·1 to 18·5; Derby 11·9 to 17·2; Edinburgh 18·2 to 26·6; Halifax 21·3 to 30·3; London 18·8 to 26·3; Manchester from 25·0 to 36·4; and at Plymouth the increase during the month has been more than cent. per cent., viz., from 19·8 on December 18 to 40·6 at the present time. Almost without exception the rise in the death tables has been from affections of the respiratory organs; small-pox, typhoid fever, &c., being entirely absent.

Legal Quirks and Drug Frauds.

We referred last week to the ridiculous judgment of the Sheffield stipendiary magistrate to the effect that anything might be sold as "paregoric" or as "tincture of opium," though absolutely devoid of any or all of the pharmacopœial ingredients. He seems to have ruled that, unless the Pharmacopœia article was specifically asked for, the retailer was not bound to supply a preparation of the strength indicated in that work. But the Order in Council, dated February 3rd, 1851, shows that this is not the case. The Medical Act of 1862 provided that any Act of Parliament, Order in Council, or Custom relating to any former Pharmacopœias should be deemed, after the publication of the British Pharmacopœia, to refer to such Pharmacopœia.

But a still more ridiculous interpretation of the law is that of the Solicitor of the Inland Revenue, who, on an interrogation from Messrs. Newbery, gives it as his opinion that an article called "Corn Solvent" need not bear stamp duty, but if called "Corn Eradicator" it must. The *Chemist and Druggist* says:—"We knew before that 'Cough Mixture' was permissible, though 'Mixture for Coughs' could only be used with stamp. Now we learn that the line of liability lies somewhere between 'Corn Solvent' and 'Corn Eradicator'; but the underlying principle is too intangible to be caught by our vision."

The "Jacob" Testimonial.

We are requested by the honorary secretaries to mention that this fund will shortly close, and that they would be glad if intending subscribers would kindly forward their amounts without delay. On reference to our advertisement columns a full list of subscribers to present date will be found arranged alphabetically, for which the honorary secretaries beg thus publicly to acknowledge.

Iodoform and Silver.

A curious effect of iodoform upon silver is reported by Dr. Poncet, who had his attention directed to it by a patient, to whom he had been applying iodoform dressings, telling him that all soups and other diet for which she used a silver spoon had a very disagreeable taste, and the spoon itself had a garlicky odour Upon investigating the subject Dr. Poncet found that silver that has been in contact with iodoform, or which is even touched by the fingers after they have been in contact with iodoform, acquires a nauseous odour, resembling that of garlic, which becomes more perceptible upon rubbing the silver. A drop of saliva from a patient fully under the influence of iodoform is said to be sufficient to impart this odour to silver, or the mere exposure of iodoform and silver in the neighbourhood of one another. The odour is not that of iodoform, but is thought to be due to a decomposition product.

The Mercer's Hospital Inquiry.

We understand that the inquiry by a committee of the Dublin Corporation into recent occurrences in Mercer's Hospital and into the charges and counter-charges made with reference to the treatment of a patient named Farrell in the hospital, and the conduct of the matron and house-surgeon, and of an ex-student thereat, was fixed to take place yesterday (Tuesday). The wife of Farrell, who died immediately after being taken out of the hospital, has, however, taken out police-court summonses against the matron and house-surgeon for assault on the occasion, and the case is fixed to be heard also on Tuesday, which may have the effect of adjourning the Corporation inquiry. The committee appointed for the purpose by the corporation are Sir George Owens and Alderman Byrne, both gentlemen who may be depended upon to do what seems to them to be just. We trust that the inquiry will be thorough and exhaustive, and that there will be no hesitancy in fixing the blame where it should lie. Already the hospital has been brought into great disrepute by the attempt to cushion the charges made rightly or wrongly against its officers, and it is now obviously best that a clean breast shall be made of the whole affair. Mercer's Hospital has been for years going from bad to worse, and is in imminent danger of total collapse both as an educational and charitable institution. A drastic purgative is necessary.

The Queen's Jubilee Hospital.

It was with a feeling bordering on incredulity that we received the announcement of the foundation of another new hospital in London. It scarcely appeared to us possible that any body of persons could be possessed of sufficient audacity to venture on floating such a scheme, at a time when existing hospitals are groaning under the burden of lessened incomes and increased expenses, and when the whole question of hospital management awaits serious consideration. With the secretary's letter before us, however, we are reluctantly obliged to recognise the fact that such an attempt is being made, and that advantage is endeavoured to be taken of the jubilee of Her Majesty to throw a halo of patriotism around the project, and so facilitate the financial part of the undertaking. The device is one which can do little else than elicit expressions of contempt from all intelligent persons. It is as much to be deprecated as the religious protestations which make one man call his physic-shop the "Congregational Dispensary," and another, the "Methodist Medical Institution." The new hospital is stated to be intended for the treatment of those cases "which general practitioners as a rule do not care to treat." We have yet to learn that there are such cases which could not be adequately treated at existing institutions, although the list of organs which the general practitioner is credited with a disinclination to treat is tolerably comprehensive. Diseases of the "throat, ear, skin, eye, rectum," and, as if the list still lacked scope, "various deformities of the human frame." *Merci!* there is not very much left to tamper with when the above are subtracted from the sum total of other than visceral disturbances. The hospital, it will be seen, is intended for the treatment of special complaints, but its organisers, not satisfied with one or two specialities like most of its congeners, prefer to embrace them all. Now, if there be one description of hospital in London the number of which, from every point of view, it is undesirable as well as unnecessary to augment, it is the class to which the proposed hospital would belong. In the majority of cases these special hospitals have degenerated into mere nurseries for patients for the presiding geniuses, and their participation in the various funds subscribed by the public for the maintenance of hospitals generally has been held to be little less than a scandal. The very locality chosen for the site of the new hospital—Gloucester Terrace, Queen's Gate, S.W.—militates against its *raison d'etre*. One would have thought that the inhabitants of that district would, of all others, be in a position to consult and pay a medical man, and failing adequate treatment at his hands, to consult a specialist. The assurance is given as a matter of course that every endeavour will be made to prevent any abuse of it, but with our experience of similar institutions before us, such assurances have but little weight. Upwards of a million people are treated in the out-patient department of the metropolitan hospitals annually, and it cannot be desirable to add to their number. On the above grounds we view with the greatest dissatisfaction the scheme which has been communicated to us, and we cannot but hope that the proposal will meet with the disfavour which, in our opinion, it and all similar schemes merit at the present juncture. The jubilee of Her Majesty offers an excellent opportunity for placing the financial administration of hospitals on a better and more permanent footing, and it cannot be considered good or patriotic policy to divert attention—and contributions—from the main object in view.

Dublin Branch of the British Medical Association.

THE tenth annual general meeting of the Branch will be held on Thursday, 27th, in the College of Physicians, Kildare Street. The officers and council for the ensuing year will be elected by ballot. Dr. T. W. Grimshaw, Registrar-General for Ireland, and President-elect, will deliver the annual address. The annual dinner of the Branch will be held in the College Hall on the day of the meeting.

The House of Industry Hospitals.

ON Thursday last the Board of Governors of these Hospitals elected, in the room of Dr. Lyons, Joseph Francis O'Carroll, M.B, Assistant Physician of the hospitals. Dr. O'Carroll is a Demonstrator of Anatomy and Histology in the Medical School of the Catholic University.

DR. DALTON, of Oranmore (Galway), who was arrested some months ago for assaulting the police, was last week tried and acquitted, while his accusers have been committed for trial for assaulting and wounding him.

WE regret to observe that the Westmeath County infirmary at Mullingar, a most valuable local hospital, has only escaped extinction by the casting vote of the Chairman of the Presentment Sessions. We need hardly observe that this onslaught on the institution is only part of the general movement for the extinction of county infirmaries, which has been pressed forward by the "popular" party, and it seems reasonable to expect that when the grand juries give way to the proposed county boards, most of these institutions will be closed.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

THE ÆTIOLOGY OF TYPHOID FEVER.—One of the most recent and most also interesting studies on the above subject, is that of Dr. Karl Seitz, Assistant in the Medizinischen Poliklinik, Munich. The material for study was afforded by 11 cases of typhoid. Examination of the blood drawn under all antiseptic precautions from the fingers and rose spots of fever patients showed no typhoid bacilli,—contrary to the statement of Meisel; the same was the case with sections of the rose papillæ. From this he concludes that if the bacilli circulate in the blood at all, and this has not yet been proved, it is only very sparingly.

The dejections were examined 24 times (19 times with 6 cases), in 8 cases with a positive result both in the 2nd and 3rd weeks of the disease. He made also disinfection experiments that gave the result that 5 per cent. solutions of sulphate of iron, and chloride of lime, 1 in 2,000 of sublimate and hydrochloric acid of the same strength as in the gastric juice were absolutely insufficient to destroy the germs of the disease; whilst on employing a 10 per cent. solution of carbolic acid, or a 5 per cent. solution of sulphuric acid, no colonies developed. The urine was always free from them except in two instances, in both of which a good deal of albumen was present, implying some want of integrity of the urinary tract.

In twenty out of the twenty-four bodies examined microscopically in one or more organs the characteristic radiate patches, or capillaries filled with bacilli, were met with. In one case complicated with erysipelas numerous patches of erysipelas cocci were met with in the spleen. The bacilli were most frequently present in the mesenteric glands, the spleen, more rarely in the liver or kidneys. Characteristic patches were also present in non-ulcerated, indurated Peyer's patches, a fact which was taken as implying that the bacilli entered by way of the intestinal tract. It was clear that the bacilli continued to increase in the body after death, as they were the more numerous in the spleen the longer was the time allowed to elapse *post mortem* before putting it in alcohol.

The only certain mark of identification of them is their typical mode of growth on cultivation. If cultivated on the surface of a piece of sterilised potato, they grow gradually, spreading from the point of inoculation in the form of a spreading moist covering, in which, however, the surface of the potato itself is not in the least changed In hanging drops the bacilli show lively serpentine movements. Both milk and urine proved suitable soil for their growth, but in acid urine after six days a marked diminution took place in their number. A low temperature (3° C.) delayed their growth; no experiments were made as to the influence of continued fever heat. The common antipyretics (quinine, antipyrin, karin, thallin, potassic iodide, chlorate of potash, salicylic acid, and calomel) completely arrested the development of colonies in alkaline bouillon; naphthalin, on the contrary, did not. They completely resisted drying, as cultivations kept from August 26, 1885, to April, 1886, had not lost their power of propagation. They can increase in number in the intestinal canal. The author performed numerous experiments on guinea-pigs and rabbits with the view of ascertaining the infective power of both fæcal matter and pure cultivations. Both were very destructive when given by the mouth; in more than 5 per cent. death took place within forty-eight hours, and not only were bacilli of typhoid not unfrequently found in the contents of the intestines, but in several cases infiltration of Peyer's patches and swelling of the spleen were present. In one case pure cultivation of typhoid bacilli were obtained from the spleen and liver. When the infection took place by way of intravenous injection, the bacilli were never met with in the intestine, but in one case they could be cultivated from the liver and spleen.

Dr. Seitz concludes from his experiments that the portal of entry of the bacilli into the system is probably the intestine, and that the two facts, viz., (1) that no anatomical changes are met with in the lungs; and (2) that when the micro-organism, are injected into the blood current they do not find their way back into the intestine, are strong evidence that the poison does not enter from the pulmonary tract,

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

Edinburgh University.—Death of the Lord Rector.—The news of the sudden death of the Earl of Iddesleigh produced a profound impression in Edinburgh circles. More especially was this the case among the members of the University, whose Rector the late nobleman was. Professors and students alike were overcome with grief when the sad report was confirmed. It will be remembered that Lord Iddesleigh was, in November last, chosen by the students, for a second term of three years, as their academic head. The honour, seldom twice granted, was accorded with the utmost enthusiasm to one, who by the display of sympathetic interest in all that concerned his constituents, and of a high toned, courteous bearing had endeared himself to the students. This is the first occasion on which the University has had to mourn the death of its Rector, and a certain amount of doubt prevails as to what course may be followed in consequence. A literal rendering of the statute suggests that the students remain academic orphans till November next. But legal opinion may possibly authorise the earlier filling of the sad blank. Most of the professors and lecturers made reference to the mournful event on meeting their students on Thursday. The universal tribute was that of the highest esteem and veneration.

Opening of a Class of Practical Hygiene in the Edinburgh University.—A practical class in connection with the chair of Medical Jurisprudence and Public Health has been commenced under the inspiring superintendence of Professor Sir Douglas Maclagan, arrested by Mr. Hunter Stewart, M.B., B.Sc. The attendance is sufficiently encouraging to make the class one of the established institutions of the University. If the University is to keep pace with the development of modern medicine, she will have to widen her basis and extend her status in many similar directions. It is the gravest mistake possible to curtail the number of these accessory classes, while it is a no less grave error to insist on making any of them compulsory.

The Reporting of Infectious Diseases in Edinburgh.—The Town Council has received the half-yearly report of the returns of infectious diseases within the boundaries of its jurisdiction. The general opinion expressed by the members was one of complete satisfaction with the manner in which the new regulations are carried out. The Council was unanimously of opinion that the money expended on the recording of the cases was well spent, while the citizens' rights were nowise infringed. Some discussion arose on the question of the payment of fees of doctors called in cases of accident. The Council felt it could not interfere with the old arrangement, while expressing the opinion that the matter was one which properly belonged to the sphere of Dr. Littlejohn, the surgeon of police.

Police Cases and Medical Men.—The recent death of a man in the streets of Edinburgh from the effects of a stab has excited a good deal of attention from the fact that, if the reports are to be believed, two medical men on being applied to refused to dress the wound, and referred the injured man to the infirmary, before reaching which he died. We need not here explain, justify, or condemn the action of the medical men applied to. The importance of the incident lies in the fact that it may give rise to the institution of "night service doctors," similar to the plan which has been in practice with great success in Paris for some years past. If certain men were appointed at a fixed tariff, recoverable either from the patient or in his default, from the municipality, a long and exhausting journey to the police station might be avoided. Medical men cannot reasonably be expected, failing some such arrangement, to get up at all hours of the night to attend to the victim of, it may be, a drunken brawl without any assurance of fee or reward. Such an institution is greatly needed in London, Dublin, and other large cities, and must sooner or later be established.

A Scotch Judge on Medical Evidence.—In summing up in the trial of an action raised by a Glasgow horse-dealer against the Caledonian Railway Company for compensation for personal injuries, Lord Fraser used some very strong language in reference to the medical evidence. He remarked that the pursuer had been injured in the arm and leg, and his own doctor had said that he did not think the injury to the arm was a permanent injury, and that what he was suffering from at present was crutch paralysis. Then came the other question as to the leg, and here there had been exhibited, much to the disgrace and the discredit of medical science, a most extraordinary difference of opinion in regard to matters visible to the commonest understanding. He would not venture to express the indignation with which one must have listened to the evidence given by the doctors in this case. There were four doctors for the pursuer, three of whom were well known in this Court—Dr. Littlejohn, Dr. Joseph Bell, and Dr. Cameron—all men of repute and renown in their profession of learning and respectability, and Dr. Halkett, who had given his evidence in a way that commended itself to their favourable consideration in admitting his own practical unacquaintance with surgery. They had these four gentlemen saying that there was rupture of the muscle, that the rupture was a permanent injury, that although the gap caused by the rupture was now filled up it would never be as it was before; that the leg had lost its elasticity, and that the muscle had no longer its contractile power. That evidence was met by three doctors on the other side—Dr. Dunlop, Glasgow; Dr Heron Watson, Edinburgh; and Dr. M'Leod, Glasgow. The defendant railway company employed a most zealous agent, Dr. Dunlop, but he wished that the doctor would couple with that great zeal of his a little of sense, judgment, and discretion. They had had evidence from him yesterday that this man, who could not put his foot to the ground, should go on horseback and gallop as the best thing for the calf of his leg. One could not attach much stress to Dr. Dunlop's evidence in the matter. The other two doctors were men of great repute—the position which they held showed them to be that. It would be a profitless task on his part to go through the notes of the evidence of these medical men, or attempt either to reconcile their preposterous contradictions or to say which was the best. The jury had heard the evidence as well as himself, and were as capable of forming an opinion upon which side the truth lay.

Glasgow Health of the City.—At a meeting of the Town Council of Glasgow held on the 10th inst,: Dr. Russell submitted his annual and fortnightly reports, from which it appears that during the year 1886 there were 13,099 deaths registered, as compared with 13,486 in the year preceeding, a decrease of 387, representing a death-rate of 25 (25·1) in place of 26 (25·9) per 1,000 living. Since the Public Registration Act took effect, the death-rate of Glasgow has never been less than, or as low as, in 1886, except in one year—viz., 1879, when it was 24·6, or 5 per 1,000 less. In his report for the past fortnight, Dr. Russell remarks as a coincidence that the solitary case of typhus occurred in the person of a medical practitioner, who is now under treatment in Belvidere Hospital for Infectious Diseases. It is many years since a medical man in Glasgow has had typhus, whereas in the earlier days of Dr. Russell's connection with the service it was common, and many lives were lost from time to time.

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Literature.

RECENT WORKS ON THE EYE.

I.—*The Refraction and Accommodation of the Eye and their Anomalies.* By E. Landolt, M.D., Paris. Edinburgh: Y. J. Pentland. 1886.

PROFESSOR DONDERS' masterly treatise on "The Refraction and Accommodation of the Eye," published some twenty years or more ago, gave a remarkable impetus to practical ophthalmology. It is now admitted generally, that in order to treat eye diseases successfully an intimate knowledge must be acquired of their optical construction and functions, since a large proportion of the patients who consult the ophthalmic surgeon suffer more or less from optical disturbances. With these facts before us, and seeing the enormous strides made in ophthalmology during the last two decades, we have felt surprise that Donders' work has not attained to a second or a revised edition. The reason is not far to seek, it is too mathematical for the majority of those among us, who instinctively shrink from algebraic formulæ. This fault scarcely applies to the treatise before us, since the author has not found it necessary to go beyond "that elementary knowledge of mathematics which is so quickly forgotten." Furthermore, he, so to speak, separates this portion from the rest, and devotes a short introductory chapter to formulæ which will be thought necessary to elucidate the subject by those who take a particular interest in the scientific solution of questions under consideration. Dr. Landolt, however, is known to be a reliable teacher of modern physico-physiological ophthalmology; he writes from a thorough acquaintance with the intricacies of the subject, and may be trusted as a careful exponent of the labours of his predecessors. His volume consists of 600 pages, and is divided into three parts; the physical, the theoretical, and the clinical. In the physical he traces the luminous point emitting its undulations, and follows up the subject to its logical conclusion. The *rationale* of refraction is clearly explained as well as most other problems involved in ocular optics. The practical being ever kept in view. In setting forth the relations between the old and new systems of numbering lenses, two useful tables are introduced which show at a glance the relative value of spectacle glasses according to the former method of numbering, or focal distances, and that of the metric or dioptic. To those who still object to the change of system these tables will be acceptable, as in reading the more modern works in ophthalmology, the numbering according to the refractive power of the lens and that of focal distance is seen at a glance. The theoretical portion of the book deals with the optical properties of the eye under all conditions of refraction. The principles of optometry are explained, but no opinion is given of the merits of the several optometers in use, the reason of this is obvious enough. Reference is made to the estimation of the shadow-point, under the heading Koroscopy; this is evidently not considered of much practical importance, although there are those who pretend to determine refraction with the aid of the shadow which the cornea projects upon the pupil. Landolt observes, however: "I never could well understand this way of considering the matter. Certainly every light involves a shadow, but since I use the ophthalmoscope to throw light into the eye, and not a shadow, I find it more natural to fix my attention upon the former than upon the latter." With reference to the method of determining amplitude of accommodation, we find that in practice accommodation and convergence, and the several relations existing between the two functions, so necessary for the perfection of binocular vision, these have not hitherto been sufficiently considered or taken into account. They have, undoubtedly, been reduced to greater simplicity since the introduction of the metric system into ophthalmology, and which has given to accommodation as a standard the dioptry, and to convergence the metro-angle. The method of determining refraction and accommodation by the aid of test lenses is very clearly explained.

The disorders of convergence are ably treated, and Landolt's views on this subject are of great practical value: Astigmatism although it occupies a special chapter is imperfectly treated of. That form of corneal astigmatism resulting from operations, and which often is attended with an amazing degree of astigmatism is more particularly dwelt upon. In extraction, for example, after the thorough healing of the wound in the cornea it is seen to be persistent and very troublesome to correct. The troubles occasioned in this way are again referred to at some length in the clinical part of the book. Landolt somewhat sarcastically says "aphakic vision is so complicated, while enucleation simplifies so many things, even a successful operation often becomes a source of annoyance to the operator from his inability to surmount all the anomalies of an aphakic patient's vision." This is a truism. The clinical portion of the book occupies nearly one half as it should, since it is of great value to the practitioner. The refractive conditions of the eye are classified under the usual headings of hyperopia, emmatropia, and myopia, but we notice in particular that Landolt's treatment frequently differs from that adopted in this country. He very emphatically insists that "we are not to suppose that, whenever an eye does not have its principal focus on the retina, it ought to cause anxiety, and demand optical correction or even medical care." This warning is needed by those who prescribe glasses for every trifling anomaly of vision, and especially for children whose vision is likely to be permanently injured by having had too deep glasses prescribed. The majority of eyes only slightly hyperopic and myopic are no doubt perfectly healthy, and Landolt would leave a considerable amount of hypermetropia uncorrected so long as the accommodative power is fairly good. In treating myopia he says:—"a myope must be prohibited from wearing a concave glass for any distance at which he can see clearly without accommodation." For the most part a slight myopia demands clincal intervention in an exceptional number of cases. Typical hyperopia should be looked upon as arising from an imperfectly developed organ in all children under eight years of age. Eyes become emmetropic or myopic only when later on the body has acquired its full development. This is an important practical generalisation. The symptoms of typical hyperopia, clearly and precisely given, are sometimes seen to develope themselves in the course of diabetes. Landolt refers to a case in which refraction increased and diminished according to the amount of sugar excreted. As the sugar disappeared the patient could dispense with her distant spectacles.

In hyperopia it is the refractive defect that constitutes a true anomaly. The hyperopic eye being absolutely too short, the myopic eye on the contrary being too long, for great distances, while it is perfectly adapted for near vision. If hyperopia represents an arrest of development of the eye, typical myopia is a state created by nature with the view of adapting the organ to the functions of a superior race; at all events myopia so far is observed to be peculiar to the human race, and in a general way the tendency to it may be regarded as a phenomenon of adaptation to the exigencies of the development of the species. Under atypic myopia we have progressive, pernicious, and malignant myopia, formerly diagnosed as a progressive myopia associated with staphyloma posticum; the ophthalmoscopic appearances of this anomaly are characteristically portrayed in coloured drawings and woodcut illustrations. The disease is believed to be congenital, but Landolt says that statistics do not support this view, as the affection is rarely observed before the age of eight or ten, the greater progress being between the ages of twelve and eighteen, since it is between these ages the eye acquires its final form, and consequently its abiding static refraction. Amongst the determining causes of myopia near work is, our author says, the most frequent. Close work requires a much greater effort of the ciliary muscles than distant vision. The reason "why watchmakers and others are so rarely found among myoptics is quite capable of a satisfactory solution." With regard to its unfrequent production by school work, it is reported that in three years after the building of the Coburg schools on hygienic principles, the number of myopes decreased from 21 to 15 per cent., and in the new schools of Geissen a decrease of 6 per cent. took place. The rules formulated for the hygienic arrangement of the school, as well as the proper disposition of school accessories, are in every way judiciously designed for avoiding influences which contribute to myopia in children. Landolt directs attention to a fact in connection with progressive myopia, probably of more importance than it is usually supposed to be, namely, the great change in the amount of accommodation required when a slight variation is made in the position of an object held near to the eye. The greater demand in such a case upon the ciliary muscle in particular is a constant cause of asthenopia, and of an increasing myopia.

There are very many points of great practical interest which we had marked for quotation, but the space at our command is exhausted. We cannot conclude, however, without adding a few words of commendation on the thorough excellency of the translation. Donders is said to have been fortunate in his translator, but Dr. Landolt is even more fortunate in having found a former pupil, Dr. Culver, well acquainted with his master's methods of practice, and so able in every way for the task. The publishers deserve praise for the typographic excellence of the book, and the superiority of the illustrations, those showing the ciliary region in particular. A very full and carefully prepared index gives increased value to the work as one of reference.

II.—*Short Sight, Long Sight, and Astigmatism. An Elementary Guide to the Refraction of the Eye.* By G. F. Helm, M.A., M.D., F.R.C.S. London: Churchill. 1886.

There are manuals and manuals on ocular physics, and for the publication of some of which no good reason can be assigned. Dr. Helm in his preface, however, tells us "the object he has in view is that of placing before the student and practitioner an elementary treatise on the errors of refraction of the eye," and "it is intended also to serve as an introduction to the more advanced manuals on the subject." If this be the case, it is difficult to conceive why the elementary laws of optics, find no place in his pages. Chapter one is devoted to the passage of rays of light through lenses, and here his diagrams (which we can hardly supposed were prepared for his text), rather tend to make confusion worse confounded, for the supposed rays of light in most of them pass outside and not through them. In chapter two he proceeds to definitions; the eye, he tells us, is made up "of certain refractive media, cornea, aqueous humour, and lens, which together possess the same power of refracting rays of light as does a + lens," meaning we suppose, to liken one of the media to a lens. A bald statement of this kind might well lead the student to attribute a great deal too much power to the lens, and which is known to be comparatively slight, the chief refraction taking place at the surface of the cornea. Here the rays receive their convergence, which are little more than continued by the crystalline, whereas in a + lens most of the convergence occurs as the rays quit its posterior surface and emerge from its anterior surface. Further on an attempt is made to define the meaning of visual angle, but the student will not derive much satisfaction from being told that "in the normal eye the visual angle subtends an angle of five minutes," and the diagram again in no way assists to make this clear. The visial angle increases and diminishes according to the magnitude and distance of the object, while the size of the image on the retina determines the apparent magnitude of the object, and the angle which the image subtends is in constant but unknown ratio to the visual angle. An increase in the visual angle is brought about by the aid of a + lens, but we are not certain that Dr. Helm, when he writes of visual angle, means the same as we do; at all events we cannot be expected to correct all the errors of an author who, in an elementary treatise, thinks it right and proper to omit all reference to the value of ophthalmoscopic examination, of retinoscopy in particular, in estimating and correcting errors of refraction.

III.—*The Normal and Pathological Histology of the Human Eye.* By C. F. Pollock, M.D., F.R.C.S.E., &c. London: Churchill. 1886.

Dr. Pollock has evidently bestowed a great amount of time and care in the preparation of his manual on "The Normal and Pathological Histology of the Eye and Eyelids." No less a number than 230 drawings made from selected and typical preparations are reproduced in lithography, all with a finish and fidelity equal to those with which Pagenstecher has made us familiar in his well-known "Atlas of the Pathological Anatomy of the Eye." We fear, however, that Dr. Pollock's work will not realise all his expectations, namely, that it will take a place among students' text-books. In the first place it is published at a price much above that of the ordinary manual, and in the next place black and white, or even tinted illustrations of complicated and delicate tissue changes can not be made to convey the same amount of information or instruction as carefully prepared specimens viewed under the microscope. Dr. Pollock seems to labour under an impression that the manual and pathological histology of the eye is not generally taught in our medical schools. His words are "practical instruction in the subject is not generally available." We need scarcely say that these remarks do not apply to the London schools, where a systematic training is generally pursued. The text of the book bears the impression of having been pared down to make room for the illustrations, and only about half a dozen lines are devoted to the author's methods of staining, hardening, and preparing specimens. These are defects in a manual intended for students, and which otherwise embodies the valuable results of many years of labour undertaken with a view of rendering the normal and pathological histology of the eye more generally available to students and the profession.

IV.—*Sketch-Book for Ophthalmological Observation of the Fundus of the Eye.* By Dr. O. Haab. London: Trübner. 1886.

Dr. O. Haab's "sketch-book" is designed to facilitate and encourage clinical note-taking and sketching, both in the consulting room and in the wards of the hospital. The book consists of a number of leaves or tablets partially prepared ready for use, upon each of which is faintly printed a red outline of the optic disc and larger vessels. A chalk pencil of two colours, and a rubber, together with directions for use, are comprised in the small space of a pocket-book. This sketch-book will doubtless be in great demand by the large body of clinical clerks attached to our hospitals.

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THE LAST INTERNATIONAL MEDICAL CONGRESS. (a)

The proceedings of the third International Medical Congress have at last been published, in four volumes of convenient size. Some explanation is given of the delay, which, however, does not comprise any circumstances not present in all similar undertakings. Exception may be made, however, in respect of the death of the President, Professor Panum, of Dr. Salomon, Inspector-in-Chief of the Sanitary Department of the Danish Army, and President of the Section of Military Medicine, and of Dr. Holmer, of the Section of Surgery, all of whom have died during the course of preparation of these volumes, and to whose memory they are inscribed.

The Transactions are published, as is usual, in French, German, and English. The first volume contains the opening address, the regulations, and a list of the members of the Congress, in which are to be found a fair sprinkling of English names; also papers by Messrs. Pasteur, Tommasi Crudeli, Verneuil, Gull, Virchow, and Panum, &c. Some of the papers are illustrated by beautifully designed and executed drawings, notably those by Hermann (Lille) on the Morphology and Development of Spermatozoids; by Engelmann (Utrecht) on the Movement of the Coni and Pigment Cells of the Retina under the influence of light and nerve power; on the Condition of the Heart after Death, by Dogiel (Kazan). Volume II, which comprises the transactions of the Sections of Medicine, Surgery, and

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(a) "Compte rendu du Congrès International des Sciences Medicales," Copenhagen, 18·4, par C. Lange. Secrétaire Général. (London: David Nutt.) Copenhagen: Librairie Gyldendal.

Midwifery, also contains an admirable plate illustrating the paper on the Alterations of the Red Blood Corpuscles in Malarious Affections, by C. Tommasi Crudeli (Rome). Volume III comprises the sections of Ophthalmology, Pediatrics, Dermatology, and Psychology. The series of papers on ophthalmology are of especial value, and take up the first 225 pages. Volume IV, contains the papers read in the Section of Laryngology, Otology, State Medicine, and Military Medicine.

The whole work is well edited and carefully revised. The type is clear, and numerous intercalated woodcuts serve to aid the comprehension of the more recondite parts. It is rather to be regretted, however, that the editors have not thought fit to append an index, the place of which is only imperfectly taken by a chronological table of contents at the beginning of each volume. Such collections of papers are of very great value, and must add greatly to the completeness of any medical library.

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At the Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Few papers recently read have possessed greater interest and importance than that communicated to the last meeting of the Royal Medical and Chirurgical Society by Mr. Bland Sutton on the suture of divided nerves; and that this was fully recognised at the time was shown in the fact that the ordinary time of these meetings was, on this occasion, extended for half an hour, owing to the number of those who joined in the discussion. Mr. Sutton's paper was founded on the history of a case in which a porter, through the accidental bursting of soda-water bottle, sustained a deep wound of the wrist, by which the median nerve had been severed. Ten weeks after the accident the divided nerve ends were freshened and sutured together, with the result that sensation, previously abolished, began to return five days later, and subsequently complete restoration ensued, both of motion and sensation. The author emphasised, as a prominent feature of the case, that the ends of the nerve were readily found by adopting the teachings of experience acquired during performance of neurotomy in horses, a fibrous band being the guide to the structure in question.

The discussion was opened by Mr. Howard Marsh, whose testimony was entirely favourable to the view that such operations as had been described were very frequently successful, his conclusions being based on the success attending them when performed by himself and colleagues at St Bartholomew's Hospital. This satisfactory estimate of the value of nerve suture was maintained likewise by Mr. Holmes, the next speaker; but he took exception to the statement that the fibrous band mentioned by Mr. Sutton could be relied on as a guide in the human subject. On the contrary, he (Mr. Holmes) considered the cases few in which the nerve could be clearly defined; but, notwithstanding, he insisted on the prime necessity for operating when division of the nerves occurred, and he instanced a strikingly successful case in which union of a severed musculo-spiral nerve occurred many months subsequent to division.

Mr. Sutton's deduction from studies in comparative anatomy was opposed also by Mr. Bowlby, who further sought to temper the enthusiasm of the meeting by impressively cautioning it against adopting the assurance of success until years have proved it to be permanent. He was anxious to have more information than had been vouchsafed as to the condition of the muscles in the affected limbs, and volunteered the information that a return of voluntary power was the first sign of restoration in these cases. On the question of the time for suture, Mr. Bowlby sanctioned the operation under any circumstances, being guided to this conclusion by the records of improvement after secondary suture performed as long even as fourteen years after the accident demanding it.

After some reference to a successful case of Mr. Barwell's by that gentleman and Dr. W. H. Murray, Mr. Hulke drew attention to the means adopted abroad for promoting continuity in nerves of which the severed ends were much separated. He referred to the use of sheep's and dog's sciatic nerves in this connection, and the various other methods employed, including side splicing of the nerve ends themselves. Mr. W. Haward instanced a remarkable case, and claimed advantages in the treatment of shampooing, friction, and exercise as aids to the restoration of health.

The only other paper read at this meeting was one also of unusual importance, on the physiological effects of massage by Mr. Symons Eccles, Dr. Lauder Brunton communicating it. The paper describes four separate manipulations, and explains the effects produced by each on the body, the subjects of experiments having been, in all cases, healthy. In opening the discussion Dr. Hermann Weber insisted on the importance attaching to the supervision by medical men of the masseur's operations, a point fully recognised also by Dr. Playfair subsequently, this latter physician citing numerous instances in which the most beneficial results were secured through the process. The necessity of medical supervision was part of the burden of all the other speakers on the paper as well, including Mr. Howard, Dr. Douglas Powell, and Professor Arthur Gamgee. The testimony of each, too, went in full support of massage carried out in a scientific manner, and the whole tenor of the debate strongly confirmed the favourable estimate of its value generally held.

MEDICAL SOCIETY OF LONDON.

The second Lettsomian lecture was delivered on Monday last, by Dr. Langdon Down, on the causes of idiocy or feeble-mindedness in children. Beginning with the "accidental" variety, he remarked how few resulted from injury due to instrumental interference at birth. In not more than three per cent. of feeble-minded children had instruments been employed. More effective in inducing feeble-mindedness was probably delayed birth and prolonged pressure Twenty per cent. of the feeble-minded children he had met with had a history of suspended animation at birth. First-born children were naturally more liable to this. Insolation in infancy was an undoubted cause of a weak-mindedness, a very good example of which he had at present under his care. He attributed but a small influence to the administration of opium by nurses, but said that the latter often contributed to the untoward result by provoking a morbid sexual erethism in their charges. Meningitis, whatever its etiology, was a prolific cause of idiocy, and its influence was often and clearly demonstrable. Epileptiform convulsions, whether eclamptic or not, frequently caused accidental idiocy. Ephemeral causes, such as worms, or whooping-cough, might thus leave a lasting stain, or at any rate a predisposition to a great evil. Hydrocephalus generally caused the congenital form of idiocy, but sometimes the accidental. Paralysis arising from cerebral hæmorrhage was a cause of accidental as well as of congenital idiocy, but the amount of the damage in these cases varied very greatly.

Turning to "developmental" idiocy, the state of the maternal health during pregnancy was of very great importance, especially if the deviation took place about the sixth or seventh month. The causes which, occurring early, produce congenital, operating later, produce developmental idiocy. As to heredity, in only 16 per cent. of the parents did his inquiries fail to elicit a grave history of physical or psychical decadence on one side or the other. Disparity of age between husband and wife has been credited with some influence in the production of intellectual feebleness, but statistics do not authorise more than a slight effect to this cause.

Twenty-four per cent. of 2,000 idiots examined by him were first born, and it was noticed that women having given birth to an idiotic child had an average of seven children. Two per cent. only of the cases were twins.

The lecturer insisted on the importance which he attached to the *emotional* life of the mother during pregnancy. In 32 per cent. of his cases there was a well ascertained history of great mental disturbance on the part of one of the parents. The physical health of the mother was also of importance. In 20 per cent. there had been marked physical disturbance. Vomiting in excess was also possessed of some influence in this direction. Many observations point to the ill effect of alcohol on the production of feeble-minded children. The lecturer's inquiries as to the influence of syphilis have led him to attribute but small importance to that disease.

Emotional disturbances in the father were also apt to exert an influence on the offspring in the direction of feeble-mindedness.

With reference to the proportion of idiotic children born of fathers belonging to the various professions, he does not consider them altogether reliable. An analysis of the observations showed that 3 per cent. were the children of lawyers, and 4 per cent. the children of medical men. No less than 18 per cent. were the offspring of members of the clerical profession. He alluded rather humorously to the causes at work in the production of these statistics.

With regard to the effect of consanguinity in marriage on the birth of idiotic children, he was disposed to consider that the picture had been too highly coloured. About one per cent. of marriages take place between first cousins. Among the Hebrews, Persians, and ancient Egyptians, incestuous marriages were tolerably frequent, but produced apparently no harmful results. Out of 852 cases of known parentage, 60 were children of consanguineous marriages, *i.e.*, about seven per cent., and many of the cases were fairly attributable to one or other of the causes alluded to above, quite apart from any consanguinity in marriage. Healthy consanguinity yielded no such results so far as could be ascertained. He thought, therefore, that while the marriage of cousins of a bad stock ensured a degenerate offspring, the judicious selection of cousins might have for effect to improve the race.

Illegitimacy might fairly be credited with a certain influence from the natural anxiety of the mother under the unfortunate circumstances of her pregnancy.

Idiocy might be produced by mere deprivation of the senses, but it was not inevitable so long as no actual cerebral lesion existed. Cretinism was possessed of a very evident power in preventing or hindering the development of the mind. Passing on to the question of the day, the higher education of women, he said, "if there were one thing more certain than another about the production of idiocy, it was the danger which arises from the culture of only the emotional side of a woman's nature." He thought it would be to everybody's advantage if women were not only "mothers of men," but also companions and helpers of men.

THE RESIDENCY OF THE ARMAGH ASYLUM.

In noticing the recent appointment of Dr. Graham, of Belfast, to this office, we objected to the selection which had been made on the ground that Dr. Graham had seen no service in the Irish Lunacy Department, and had, therefore, been improperly promoted over the heads of assistants in the service. In justice to Dr. Graham and to the Lord Lieutenant who appointed him, we feel bound to acknowledge that we committed an error in confounding with Dr. Graham another gentleman of the same name also resident in Belfast. The new Resident Medical Superintendent at Armagh, Dr. Graham, had served as assistant under Dr. Meyrick in the Belfast Asylum, and, therefore, possessed, to some extent, the special knowledge of the asylum system which, we insist, should be the chief qualification for the office of Resident.

We regret the error, which arose from our determination, so far as we can, to support, against all outsiders, the right of assistants to promotion to the residency.

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STRUCK OFF THE ROLLS

We understand that both the College of Surgeons and the College of Physicians of Ireland have cancelled the diplomas held from them by Mr. William Edward Robson, who appears in the Medical Register as of "Estate House, Dundalk," but has resided recently at New Englefield, Staines, Middlesex. The Colleges have taken this course in consequence of the persistent breach of their by-laws by Mr. Robson, by allowing his name to be advertised in a highly objectionable manner in connection with "Warner's Safe Cure," and also in having caused to be circulated handbills laudatory of himself in Sheffield and elsewhere. We believe that the Colleges, before notifying to the Medical Council their withdrawal of Mr. Robson's licence, afforded him every opportunity to express regret, and give assurances that he would conform to their by-laws, but did not elicit from him any satisfactory reply.

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THE IRISH POOR-LAW SUPERANNUATION BILL.

The Council of the Irish Medical Association held a special meeting yesterday (Tuesday) to concert measures to press forward the Bill for securing pensions for Irish Poor-law officers as a matter of right.

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Correspondence.

THE MEDICAL REGISTER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of 22nd December I called attention to the fact that the Registrar of the Irish Branch of the General Medical Council refused to carry out clause 20, of the Medical Act, 1886, viz., registration of the diploma of Membership of the King and Queen's College of Physicians in Ireland and the degree of M.A.O. of the Universities. Since then I have been in communication with the Irish and English Branches, the result of which is that these qualifications are now registrable in England, Ireland, and cotland.

I understand that if applications for registration of the M.K.Q.C.P.I. or M.A.O. be made to the Registrar for Ireland within the next week or ten days, the additional qualifications will appear after the names of those already on the Register in the issue for 1887.

I am, Sir, yours, &c.,

Charles Frederick Knight, M.D.

January 15th, 1887.

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THE JACOB TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall be glad to subscribe to the Jacob testimonial. I know not anyone more worthy of the highest honour, whether by testimonial or otherwise, of the lasting gratitude of all medical men holding public appointments in Ireland, but especially of the Poor-law medical officers; therefore I would honestly say to all, "Palmam qui meruit ferat."

I am, &c.,
G. Bolster.
Woodlawn Cottage, Newcastle West,
Limerick.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You omitted from my letter that I requested to have my name put down for £1. There were several errata, some of which I would ask permission to correct. Thus onslaughts on their "*entirety*" should have been on their "*interests*." No provincial *students* to be defended should have been provincial *interests*. Old woman's story should have been old "Roman story," so "*exactly*" repeated. In conclusion, let me suggest that the Irish Medical Association should take up the matters referred to in my letter, and that their solicitor should clearly lay down the legal right of all Poor-law medical officers to be deemed to be public vaccinators before the licensing bodies have time to give the newly appointed Dublin gentlemen the monopoly they intend. The Association can thus give a proof of their anxiety to help provincials.

I am, yours, &c.,
T. Laffan.

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VITAL STATISTICS OF THE MARRIED AND UNMARRIED.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It was said by the late Joseph Garnier that the sciences of political economy and hygiene are but of little value unless the majority can be made to take an interest in them. This may serve as an excuse for my bringing the statistics of marriage collected by the late Dr. Bertillon of Paris before the notice of your readers. That very painstaking statistician was of opinion that he had proved that the married state was extremely conducive to longevity, especially to men, and also to women after the age of 25 in France and 40 in Belgium and Holland. His figures are as follows ("Dictionnaire Encyclopédique des Sciences Médicales," Art. Marriage):—From 30 to 35 in France, the mortality of married men being 100, that of bachelors rises to 169, and of widowers to 281. From 35 to 40 the mortality of married men being again 100, that of bachelors is 175 and of widowers 233. From 40 to 45 the proportionate mortality of bachelors and widowers to 100 married men is 174 and 198. Between 45 and 50 the mortality of these classes is 171 and 194; from 50 to 55 the figures are 165 and 172; from 55 to 60 they are 149 and 172; from 60 to 65 they are 141 and 146. Lastly, from 65 to 75 the mortality of married men being 100, that of bachelors is 133 and of widowers 143. The high death rates of widowers are well marked, and the effects of male celibacy on longevity are also very clearly seen in these statistics of Bertillon. A manifest exception to this law which shows, as far as statistics can, the value of marriage to the longevity of males exists between the ages of 18 and 20, when married youths appear to die in far greater numbers than single. The ordinary death-rate of single young men of that age is about 7 per 1,000 annually, but this death rate among young married men of similar age rises to 64 in France, according to Dr. Bertillon, that is, 9 married youths die to 1 single. The same holds good in Belgium and Holland. For this reason Bertillon strenuously contended that young men should not be allowed to contract marriage before the age of 21 at least. From 25 to 30, in France, the mortality of medical men being 100, that of bachelors is 163; but between 20 and 25 it is only 144, and Bertillon thinks that the benefit of the married state for men disappears about the age of 23, and that they should remain single until about that age. With regard to women, Bertillon's statistics show that they are by no means so much benefited by marriage as men are. In France, under 25, married women have a higher mortality than single women, and in Belgium and Holland that higher death rate exists until the age of 40. Doubtless the dangers of childbirth account for this first, and, as families in France are much smaller than in Belgium and in Holland (3 in France and 5 in Belgium, and 5·5 in Ireland), naturally this accounts for the lower mortality of French women. This is an important point in an over-peopled country, as economy and hygiene both point to the evils of large families. In France the mortality of single women between 20 and 25 being 100, it rises to 119 for young wives. In Belgium the similar figures for married women is 157 and in Holland 173. Between 15 and 20 the mortality of maidens being 100, that of young wives is 158 in France and 208 in Holland. It would seem, then, from these statistics of Bertillon, that legislators would do well to discourage marriage in persons of both sexes under the age of their majority, and that the countries like France, where families are kept within bounds, as recommended by Mr. J. S. Mill, the married state is more conducive to the longevity of married women than countries like Holland and Belgium, where families are very large and over-population and low wages abound.

I am, yours, &c.,
C. R. Drysdale, M.D.
23 Sackville Street, London, W.,
Jan. 6.

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Medical News.

Liverpool Medical Institution.—At the annual meeting held on Thursday, January 13th, the following list of officers, council, and microscopical committee was adopted. Those marked (*) did not hold the same office last year:—President: Dr. J. Birkbeck Nevins. Vice-Presidents: Dr. Alexander, Dr. James Barr, *Dr. William Williams, *Dr. R. Robertson. Treasurer: Dr. F. J. Bailey. General Secretary: Dr. A. Bernard. Secretary of Ordinary Meetings: *Mr. Damer Harrisson. Librarian: Mr. R. Williams. Council: Dr. A. Davidson, Dr. Davies, Dr. Robert Gee, Mr. N. K. Marsh, Dr. Wollaston, *Dr. Crawford, *Dr. Grossmann, *Dr. Irvine, *Mr. C. G. Lee, *Dr. Rowe, *Mr. G. E. Walker, *Dr. Whitford. Microscopical Committee: Dr. Alexander, Dr. Barron, Dr. Braidwood, Dr. Briggs, Mr. G. Hamilton, Dr. Hicks, Dr. Logan, Mr. Rushton Parker, Mr. F. T. Paul, Dr. W. Williams, Dr. Wiglesworth. Auditors: Dr. Fleetwood, Dr. Wollaston.

North-Western Association of Medical Officers of Health.—At the monthly meeting of this Society, held at Manchester, under the presidency of Dr. Tatham, of Salford, a paper was read by Dr. Niven, of Oldham, on "The Infectiousness of Pneumonia." He said that evidences were accumulating that pneumonia was ordinarily a febrile disease, having specific contagion communicated to the patient by means of germs, as small-pox and typhus were communicated. Two distinct micro-organisms had recently been discovered in the bodies of infected persons, and these had been isolated and cultivated; and on the products of the cultivation being inoculated in rabbits and mice a malady similar to the human disease had been caused. The bearing of the whole inquiry was that the new view of pneumonia might lead to the preparation of a vaccine having the power to protect anyone inoculated with it against a subsequent attack of this fatal disease.

Odontological Society of Great Britain.—The following gentlemen have been elected office-bearers for the year 1887:—President: Charles S. Tomes, F.R.S. Vice-Presidents (resident):—Henry Sewill, S. J. Hutchinson, J. H. Mummery; (non-resident): Andrew Wilson (Edinburgh), Richard Rogers (Cheltenham), G. C. McAdam (Hereford). Treasurer: James Parkinson. Librarian: Felix Weiss. Curator: Storer Bennett. Editor of the Transactions: Frederick Canton. Honorary Secretaries: R. H. Woodhouse (Council), Willoughby Weiss (Society), C. J. Boyd Wallis (for foreign correspondence). Councillors (resident): Morton A. Smale, Arthur S. Underwood, E. G. Betts, J. F. Corbett, Thomas Arnold Rogers, Sir Edwin Saunders, John Fairbank, David Hepburn, Ashley W. Barrett. (Non-resident): J. R. Brownlie (Glasgow), J. H. Whatford (Eastbourne), F. H. Balkwill (Plymouth), George Brunton (Leeds), E. Apperley (Stroud), J. H. Redman (Brighton).

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Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Dr. Von Nussbaum (Munich).—Clinical paper on "Erysipelas" received.

Dr. G. Ernest Herman (London Hospital).—Clinical Lecture "On the Normal Shape and Position of the Uterus" received.

Dr. J. Milner Fothergill (London).—Paper on "The Neurotic" received.

Dr. Muskett (Sydney).—Paper on "An Unusual Site for Hydatid Cyst, an Addition to the Recognised Varieties of Intrascrotal Disease" received.

Dr. W. H. Pearse (Plymouth).—"Note on Simulating Ulcer of the Stomach" received.

Dr. Martin (Sheffield).—"Clinical Memoranda on Undefined Disease" received.

Mr. Wm. Parker (Bath).—We cannot express an opinion on the conduct of a contemporary in a matter of this kind. The editor probably had some good reason for what he did. We cannot insert the correspondence in our columns, it is not of sufficient interest to the profession.

Mr. Wm. Young (Westminster).—We cannot insert the resolution passed by your society, as it is not founded on fact. It is most untrue "that the heads of the medical profession admit that vaccination is a means of spreading dangerous and incurable diseases." Such statements as these may be the means of gaining subscriptions for your society from an unthinking public, but they will not prejudice those better informed in favour of your veracity.

An Inquirer.—Sir Andrew Clark says that the average amount of fæces ready for discharge in twenty-four hours is about five ounces, and it is known that the amount of solids excreted by the kidneys, under ordinary circumstances, in the average healthy individual, is about two ounces in the twenty-four hours, or four per cent. of the whole urinary product.

M. de Vigal (Paris).—We have no such requirement at present.

Dr. C. E. Sajour (Philadelphia).—Regret we cannot further add to our exchange list. It is alreay too large.

Dr. Randnitz (Prague).—See reply to Dr. Sajour.

F. F. C. (Manchestor) will see the announcement has already been referred to in our last issue.

The One concerned has not enclosed his card. The matter if of much too serious a nature for us to express an opinion without knowing something of the *bonâ fides* of the author. If our correspondent's information is genuine, he will not object to supply the guarantee of his name and address.

THE INTRODUCTION OF THE TERM LAPAROTOMY.

To the Editor of the **Medical Press and Circular.**

Sir,—My friend Dr. Rabagliati, in his clinical paper, "Some Cases involving Laparotomy" (*Med. Press*, Jan. 12th), has conferred upon me a distinction which I do not deserve, in attributing to me the suggestion of this term. I do not know to whom it is to be really attributed, but I certainly have had no share in its introduction. It is a term which I think has no advantages over the one which I generally employ, "Abdominal Section," and as in certain recent papers by American surgeons it has been used in a way which I do not like, and various other suggestions having been made to replace it, personally I prefer to discard it altogether.

I am, Sir, yours, &c.,
Lawson Tait.

7 The Crescent, Birmingham,
Jan. 13th, 1887.

Disappointed.—If you want knowledge, says Ruskin, "You must toil for it; if food you must toil for it; and if pleasure you must toil for it."

Beri-Beri.—We have from time to time given our readers the results of experimental inquiries into this strange disease. We now learn from a Batavian contemporary that Dr. Cornelissen, of the Java Medical Service, has been carrying on a series of investigations in Acheen and Sumatra, with the result that he believes—strange as it may appear—that it is infectious, and also that it is propagated by bacilli. He accordingly recommends a thorough system of disinfection in hospitals and troopships where patients suffering from this malady have been kept. This theory has, as we might readily suppose, not been yet universally accepted by his *confrères* on the spot, though it has caused no little in Java, &c. It deserves, however, being followed up. There may be more in it than meets the eye.

Military Surgeon.—Yes; General Sleeman—whose works we strongly advise you to read, study, and digest—considered that "dry, open sandy plains are healthy sites" for cantonments in India. John Lang hoped ("Wanderings in India," p. 244) "to see sleeping apartments for the married couples, and separate sleeping apartments for the mass of children above seven and eight years of age, libraries, gardens, theatres, &c."

Mr. Owen.—The reference has been crowded out at last moment, it will appear in our next.

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Meetings of the Societies.

Thursday, January 20th.

Royal Institution of Great Britain.—At 3 p.m., Prof. A. W. Rücker: Molecular Forces.

Parkes Museum of Hygiene.—At 5 p.m., Mr. M. Ogle Tarbotton: Engineering and Architecture in relation to Sanitary Science.

Harveian Society of London.—At 8 p.m., Annual General Meeting. Election of Officers; President's Address; Conversazione.

Friday, January 21st.

Society of Medical Officers of Health.—At 7 30 p.m., Dr. C. E. Saunders: Legislation for the Purification of Rivers, and its Failure.

Royal Institution of Great Britain.—At 9 p.m., Sir Wm. Thomson: The Probable Origin, the Total Amount, and the Possible Duration of the Sun's Heat.

Vacancies.

Birmingham General Hospital. Jaffray Suburban Branch.—Resident Medical Officer. Salary, £150 per annum, with board, &c.

Newcastle-on-Tyne Dispensary.—Resident Medical Officer (for term of not less than three years). Salary, £250 per annum

London Hospital.—Curator's Assistant. Salary, £1 10s. a week. Apply by letter only to the Warden.

Chelsea Hospital for Women, Fulham Road, S.W.—Assistant Physician (Honorary). Form of application, to be returned by the 31st inst., from the Secretary.

Seamen's Hospital (late "Dreadnought"), Greenwich, S.E.—House Surgeon. Salary, £50 per annum, with board, furnished rooms, and attendance. Applications with testimonials, to the Secretary, on or before the 2.nd inst.

East Suffolk Hospital.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications, with testimonials, to the Secretary, on or before the 26th inst.

Worcester General Infirmary.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications, with testimonials, to the Secretary not later than Monday, Feb. 7th.

The Retford Dispensary.—Surgeon. Salary, £120, with rooms, coals, gas, and attendance. Applications, with testimonials, to the Secretary.

Scarboro' Hospital and Dispensary.—House-Surgeon and Acting Secretary. Salary, £80 per annum, with board and lodging. Applications, with testimonials, to the Medical Staff, on or before Jan. 25th.

Flintshire Dispensary.—House-Surgeon. Salary, £100 per annum, &c. Applications, with testimonials, to the Secretary, on or before Jan. 25th.

Appointments

Barr, James, M.D.Glas., Honorary Physician to the Liverpool Northern Hospital.

Bluett, G. M., M.R.C.S., L.R.C.P.Lond., House-Physician to the General Lying-in Hospital, Lambeth.

Branson, J., L.R.C.S., M.R.C P.Ed., Medical Officer for the Laughton District of the Rotherham Union.

Damian, F. G. C., L.R.C.P.Lond., M.R.C.S., House-Surgeon to the Grimsby and District Hospital.

Hopkins, T., M.B., B.Ch.Univ.Dub., House-Surgeon to Sir Patrick Dun's Hospital, Dublin.

Hurlbutt, S., L.R.C.P.Lond., M.R.C.S., Assistant Medical Superintendent of the Fulham Union Infirmary.

Larder, H., M.R.C.S., L.S.A., Medical Superintendent of the Whitechapel Infirmary.

Rowe, A. W., M.S., M.B.Dur., M.R.C.S., Surgeon to the Royal Sea-bathing Infirmary, Margate.

Thomson, D. G., M.D.Ed., Medical Superintendent of the Norfolk County Asylum.

Thornton, B., M.R.C.S., L.R.C.P.Lond., Surgeon to the Royal Sea-bathing Infirmary, Margate.

Marriages.

Hodge—Gedye.—Jan. 14, at the Wesleyan Chapel, Cotham, Bristol, the Rev. Sydney Rupert Hodge, M.R.C.S., L.R.C.P., to Ann Elizabeth, daughter of Francis W. Gedye, of Ashley Grange, Bristol.

Leeds—Edwards.—Jan. 15, at St. Andrew's, Holborn, London, Thomas Leeds, M.R.C.S.Eng., of 2 Staple Inn, London, E.C., to Fannie, daughter of Joseph Edwards, of Burton-on-Trent.

Reid—Horne.—Jan. 5, at the parish church, Kirkcudbright, Wm. Swanston Spence Reid, M.B., C.M., Oakley, Kirkcudbright, to Agnes Darling, daughter of the late James Darling Horne.

Deaths.

Andrew.—Jan. 10, at his residence, St. John's Hill, Shrewsbury, Edward Andrew, M.D., aged 55.

Cæsar.—Jan. 9th, at Tottenham, Charles Augustus Cæsar, L.R.C.P.Ed., L.F.P.S.Glas., aged 41.

Dowell.—Jan. 6th, suddenly, Robert Dowell, M.R.C.S., L.S.A., aged 73.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. XCIV.] WEDNESDAY, JANUARY 26, 1887. [No. 4.

Clinical Paper
ON
ERYSIPELAS.

(Dermatitis Erysipelatosa, Rose, Rothlauf.)

By Professor VON NUSSBAUM, Munich,
Professor of Surgery in the University of Munich.

Erysipelas, as is well known, is a grave infective disease of the skin. Koch and Fehleisen have succeeded in procuring pure cultivations of the erysipelas cocci, in inoculating them upon nutrient gelatine, and from this back again to the living individual, in whom erysipelas was at once set up. We thus know the microbe, the fungus of this disease; we possess it free from chemical and morphological admixture. By this the newer views regarding erysipelas first gained a firm footing. Now we know with certainty that wherever there is a local focus of disease there must be a small wound, a small ulcer, a tear of the mucous membrane, however small it may be; the cutis or the mucosa somewhere must be the door of entrance for the erysipelas cocci. That a small sore on the mucous membrane of the nose or mouth may escape notice, that the medical attendant frequently does not discover it, is very probable; it is just as much there, however, as in other cases where the purulent cloaca is evident. There are localities, marshy places and hospitals, in which erysipelas frequently appears, especially in the inclement seasons of the year. There are, moreover, people who are especially disposed to it. Red or blond-haired people, with tender white skins, suffer most frequently from it.

Erysipelas is especially prone to attack wounds of the face when they suppurate. The origin is often in the nasal cavity, and the disease mounts upwards through the lachrymal canal to the eyelids and forehead. This superficial form of the disease is most frequently migratory, a so-called *erysipelas migrans*.

Every day it advances a few centimetres farther, when it travels quickly, In the part to which it advances a large swelling is seen.

Often it cannot be said to travel; it is better to say, it daily becomes more extended, as is very distinctly seen in diphtheritic ulcers, especially around tracheotomy wounds.

Erysipelas rarely spreads downwards, but usually upwards, following the lymph courses, or laterally; many times it has crept round the whole body and made the same course a second time.

In erysipelas numerous white blood corpuscles wander out. Red as the skin looks, it is often difficult to procure by puncture with a needle a drop of blood sufficient for microscopical examination.

Various forms are distinguished :—

The *erysipelas œdematosum*, when the minutest drops of exudation are embedded in the cells of the *rete Malpighii*, but where great blisters are present that dry up to yellow crusts; whence are distinguished a *vesiculosum*, *bullosum*, *crustosum*. If an erysipelas remains unadvanced from its place it is called an *erysipelas fixum*.

An habitual erysipelas is often heard of. These are mostly recurring erysipelatous rednesses which are produced by a persistent, permanent cause, as from bad teeth, which only permits short intermissions, constantly giving rise to fresh irritation and exudation in the skin, so that by the repeated thickening a sort of elephantiasis remains.

The diagnosis of erysipelas is generally not difficult. Usually a considerable onset of fever with general ill-health ushers in the attack, or also a sort of shivering chill; then come on redness and swelling, with great tension, some pain on touching the part. The lymph glands around swell in sympathy. A diffuse œdema comes on, which, especially when the connective tissue meshes are large, becomes considerable, as for example in the eyelids, which swell enormously. In the evening the temperature is frequently 40·0—41·5 (104 to 106·7 F.), and the pulse 120—130.

If the mouth participates the epithelium has an offensive odour. Deliriums are often present, even when the meninges are not affected, although they readily are in erysipelas of the hairy scalp, for the disease often spreads from the outer skin to the meninges through the *emissaria Santorini*, and may then cause purulent depositions.

On the hairy scalp the erysipelas is most frequently overlooked, as the doughy swelling under the hair is often the only symptom; brain symptoms then frequently lead to the first discovery of it, and avenge the superficial examination with the surprise of grave cerebral symptoms.

On the third or fourth day acute erysipelas usually reaches its culmination point. The blisters burst, crusts form.

In the more delicate parts of the skin, as around the eyes, abscesses often form, ecchymoses, not unfrequently, even gangrene of the skin, whereby is formed a septic wound, and the high fever takes on an asthenic type. If the erysipelas runs a very grave course it is often to be regarded as only a symptom-in-part of another serious infective disease. Generally from the fifth day improvement takes place. The high fever falls, and the local symptoms lose their condition of active irritation. The skin becomes scaly, pale yellow; losses of substance are, however, replaced slowly.

In regard to prognosis, a dry tongue with much thirst, highly albuminous urine, if lasting only for a short time, are to be looked upon as serious symptoms. If with high fever, inflammatory conditions of the lungs, make their appearance, fatal pulmonary œdema is threatened. Erysipelas also readily attacks neighbouring organs, especially adjacent synovial membranes, which must then pass through an attack of inflammation. The prognosis is particularly bad when just before the attack a great loss of vital fluids has been brought about by serious illness.

Recent times have brought about great changes in treatment. In former ages this infective disease was completely inexplicable to the physician, in consequence of which all sorts of nonsense were perpetrated. Patients would have the disease prayed—charmed away. Then came the time in which bad fluids in the stomach and intestines were looked upon as the cause, and in which unfortunately emetics and purgatives were had recourse to. Only during the last ten years was the right way hit upon, and the surgeon began to destroy or disinfect all foci from which infection was to be feared. Badly smelling teeth and sequestra were removed, the shortest way was opened for the free exit of purulent collections, care was taken that the exit passages of diseased secreting organs were not blocked up, proper attention was paid to fresh air, comfortable rest in bed, the attendant acted withal upon all se- and excretory organs, cooled the hotly glowing, reddened erysipelatous surfaces with cold lead lotion, and sought to set up a barrier against the farther advance of the erysipelas by applications of tr. iodi, turpentine, solutions of arg. nit., or by incision made with the knife, or with the cautery applied to the periphery, and combatted the destructive high temperature by antipyretics, quinine, and later salicylate of soda, antipyrine, thallin, salol, &c.

The endeavours to set a barrier to the advance of the disease have not so far been at all successful, and antipyretics have not effected much. But as it became confirmed through Hueter's incessant endeavours that in every part of the skin when erysipelas was present, cocci were also to be found, and that where there were no cocci, there was also no erysipelas, then it was that the antiseptic method began its successful career. Tar, oil of eucalyptus, turpentine, carbolic acid, boracic ointment were painted upon the erysipelas, foul smelling and diphtheritic openings were swabbed out with strong carbolic acid solutions, but with all these endeavours no result followed in controlling the advance of wandering erysipelas even if the degree of infection was somewhat reduced by the means just mentioned. Only when Hueter undermined the whole superficial area of the erysipelas with a 2 per cent. solution of carbolic acid in water was the disease conquered and advance completely put a stop to. I confirmed the efficacy of this treatment with great joy, for it is a triumph of antisepticism. When following Hueter's example I injected morning and evening a 2 per cent. solution of carbolic acid completely round the margin of the erysipelas, and about a syringeful (a cubic centimetre) to each four or five square centimetres, the erysipelas in every case was arrested.

I had in vain tried all the above-mentioned plans to prevent the spread of the erysipelas. Hueter's method alone had brilliant success, but the procedure was painful, it could almost be called cruel, and consequently found little employment. The method which Kraske recently published, viz., that of scarifying the erysipelas and overlaying with carbolised compresses I have never tried, as I consider it more painful than Hueter's, whilst it does not effect more.

If in accordance with Klebs' proposal 15 to 20 grm. of benzoate of soda are daily given in a mucilaginous solution or in seltzer water, an arrest and fall of the erysipelas are often observed.

In the last few weeks, however, I have had the great joy of successfully arresting and quickly healing the erysipelas in a perfectly painless and easy manner, and that is the reason of my address to-day. I would incite all surgeons to make the experiment that has with me succeeded several times, which may be called a great advance, for erysipelas has hitherto been a true *crux medicorum*.

From all that Unna of Hamburgh has published concerning ichthyol, from all I have myself observed, I must consider this distinguished remedy to be a so-called reducing agent.

Everywhere it reduces the condition of irritation, the superabundant nourishment. Several times I made the following experiment: When erysipelas had attacked a wound, after proper disinfection of the wound, and covering it with a small, fitting, iodoform gauze compress, I painted the whole erysipelas, still spreading in all directions, with ichthyol ointment made of equal parts of ichthyol and vaseline. I then covered the part painted over with 10 per cent. salicylic lint, and fixed it on with a hydrophilous gauze bandage. On the following day I was infinitely joyfully surprised: the erysipelas, the margin of which I had plainly marked out, had not only got no farther, but the surface itself had undergone a favourable change. The red, swollen, shining, succulent skin had become sunken, shrivelled into yellowish-brown creases, the pain also which was felt yesterday on contact had given place to a velvety (pelzig) feeling—in a word, all symptoms of active irritation were, as it were, charmed away and returned no more, although I only used the dressing for three consecutive days. A longer continuance would have been disagreeable to the patient, as the ichthyol on the third day had somewhat affected the skin. I have already had five consecutive cases of erysipelas of the extremities that I have treated with equally surprising results. In erysipelas of the face, perhaps ichthyol collodion suits better, and on the hairy scalp ichthyol soap. Concerning this I have had no experience, for erysipelas has, since we have adhered to strict antiseptics, thank God, become a rare disease. If such a case were not frequently introduced from the town into the hospital we should for a long time have had no opportunity for these new experiments.

As regards the healing power of ichthyol, I must remark that ichthyol is no antiseptic, and decidedly cannot destroy the erysipelas cocci. When it is thus so successful in erysipelas, it seems to me likely that the reducing action of the ichthyol so starves the nutrient soil of the cocci that it is no longer suitable for their multiplication. Many surgeons have thought they have observed an antiseptic action from large doses of ichthyol, I myself consider it to be so small that I do not hold it to be strong enough to destroy the cocci of erysipelas, for they have, as is known, a tolerable tenacity.

I might, in conclusion, say a word regarding inoculation of pure cultivations of erysipelas. This attempt has been made on the covering of fibro-sarcomata, carcinomata, and on the skin of lupus, and in many cases in which the inoculation took and erysipelas was set up, a considerable starving and diminution in size of the affection is said to have taken place. The question comes up naturally, whether the injury and danger set up by the erysipelas are not greater than the advantage, for the first law in the whole art of healing ever remains—*Non nocere!*

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THREE CASES OF INSTRUMENTAL MIDWIFERY, WITH REMARKS. (*a*)

By W. MACFIE CAMPBELL, M.R.C.S. Eng., M.D. Ed.,
Consulting Surgeon to the Northern Hospital, Liverpool.

These cases were alike in that dangerous delay, in the first and second stages of labour, and were due to contracted brim antero-posteriorly from prominent sacrum. In the first case delivery was effected by version after long forceps, craniotomy, and craniotripsy had failed, death occurring immediately after delivery. In the second the same manœuvre was successful after craniotomy and evisceration had been attempted; and in the third case, with the experience gained from the other two, version succeeded when the long forceps, although able to rotate the head freely, were unable to bring it into the pelvis.

Case I.—Mrs. D., æt. 31, mother of four children. I had attended Mrs. D. in three previous confinements, of which this is a short record, and I was informed that her first confinement, in which I did not attend, was also instrumental.

Second confinement, fifty-seven hours in labour—forceps.

Third confinement, twelve hours in labour—forceps.

Fourth confinement, twenty-four hours in labour—forceps failed, delivered by version.

(*a*) Read before the Liverpool Medical Institution, December 26, 1886.

Her fifth labour occurred March 10th, 1884, after several days of false pains, which wore her out greatly. At about 3 p.m. I put on the forceps, expecting to be able to deliver at once, but the head would not move; the antero-posterior diameter seemed to be less than on the former occasions, the head itself not being a large one. I obtained the assistance of two friends, who re-applied the forceps and used extractive force without effect, and I then opened and emptied the head and applied the cephalotribe. Still no progress could be made, and the head remaining as high as before, and yet movable laterally. She was losing a good deal of blood, and immediate delivery seemed the only hope. Dr. Howie, whom I had sent for, at this time made his appearance, and after examination suggested turning. Though incredulous as to its possibility, I asked him to operate. This he effected successfully in a few minutes, but the poor woman sank exhausted in an hour. I felt and feel much indebted for the hint given by this proceeding, and in two cases since, which I propose to relate, have succeeded in equally unpromising circumstances.

CASE II.—Mrs. S., primipara, æt. 35, was a strongly made, stout woman, who had been in labour for about twenty-four hours. Owing to narrow brim, the practitioner in charge applied forceps after about twelve hours, expecting to finish at once. In this he was disappointed, and craniotomy was attempted. This failing to dislodge the head, I was asked to help. I found the head in the pelvis open and empty, but on applying the craniotomy forceps could not move the body at all. The blades were pressed into the base of skull and spine, but failed to give any leverage. Evisceration was then proposed and begun, when the state of the patient became very dangerous. I then related my experience of Case I, and offered to make the attempt. It seemed impossible with the ragged skull bones low in the pelvis, but I never turned more easily. The child was soon delivered, and the woman for the time safe, but I was sorry to hear that she sank from blood-poisoning six days later.

CASE III.—Mrs. C., æt. 25, primipara, thirty-two hours in labour. Prominent sacrum was diagnosed early in the case, the os very high up, and notwithstanding very severe pains, no dilatation. The os was soft and dilatable, but during a pain the membranes did not protrude. After twenty-six hours I gave chloroform, and tried to dilate and bring the head down, but had to give it up. Delivery was evidently called for, as the pulse was beginning to run up, and I was not sorry when the friends on the mention of "instruments" desired the advice of one of our leading consultants.

The os was not larger than a crown piece when he examined, and he agreed that forceps should be carefully applied. He kindly gave chloroform, while I applied Barnes' long forceps. When in position traction was begun in the axis of the brim, the left forefinger being used to dilate the cervix. The head would not move, and the more experienced and prolonged exertions of my colleague were also unavailing. The forceps could be rotated and the head put in any diameter, but enter the brim it would not. We retired to consult, and I suggested turning, telling him of the other two cases I have just related. Though incredulous as to its possibility in an empty uterus high up with an undilated os, he approved of the trial, which was successful. The child was nearly lost, and its head was with difficulty piloted hastily through the brim and outlet, where curiously enough most resistance was found. The mother made a good recovery, and the friends flatter themselves the labour was not such a bad one, as it was terminated without "instruments."

Possibly a great deal of harm has been done, and many lives lost by the old teaching that turning should be done after rupturing the membranes. It is certainly easier to introduce the hand while the uterus is full of liquor amnii, but carefully done introduction can be readily effected without maternal injury even with a uterus close upon the child.

Possibly, also, craniotomy has been too much resorted to in the past, and I am glad to notice from late discussions in the papers that its employment is strongly deprecated, turning being the alternative in moderate narrowness of the bony pelvis, while the Cæsarean operation, or Porro's operation, should take its place in extreme cases. Craniotomy involves certain death to the child; abdominal section gives it a good chance, while the maternal mortality has recently been diminishing, and with increased experience and modern modes of treatment is likely to be less. Craniotomy is a serious and unsatisfactory operation for a practitioner to advise, and the certain destruction of life painful to practise, but on the other hand, is probably safer for the mother in hands unaccustomed to operate than the other. We must also remember that it will be a very serious matter for it to be given as the deliberate opinion of the profession that a medical man is to be blamed who chooses the operation with which he is most familiar instead of one which he has perhaps never seen. These may be trite and not altogether original remarks, but are none the less true.

It may not be out of place to say a few words about the use of antiseptics in instrumental deliveries. For examination I use an ointment of carbolic vaseline, 1-20. The forceps are placed in a jug of a hot solution of perchloride of mercury, about 1 to 2 or 3,000, or this solution is used for the hands, followed by the carbolic vaseline for turning. After delivery the vagina, and in some cases the uterus, is washed out with a hot mercury solution, and last of all an iodoform pessary (gr. xv or xx) is left in the vagina. The after daily injection may be either mercurial or of Condy; if the former, the danger of poisoning must not be forgotten. Any after rise of temperature may be met by quinine and opium, or the salicylate of quinine.

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NOTES FROM THE
HISTORY OF MEDICINE AND OF MEDICAL OPINION
FROM THE EARLIEST TIMES.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Hon. Physician to H.M. the Queen.

(Continued from p. 46.)

ADVERTING to the general condition of medicine in the fifteenth century, one of the early effects produced by the recent invention of printing was somewhat remarkable. While science as a whole was advanced thereby, medicine, practical at least, lagged behind; idle speculation and theory were retained, while the more accurate induction from facts and experiments were disregarded, except by the few whose names have been mentioned (Meryon, p. 228). Endeavours were made to re establish the rival philosophies of Plato and Aristotle. The former found many advocates in England; the latter in Cisalpine Europe. The most important functions of the body, as well as their disorders, were supposed to result "from the veins." The medical profession was divided into the *revulsionists* and the *derivationists*. The former believed that local diseases originated from a kind of metastasis of the noxious humours from a distant source where they were first formed; the latter, that Nature was apt to set up local congestions towards which the noxious humours flowed (pp. 231-2). Accordingly, the question was discussed by opposing parties whether bleeding should be performed near the part affected or at a distance from it.

The theory was enunciated that disease being a subtraction without any material cause, a knowledge of disease was useless, seeing that a more potent agent, namely, "Natura morborum medicatrix" cures it (p. 342). Another theory of disease, and it expressed by Paracelsus, was that certain entities existed, each of which exerted its influence in a particular manner—the *ens astrorum* on the air, the *ens veneni* on the blood, the *ens naturale* on all other natural things, the *ens spirituale*, and *ens deale* on the siderial body (p. 348). He regarded "tartar" as the principle of all diseases which result from the thickening of the humours, rigidity of the solids, or from the accumulation of calcareous matter; it was attempted in fact to explain the phenomena of the living economy by the laws of chemistry (p. 349).

Systematic chemistry had only been adopted into Europe from the Arabs a short time before this date, and it was asserted that by means of its laws the phenomena not only of inanimate matter, but also of the living body, could be explained. These theories obtained many adherents, and for a time the medical world was divided by the rival doctrines of the Galenists and the Chemists. The practice of the former was described as having been complicated and inert; the theories of the latter as altogether false, and (in 1835) inapplicable. (Bostock, p. 137.)

Among those whose labours aided the advance of Medicine in the sixteenth century was Cælius Aurelianus. He advocated the employment in the treatment of the bite of the *tarantula*, according to the method which he states was introduced in regard to it by Pythagoras. He collected from ancient works on the subject various particulars with regard to hydrophobia, Among other facts he noticed a case of reputed spontaneous occurrence of that disease ("Hamilton's Hist. of Med.," vol. i., p. 399).

James du Bois, otherwise Jacobus Sylvius, in his studies of medicine, applied himself chiefly to the doctrines of Hippocrates and Galen. In anatomy he was the first to detect the existence of valves in the veins. He travelled into various parts of France in pursuit of botany. His scientific qualities, however, seem to have been obscured by his individual characteristics.

Later in the same century Alexander Benedictus related the circumstance that a feather bed was laid aside for seven years on suspicion of infection of plague, yet, at the expiration of that period mischief arose when it was brought into use.

The capture of Constantinople by the Turks at this period led to the removal of much Greek medical literature to Italy. During the latter part of the fifteenth and the first half of the sixteenth century, "the English sweating sickness" prevailed; it broke out in August, 1485, and recurred at intervals till 1551. Syphilis, or venereal disease appeared at Naples, 1492, or at all events was then for the first time described. It is usual to say that this disease was brought by the Spaniards from America; if this be the case the inhabitants of the New World received the more fatal (to them) diseases, small-pox and measles, from the countrymen of Columbus. There is much evidence, however, in support of the position that venereal disease is very much older than what it has been thus represented to be" (Hamilton, vol. i, p. 413).

At the end of the fifteenth and beginning of the sixteenth centuries Marcellus Cumanus clearly describes syphilitic chancres and buboes. At this period Torella was physician to Cæsar Borgia and to Pope Alexander the Sixth. He condemned the extent to which mercurial inunction was carried in the treatment of lues venerea, that inunction having been performed with a preparation known as Saracenic ointment, and commonly used for "a scabies." In moderation mercury was a drug the use of which was obtained and adopted from the Arabians. (Hamilton, vol. i, p. 416.) Another powerful remedy in syphilis, namely, guaiac, was brought from the West Indies by the Spaniards (Freind, vol. ii, p. 361). According to the account given, Gonsalvo Ferrand having become infected with the disease at the siege of Naples, and finding no cure in Italy, went to the West Indies with a view to ascertain how the natives treated themselves in such a case, where the disease was so familiar to them, and as common as the small-pox was in European nations (p. 366). It was shortly after the date in question that the use of China root, or sarsaparilla, in the treatment of syphilis was discovered; and that either Aloysius Lobera, or Frascatorius recommended that in the same disease "the *rubbing in* of the mercury should be continued till salivation comes on well. They also described the method of applying mercurial fumigations, at the same time that they specified the cases in which they ought not to be used" (p. 371). Among other writers on syphilis about the same date James Cataneus and Peter Maynard of Verona, deserve to be specially mentioned.

During the same period a new light was cast upon the treatment of gunshot wounds, as well as wounds in general. American drugs began to be used in British practice.

In 1551 an improved forceps was invented by Alfonso Ferri for the extraction of bullets. Lithotomy by "cutting upon the staff" was introduced. At the same time, surprise was expressed that as the use of the catheter was understood by the ancients, they did not also proceed to the use of the staff in operations for stone instead of continuing that of "cutting upon the gripe." Discussions also arose regarding the comparative advantages of the lateral operation, and that above the pubes. In the same century Jacobus de Carpi wrote on syphilis, both primary and consecutive; on anatomy, and on wounds of the head. Columbus, Eustachius, and Fallopius advanced the knowledge of, as far as was possible without actually discovering, the circulation of the blood (Freind, vol. ii, pp. 365-395).

In the early part of the sixteenth century many of the best and wisest men regarded the heavenly bodies simply as instruments by which the Almighty regulated events. Men of education parcelled out the heavens into six divisions or "houses," and the particular planet which happened to be in any of those "houses," at any particular period of time, they denominated "the lord of the house." To each "house" they assigned a special destiny, much in the same way as Gall and Spurzheim localised our intellectual faculties, moral sentiments, and animal instincts in particular sections of the brain (Meryon, p. 392).

But a spirit of independent research soon animated the medical profession in Western Europe; the purely scholastic system which characterised the Saracenic teaching disappeared before a more discursive literature and polite letters, "humanities," as they were called. The men who achieved the destruction of the one system and the development of the other were denominated "Humanists." They studied the works of Hippocrates in their original text; they knew also the value of correct observation, and of an accurate detail of facts (*Id.*, pp. 278-279). Inasmuch as "the soul is in the blood" thought Servetus, it is necessary to know how the blood is formed; thus was he led to the discovery of the pulmonary circulation (p. 296). And throughout the century the controversy on the subject of revulsion and derivation continued to be a theme of acrid controversy (p. 311).

Against the doctrine of Galen it was shown by John Argentier that the entire bodily system was animated and directed by one vital force; and that different powers of the soul were not inherent in separate portions of the brain as he had supposed (p. 365). While, on the one hand, it was considered dangerous to neglect, without great circumspection, the teachings of the ancients, the Humanists "threw off the despotic yoke of ancient prejudices;" they encouraged investigation and criticism, and protested against dogmatism. The fallacy was shown by John Lange of using the renal secretion as a means of diagnosis, instead of the pulse, upon which Hippocrates and Galen depended (p. 281). And yet, with regard to these diagnostics, Dr. Meryon wrote that Savanarola's work on the pulse and renal secretion, published in 1530, may be read, at the time Dr. Meryon wrote (1861) with great advantage. Many works on uroscopy were written during the period in question (p. 427); a long controversy also took place between the champions of uroscopy and those of the pulse (*Ars Sphygmica*). The notion that gunshot wounds were poisonous was shown to be erroneous; and plastic surgery already practiced for centuries in India, was adopted and improved in Europe by Taliacotius (pp. 431-3).

In the sixteenth century also, arose the three classes of practitioners, namely, the Galenists, or physicians, properly so-called, the Chemists and the Anatomists. The Galenists were for the most part more learned than their adversaries; they consisted chiefly of professors in the universities, and of what may be styled the regular practitioners, who, though strongly attached to the tenets of their great master, carefully observed the phenomena of disease; of their practice, it was described as "complicated and inert." The Chemists paid less regard to mere authority than to observing the phenomena of disease and the effects of remedies; they were diligent collectors of facts, and yet, the actual advance which the practice of medicine received from them "was not very considerable." As science and knowledge gradually advanced, the absurdity of the speculations of the chemists was more generally perceived. Their investigations regarding the chemical constitution of the body, and of the changes induced in it by disease, were not very successful.

The second, or Anatomists, led by Vesalius demonstrated numerous fallacies in the description of parts given by Galen, and accepted on his authority. But in the practice of medicine it does not appear that they affected any direct improvement (Bostock, pp. 145-153).

A section of the medical profession espoused the Platonic superstition of numbers as potential entities in controlling the course of disease. They attributed to the seventh, fourteenth, and twenty-first days the character of turning points or critical periods (Meryon, p. 429). Members of the faculty, accused of administering drugs that were supposed to have done harm, were, in 1595, liable to be severely dealt with by their colleges (*id.*, p 458).

That then, as in times much nearer our own day, a very striking difference existed between the tenets held or professed by the scientific physician and the practical man, the mere "curer of disease," or the empiric, is rendered evident by circumstances connected with that period, the record of which has come down to us. It is related, for example, that Sir Robert Talbot, a celebrated empiric, was asked the question by an "orthodox," otherwise, scientific physician, "What is fever?" The reply of the "empiric" was, "a disease which I cannot define but can cure, and which you cannot cure, but can define." (Meryon, p. 74). The reported anecdote is commended to the attention of those physicians of the present day who talk largely about the nature and causation of certain forms of fever, but among whose patients the rate of mortality is something to take note of.

In the seventeenth century a theory of medicine arose, based upon the hypothetical *archæus* of Paracelsus. This *archæus* represented an immaterial force directing and controlling all the bodily functions, and educing all things from water by a species of fermentation. The water in the earth, according to this theory, represented the blood in animal bodies. From this "fermentation" in the body arose "gas," otherwise the *aura vitalis* (Meryon, p. 378). Frascator revived the theory of atoms of Democritus; he represented those atoms as demons, and the demons an emanations from the Deity (p. 383).

In reference to these and some allied theories, Meryon, writing in 1861, observes that, we are daily reminded to what excesses belief may be carried, even when the judgment is intrenched behind the defences which modern science supplies (p. 398).

The theory of self-generated *poisons* was expressed by Zacchias. He limited his belief in them, however, to the corrupt humors secreted from wounds. He considered the specific symptoms as following the ingestion of poisons; and discussed the question of inborn poisons (p. 412). It was also suggested that one poison might expel another (p. 414). In connection with the occurrence of plagues, it was observed that such outbreaks took place mostly, if not always, in conjunction with "some local and adequate cause," as some local corruption of the air (p. 419). Pathological anatomy came to be attentively studied (p. 425). At this period Harvey wrote that: "The doctrines inculcated on the subject of the humors, and which, as being entertained by the ancients, Fabricius regards as certain truths requiring no further proofs, are inconsistent and false." (Dr. Russell Reynold's Harveian Oration, 1884.) And yet, now, late in the nineteenth century, those very doctrines are revived.

During the seventeenth century, also, the advocates of chemistry in relation to physiology, referred the states of health and of disease to certain fermentations, which were said to take place in the blood or other fluids; these fluids were themselves believed to be the result of specific fermentations, by which they are elaborated from the elements of which the body is composed. [What is that theory if it be not the "germ" of the more recent speculations to which the name has been given of "the Zymotic Theory of Disease?"] Certain humors were supposed to be naturally acid, others naturally alkaline; certain specific diseases were the result in either case, the remedies for which were to be the opposite of their supposed cause (Bostock, p. 157).

It has been remarked, however, of the Iatro-physical school of the seventeenth century, that "the more judicious of its followers refrained. as a *judicious modern phyiologist does*, from too immediate an application of their principles to daily practice (Encyc. Brit., Art. Medicine).

Another theory of disease was that morbid action consisted in an effort of nature to remove some morbid or noxious cause (Bostock, p. 161); while the method observed by Sydenham was not to manifest an undue attachment to any theory, but to devote himself to the study of disease, and the effects of remedies upon it—in other words, to clinical experience (p. 162). He described disease as "an effort of Nature to restore the health of the patient by means of the elimination of the morbific matter. His principles were welcomed as a return to Nature, by those who were weary of theoretical disputes. He described many diseases as being specific in their character and not due merely to an alteration in the primary qualities, or "humors" of the older schools (Encyc. Brit.). Mankind at the time were not aware of the importance of observation and experience (Bostock, p. 163).

The next theory expressed was that of the "mathematical" physicians or Iatro-mathematical school. According to that theory, every part of the body is under the influence of gravity and mechanical impulse; all the vital functions may be explained by the principles of hydrostatics and hydraulics (p. 165). Mathematical theories of fevers and of the actions of poisons were published (Encyc. Brit.). As the mathematicians gained acceptance, the theories of the chemists lost ground (Bostock, p. 165).

Meantime, the sect of Vitalists was gradually rising, much on the lines laid down by Paracelsus. It was observed that the action of the mind over the body could not be referred either to a mere chemical or to a mathematical agent; all the actions of the body were accordingly held to be under the control of the "anima," which in many respects resembled the "archæus" already mentioned (*id.*, p. 170). The theory so-called was introduced by Stahl, in substitution of the mechanical conceptions which at the time prevailed. According to its tenets the ordinary animal life in man was attributed to the soul, while the life of other animals was left to mechanical laws. His object was to oppose materialism (Encyc. Brit.). Many of the actions which Stahl referred to the "anima," Hoffman ascribed to the "nervous influence." He desired to reconcile the opposing "spiritual" and "materialistic" views of Nature. His theory of disease rested upon "a complete theory of the universe." Although he considered that the fluids were occasionally the primary seat of disease, he conceived that in most cases the solids were so (p. 180);—a theory supposed to have been borrowed from that of "constricted, and relaxed fibre" of the ancients (p. 182), and pre-indicating that of "arterial tension" of to-day. The humoral doctrine which, under different names, had hitherto prevailed, was now systematically opposed; that of "solidism" was advocated in place of it (p. 185).

In the seventeenth century, and also in the eighteenth, the tendency of the Anatomists was, without any regard to Nature or to right philosophy, to advance every trifling discovery into an hypothesis. Hence, those idle dreams about the nervous, the pancreatic juice, the bile, the saliva. They explained one thing connected with the human body by the Aristotelian, another by the Cartesian, a third by the Chemical, and a fourth by the Mechanical principles. The latter class argued that "since the human body is nothing else but a fine contexture of solids and fluids, which observe the rules of mechanism, it is amazing to find that men should think of any other principles than the mechanical to explain it by" (Freind, vol. ii, p. 398). It is asked—would any one account for the motions of a watch from the doctrine of acid and alkali? (*id.*) And so on. Very much indeed like the language employed by a certain class of "scientists" of the times in which we live.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Hydrophobia.

Under the care of Dr. Southey.

Charles B., æt. 15, a messenger, was admitted into "Casualty" Ward on July 15th. Highly nervous temperament, dark complexion. Had not suffered from any previous illness, save measles and whooping-cough when young. He was bitten by a dog five weeks previously, June 11th, in four parts of the first phalanx of the right forefinger. The wounds were cauterised the same evening, and his mother says they were healed in about three weeks.

From the time of the bite up to July 13th his mother noticed no change in his health. He did not suffer from headache, nausea, vomiting, anorexia, or vertigo; the senses of light, of taste, of hearing, and of smell, were not affected; he walked steadily, and he was not excited beyond his wont; his sole complaint was of an itching in the wounds during the time of their healing; the itching was confined to the wounds and so greatly did this disturb him that his mother had to remonstrate greatly with him to prevent him from scratching them.

On July 13th his appetite suddenly became impaired, though he had taken well of food the previous day; he took but little at breakfast, dinner, or tea (at 5 p.m.). At 7 p.m. he experienced a severe jumping pain in the right upper extremity; it seemed, he said, to originate in the right shoulder, and to shoot down all round the arm into each finger. He took also but little supper, only a crust of bread and a glass of beer, and he was sick soon afterwards on his way to bed. The pain in the right upper extremity subsided somewhat and became confined to the right shoulder. He did not suffer from headache or from recurrence of vomiting and he had a good night's rest.

On the following day, July 14th, he awoke feeling well, free of pain; he took a moderate breakfast and he went out feeling well. About noon he felt precisely the same sort of pain as he had experienced the day before; the pain remained of the same character through the day; patient said it jumped about three times per minute into the forearm and finger; and that the pain seemed to be almost constant in the right shoulder and arm, and only at intervals to shoot into the forearm and hand, and that he did not notice it when he was in any way excited.

Next day, the 15th, he drank freely, but ate nothing at breakfast. About 1 p.m., on attempting to swallow, he had some spasm, and according to his mother's statement, some difficulty in swallowing. About 3 p.m he felt unsteady in his gait, trembled somewhat, but did not feel as if he would fall. About 5 p.m. he was admitted into St. Bartholomew's Hospital. At the time of admission he was quite rational, spoke readily and correctly in answer to questions, walked to his bed down stairs fairly steadily, and took off his clothes with but little assistance. He stared wildly, the eyes were widely open, the pupils were dilated and freely reacted to light, undergoing indeed continuous change of shape. The tongue was dry, the skin dry and somewhat hot, the temperature 102·4 in the axilla. The pulse was full, strong, regular. It was 96 per minute and of good tone. The respirations were of varied frequency, from 22 to 40 per minute. The lungs seemed healthy. The heart's action was somewhat quick and vigorous, but no abnormal sounds were detected. Neither the area of hepatic nor of splenic dulness was enlarged, and there was no enlargement of the glands of the neck or groins. The right axillary glands were slightly enlarged. When he got into bed he lay quietly, and he answered questions quite rationally, and said he felt comfortable. The wounds were cicatrised, and the cicatrices looked healthy. At 6 p.m., while lying quietly, he was suddenly seized with short, hurried, gasping, respirations, and increased anxiety of expression; he felt, he said, as if he should be suffocated, and he ascribed his feeling to thick phlegm in his throat. This was the first attack of its kind, his mother said, and it quickly passed off. The attacks now recurred about every seven minutes. At 7 p.m. he passed water, sp. g. 1025, trace of albumen, no casts nor red blood cells. About 8 p.m. the attacks became more frequent. At each attack he jerked himself in a sitting posture, when he was relieved (in about eight seconds). He was quite rational, and repeatedly said how painful it was to be struck down with such shortness of breath. He said he could not drink, but he made an attempt to do so on request. He sat up with a determined look, took the feeder in his two hands and then with a sudden movement put it to his mouth, took some milk, then almost threw the feeder to the nurse, though careful that she should take it; at the same time he seemed to swallow, and threw himself at full length on his bed, giving the idea of intense relief. He now had a vapour bath, during which he complained greatly of the heat, and he perspired freely. An attempt was made to pass a catheter through the nose, but the slightest touch evoked such violent spasms that the attempt was relinquished. After some persuasion, however, the patient was prevailed upon to make the attempt for himself; he passed the catheter with his two hands little by little and by jerks, and immediately after passing it a little further he jerked his hands from the catheter, sitting all the time upright, and his body and extremities shook violently, while the expression of his face became wild, and his eyes staring. He finally passed the catheter, and potassium bromide gr. xv with chloral hydrate gr. x were administered. The pain in the right upper extremity remained as it was the day before

At 10 p.m. he again attempted to pass the catheter for himself, but the moment he put it to his nose he threw back his head and held out the catheter at arm's length, while he gasped for breath, and his arms and legs were violently agitated with short rapid spasmodic movements. Then with determined air and sitting upright, he made further attempts, and after a few trials succeeded in introducing the catheter just within the nostril, and immediately his arms and legs became again violently agitated as before, and he gasped for breath. He finally introduced the whole length of the catheter about an inch at a time, and he was fed through it with milk, one pint; brandy, two ounces; pancreatin, ʒss. In addition, potassium bromide, gr. xv, chloral hydrate, gr. x, pilocarpin nitrate, gr. 1-10th were administered with the food. Soon afterwards he perspired, freely. During the night the above-mentioned fits recurred at shorter intervals, and each time he "hawked" violently.

Next morning (July 16th) about 6 o'clock the fits recurred at about intervals of one minute, and he hawked violently, and spat with great force, violently throwing back his head each time that he spat. His pupils were widely dilated, and the conjunctiva were bared all round each cornea. The eyes were very sensitive to light; and the light of a candle sent him into violent spasms. He talked quite rationally, and complained of an itching on the right arm when it was gently stroked, but he had no pain in the arm. While hawking he apparently retched violently, but was unable to vomit. He hawked up apparently only phlegm from the throat. Ice was given to him to suck, but it did not relieve his throat very much. An ice-bag also was applied to the stomach, and the patient held it there himself. It relieved the retching somewhat. The pulse now intermitted about every eleventh beat, and the respirations were irregular in frequency, during a fit the pulse was quickened, to 108 or 120.

8 a.m.—Absolutely refused the vapour bath, saying that he would not have that man with his machine, and asserting that the "machine" had a bad smell.

11 a.m.—He again passed the nose-catheter after much persuasion, and while passing it the fits of spasm were much more violent than they had been, and he called for a chamber utensil two or three times in an agitated manner, and passed a little water each time in a short quick stream. After passing it he was fed with milk, half-a-pint, brandy, ℥ss, mutton, ʒij, pancreatin, ʒss, pilocarpin nitrate, gr. 1-20th, chloral hydrate, gr. x, and potassium bromide, gr. xv. He soon perspired freely, and the paroxysms were less frequent and severe. But about noon he became again very restless, he got up, stood on his feet, and said he would throw himself into the Thames; he still recognised each of us, and was tolerably rational, and said he should be dead in four days, that it would be all over then, but he showed no fear of death, never mentioning the bite. He asked repeatedly if he might go with his mother to the cemetery and talked of his grave.

4 p.m.—The fits recurred still more frequently, he hawked and retched still more violently, bringing up, however, only phlegm. He now experienced great anxiety about his mother, kept getting up and out of bed and he resisted greatly the attempts to put him into bed. The bowels were freely opened, and he passed water freely. He could not pass the catheter, the slightest touch of it causing the most violent spasms. With great difficulty he was induced to get into bed, and then was put slightly under the influence of chloroform and was fed with milk, half a-pint, brandy, ℥ij, eggs, ij, pancreatine, ʒss.; also pilocarpin gr. ⅓rd, chloral hydrate, gr. x, and potassium bromide, gr. xlv, but being sick under the influence of the chloroform he rejected about one-third of this mixture, though he was apparently wholly unable to vomit prior to the administration of chloroform. While regaining consciousness he was forcibly impressed wtth the idea that he had been sat upon by a "gang of medical students," and the idea remained on his mind more or less till death.

6 p.m.—The fits continued, and the noise was not a hawk so much as a bark. Pulse becoming very weak, and he perspired freely.

9 p.m.—Attempts were made to induce him to pass the catheter, but it was of no avail. Shortly after he asked for bread and butter and ate it and drank some.coffee with a spoon. He swallowed easily without the slightest spasm.

12 p.m.—Attempted to induce him to pass catheter, but it was of no use. Gave him a little chloroform (he asked for it) by inhalation and fed him with milk Oss, brandy, ʒij, eggs, ij, pancreatin, ʒss, pilocarpin, gr ⅓rd, chloral hydrate, gr. x, potassium bromide, gr. xlv, of which he retained about two-thirds. As soon as the chloroform took effect he was almost immediately sick. After this he lay very quietly on his back, talking incessantly and hawking, but having no spasm, and perspiring freely.

17th, 1 a.m.—Vomiting at intervals a dark matter, hawked to the last; vomiting became incessant until 5 a.m.

2 a.m.—Imagined himself an engine, wishing to be unhooked from the back of the train, also imagined himself a porter, and injured by carrying heavy weights. Continued to say that he had been ill-treated at Gray's Inn Road, and declared he should go mad if any one knew.

4.30 a m.—Thought he had been reading his bible for three days. Anxious to go home to tell his mother that he had given up swearing and requesting that we should not tell any one else. Thought he was on board ship, and received many bullet wounds. Wished us to tell his mother that the wounds were the cause of his illness. Thought his mother mad in an asylum; says he has a cousin in an asylum; asked if his cut on his finger was the cause of his mother's madness.

5.30 a.m.—Had a severe spasm.

5.45 a.m.—Another severe spasm. The slightest touch caused spasm; when his ear was touched, indeed, even when the patient touched it himself, he had spasm and violently flung himself away from the finger that touched him. Sat up and took the vessel and hawked; then he fell back utterly collapsed and profusely perspiring and vomiting, he died in about five minutes.

Post-mortem Examination, made by Dr. Moore, on July 18th, (copied). *Body.*—Well nourished. Rigor mortis well marked; on the index finger of the right hand were two scars; both were livid; dependent parts purple. *Head.*—Calvaria—meninges, normal. A larger quantity of clearer fluid than normal in the lateral ventricles. *Chest.*—Heart contained firm blood clots. Endocardium and pericardium normal. *Lungs* contained much blood, otherwise normal. No adhesions between the pleura; larynx, trachea, œsophagus and bronchial glands, normal. *Abdomen.*—Liver normal; ducts, free; spleen, kidneys, and ureters, normal; bladder contracted and empty; stomach and intestines normal. *Back.*—Vertebræ, cord, and meninges, normal.

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Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

A meeting of this Society was held in the Hall of the Royal College of Surgeons of Edinburgh on the 19th January,

Professor **Grainger Stewart** in the chair.

ON REMOVAL OF THE UTERINE APPENDAGES.

Mr. **Skene Keith** showed interesting specimens of diseased ovaries and Fallopian tubes, removed by operation, and thereafter read a paper on "The Removal of the Uterine Appendages," in which he detailed the results of his own and Dr. Thomas Keith's operations in this department. Mr. Keith expressed the opinion that the commonest cause of disease in these organs is laceration of the cervix. He thought that if greater attention were paid to the primary lesions, there would be less necessity for operative interference later. Removal of the appendages had, without doubt, been resorted to too frequently. He did not think that gonorrhœa was a frequent cause, at least not so far as the cases which came to him were concerned. In reply to Professor Annandale, Mr. Keith said he did not think inflammatory affections of the parotid were commoner after uterine and ovarian operations than after other operations. He had not met with a case of suppuration of the parotid.

Dr. **Brewis**, Mr. **Cathcart**, and Dr. **James Ritchie** also took part in the discussion.

Professor **Annandale** read a paper on

PRELIMINARY TRACHEOTOMY.

He advocated the performance of tracheotomy as a preliminary step in all operations about the oral cavity. It should be done immediately before the major operation. The risks of complication were greater if an interval were allowed to occur. Various instruments had been arranged in order to the more perfect carrying out of the objects. Trendelenburg's instrument embodied the principle well, but he thought it cumbersome and liable to go wrong. He was a great believer in simplicity of instruments. He made use of a slightly modified vulcanite tracheotomy tube, with india-rubber tubing attached. The tracheotomy tube was fixed in position by means of thread and gutta-percha, and the india-rubber tubing was led away from the patient, out of the way of the operator, to a tumbler containing a pad of wadding soaked with the anæsthetic. The upper part of the œsophagus was plugged with a long pad of cotton-wadding rolled in oilcloth, with thread attached, so that it might be withdrawn at any time. This he thought an additional advantage, as blood passing down into the stomach doubtless kept up the tendency to sickness.

Mr. **Duncan** agreed with Mr. Annandale as to the advisability of preliminary tracheotomy immediately prior to the major operation. He thought the simpler the expedients made use of the better, and he expressed the opinion that that method was the best for each operator which his own experience had led him to adopt.

Dr. **Alexander Bruce** showed the brain of a child who had died in the Sick Children's Hospital with marked convulsive symptoms. The little patient had been under the care of Dr. Carmichael, who used to demonstrate it to his class as a typical case of simple meningitis recovering. Some weeks after being discharged it returned again to hospital, and died in convulsion. The membranes were found to be natural, except at the base posteriorly, where there was a little thickening of the pia mater and a glueing together of two adjacent points in the cerebellar hemispheres. The lateral ventricles were greatly distended with fluid, as also the third ventricle and the *iter a tertio*. The veins of Galen were not distended. Dr. Bruce thought the distension of the ventricles was due to the old meningitis.

ACADEMY OF MEDICINE IN IRELAND.

Surgical Section.

Meeting held Friday, Dec. 10, 1886.
The President, Sir Wm. Stokes, M.D., in the Chair.

CONSERVATIVE SURGERY IN DISEASES OF THE FOOT AND ANKLE-JOINT.

Mr. Wheeler read a paper on conservative surgery in disease of the foot and ankle-joint, of which the following is an abstract:—

Having briefly alluded to the anatomical distribution of the synovial membrane and to the arches of the foot, he recorded several interesting and successful operations, including excision of the os calcis, of the astragalus, scaphoid, cuboid, middle, cuneiform, and metatarsal bones; also resection of the first phalango-metatarsal articulation. The last case he recorded was excision of the os calcis, astragalus, and the malleoli, together with the articular surface of the tibia. He decribed in detail the diseases requring excision of the os calcis, the form of incision, and, after treatment, he condemned the subperiosteal operation in such cases. All his excisions of the os calcis were successful, and the locomotion of the patients but little impaired. One of the cases he operated on died seven years after the operation from phthisis. The case of excision of the astragalus had been seen within a very recent period, the lady had a movable joint between the os calcis and malleoli, and possessed nearly equal powers in the foot operated on and in that unoperated on. The case in which he removed the astragalus, os calcis, and the malleoli, with articular surface of the tibia, for disease of these bones, the patient had been treated in India, and afterwards in London, where he was told that there was not any disease of the bone, and that he would be recovered in two months. This gentleman had left for India last October, at which time he was able to wear a well-adapted boot and walk with the aid of a stick. A letter had been received from him on the 1st of November stating that his powers of locomotion had improved. A cast of the foot after operation and recovery was shown at the meeting. Mr. Wheeler concluded his communication by emphasising the necessity for carefulness in diagnosing the seat and cause of disease of the foot, likewise the stage the disease was in before undertaking partial operations.

The **President** congratulated Mr. Wheeler on his unbroken series of successes, but this did not tally with the experience of most operating surgeons, including his own. He had not found cases in which the disease was sufficiently limited to insure satisfactory and permanent results by partial excision, and the want of such limitation was the chief reason why Pirogoff's operation was abandoued. Indeed, he was himself one of the first, if not the first, in this country to perform excision of the ankle-joint for caries, and he obtained what seemed to be a successful result—the wound healed and the patient had the use of his foot for two years; but at the end of that period the disease manifested itself again, and contemporaneously with it there was also evidence of tubercular disease of the lungs, which prevented further operative measures. In caries of the tarsus, he would in the majority of cases, be disposed to perform Symes' amputation at once, having regard to the liability of a recurrence of the disease in the bones which at the time of operation are apparently healthy. He concurred with Mr, Wheeler in his remarks on Chopart's operation, that contraction did not follow. But Mr. Wheeler seemed inclined to disparage the subperiosteal method, without giving definite reasons. While the advantage of some excisions by that method were exaggerated, as in excisions of the elbow-joint, yet in others there was no doubt that it was useful, especially in the shoulder-joint, and the excision of shafts of bone, as the fibula, radius, and ulna: for in the young the preservation of the periosteum was of great importance. In excision of the elbow he did not think that better results were obtained by this than by the older method.

Mr. **Croly** said that if there was one subject more interesting than another to him it was preservative surgery, especially that of the foot. He had had his first lesson in it from the late Mr. Tufnell in the treatment of a girl for disease of the cuneiform bones. At the time Mr. Tufnell was in the habit of doing Symes' amputation, but in this case he resolved on gouging out the cuneiform bones and leaving a foot which would enable the girl to earn her bread. Having since performed a great number of operations for disease of the ankle-joint, himself, the result was that he did not like the operation for incision of the os calcis. He had not had success in saving the foot where the disease seemed to be confined to the os calcis. He removed the os calcis by a horse-shoe incision where the rest of the bones seemed sound, but it turned out that they were infiltrated. He had had, however, a most successful case in private practice of excision of the calcis for gunshot injury where the bone was shattered and shot lodged in the calcis, and the gentleman now had a useful foot. He had met another case of great interest. A man fell off a horse injuring his ankle-joint, which exhibited all the evidence of compound fracture. Amputation was proposed, but the man refused to allow it. Months afterwards, when under his care, he cut down under the ankle-joint and found the astragalus was detached and that the tibia had come down and accommodated itself on the os calcis. The man was now engaged as a coachman and groom with a useful foot. With regard to the utility of potassa cum calce, a boy was brought into hospital with what seemed to be an incurable foot and a fit case for Symes' operation; but determining to give the child every chance, he bored the cuneiform bones with potassa cum calce, and the child left the hospital with a useful foot. The advantage of saving the periosteum of the calcis bore no comparison to that of saving the periosteum of the shaft of the bones. He did not think he would try to save the periosteum of the calcis, as he would not expect a good result; and so, too, as to excision of the ankle-joint for disease, accident cases excepted. He would also be sorry to remove the foot by Symes' method, without giving a chance of saving it.

The **President** explained that he did not advocate a rush for amputation knives in all cases of caries of the tarsus, but only in those where the surgeon has to determine between extensive gouging of the tarsal bones and their removal, did he prefer Symes' method.

Mr. **Croly** said his own experience told him that the foot was a part of the body for which a good deal could be done in the way of preservative surgery. It was hard to tell where to begin, seeing that the surgeon sometimes found the cartilage sound and a bad bone under it, and *vice versa*.

Mr. **Barton** distinguished between caries from disease of the bone and that from accident, which was approached by the surgeon on different lines. The experience of the practical surgeon was unfavourable to gouging or partial operations where there was extensive caries or the disease was diffused. Hutton, who had operated as Mr. Wheeler did, discountenanced the then new procedure as leading to an unsatisfactory result, and yet Mr. Wheeler, by removing a similar amount of bone without following the same line of incision, had obtained success. He himself struggled to save a foot of which the disease was only partial, and his experience was that while he had been successful in some cases, yet in a great many he had been unsuccessful, and it would have been better for the patients had he performed Symes' operation at first.

Mr. **Croly** asked was Symes' amputation preservative surgery.

Dr. **Doyle** said it seemed to him, without pretending to be a pathologist, that the specimen of bones marked "Dec. 17, '85," in the case of the patient who refused to be operated on in London, did not exhibit much disease. He would like to have the opinion of a pathologist on the point.

Mr. **Franks**, while sensible of the fact that the more the patient had of his own feet to walk upon the better, observed that under Symes' amputation feet and boots might be applied which would allow of the patient getting about well. The unsatisfactory results of the partial excision were due in the first instance, to foci of disease being left untouched, and secondly, to operating on patients who had sunk so low in health that they had no recuperative power in them. At the same time, the condition of the patient was often made too much of in these days of antiseptic surgery, and therefore conservative surgery might be adopted with more hope than before. In tubercular disease, however, health was a great factor, everything depended on the constitution of the patient, and caries sometimes got well without operation at all. The tendency of surgery was to partial excisions, especially in view of the success achieved by Ollier, of Lyons, who was a great advocate for subperiosteal operations. It was obviously better to leave a periosteum that could develop bone rather than excise it with the bone and hope for a pad of cicatricial tissue to walk upon. He witnessed a case of a girl of eighteen or nineteen years of age which impressed him with the power of the periosteum in forming bone. Mr. Bryant had by a long excision excised the head of the thigh bone and three-fourths of the shaft, leaving the periosteum. This bone was standing by the patient's bedside. On examining the girl he found that the head and neck of the femur had reformed, and also three-fourths of the shaft, every movement of the hip-joint being perfect. In partial excisions of the foot, he did not see why such operations should be attended with success in France and Germany and not in Ireland.

Mr. M'Ardle, looking at Mr. Wheeler's successes, said the prospects of preservative surgery were bright, but his own experience and reading pointed to a different conclusion, even with the German surgeons, and therefore he inquired whether Mr. Wheeler had given all his cases, since if he had not, the omission of his failures would be unfair to the Academy.

Mr. Henry FitzGibbon having assisted Mr. Wheeler at the operation for the excision in the case of the Indian planter, testified to the fact that the bones were extensively diseased, including the os calcis. It was in that case a question whether there should be a Symes' amputation or excision of the os calcis. For his own part, he thought amputation would have been the better surgery, and therefore he was agreeably surprised to see the man walking well with the assistance of a stick before he left Ireland—a far better result for a man whose avocation necessitated horse exercise than could be acquired with an artificial foot. In considering the question of excision, the main point was what was the primary cause of disease in the bones. The great distinction was between disease of bones resulting from accident and disease arising from constitutional cachexia. He had had a case himself of a girl who dropped a needle into the middle cuneiform bone, which he excised, and she made a perfect recovery. She had 32 sound teeth—a good indication of the absence of constitutional cachexia, and this was the case also with the Indian planter.

Mr. Wheeler, in reply, said he did not agree with the President in thinking that in advanced disease of the tarsus amputation by Symes' method was the correct surgery to adopt. It might have been that the President's want of success in partial excisions of bones of the foot was due to his allowing the disease to advance beyond the limits of partial operations, or his cases might not been either in the stage or situation from which it would be reasonable to anticipate success from partial excision, and that resection of the cuboid bone or os calcis would have been more likely to succeed than resection of the middle cuneiform, even for anatomical reasons. Resection in disease following injury promised more favourably than resection for disease from constitutional causes; and likewise in disease of bones following inflammation of the ligaments than when the disease originated in the bones. As regards subperiosteal resection, he thought that in resection of the os calcis it was not advisable, no more than in resection of the elbow-joint for caries. Preserving the periosteum in resection of long bones was not analogous, but even in such cases he believed the periosteum was diseased and did not after the operation carry on the functions ascribed to it. The President's experience of Chopart's operation was similar to his own. Examination proved that not only was the tendo-Achilles engaged but also the flexor communis and pollicis longus muscles, and it was his custom not to relax these muscles but to extend them by keeping the ankle-joint flexed to the leg extended. If, on the contrary, the leg was kept flexed it would shorten there tendons during the healing process and favour contraction. He concurred with Mr. Barton that disease of the foot in the diffuse and progressive stages was not suitable for partial excisions, but he disapproved of gouging as tending to excite inflammation and further disease. In reference to Dr. Doyle's remarks, he had only to say there was not any difficulty in observing the disease in the bones exhibited. All his cases were communicated to the Academy exactly as they occurred, and their remarkable success excused the inquiry to that effect. One of the four cases in which he excised the os calcis died four years after the operation of phthisis.

The Section then adjourned,

LIVERPOOL MEDICAL INSTITUTION.

The Sixth Ordinary Meeting was held on December 23rd, 1886.

The President, Dr. Nevins, in the Chair.

The following pathological specimens were shown:—

Perforation of bowel from a case of typhoid fever, by Dr. Robertson; ulcer of the vermiform appendix, by Dr. Barron, in which there was also thrombosis of the portal vein and absence of bile, but no ascites; and cystic degeneration of kidneys, evidently congenital, by Dr. MacAlister, in which the kidney was almost entirely composed of cysts.

Dr. W. Macfie Campbell then brought forward three interesting and suggestive

CASES OF INSTRUMENTAL MIDWIFERY,

which will be found at page 68.

In the discussion which followed,

Dr. Steele said this practice was taught by Barnes. In every case of difficulty with the forceps he had been in the habit of turning. He had never performed craniotomy, but had turned successfully where craniotomy had been adopted at a previous confinement.

Dr. Bailey suggested that premature labour should be brought on when difficulty was known to exist.

Dr. Pooley had had forty years' practice in New York, and he expressed a hope that the time was coming, as he believed it would come, when craniotomy would be completely replaced by Cæsarean section. By all means bring on premature labour.

The President said that Dr. Pooley's suggestion was one of very grave importance. He himself dreaded the general introduction of Cæsarean section.

Dr. Stuart also spoke.

Mr. Richard Williams showed a case of

DIVERGENT SQUINT,

operated on in accordance with a novel method, which he described, and the distinctive features of which are that the conjunctiva and tendon are held together in a single loop of ligature, and that the latter passes through the tendon from edge to edge, instead of from within outwards as in the ordinary method. The case itself was interesting in that both eyes were hypermetropic, and equally so (Q. D), and that vision was quite normal in each. The patient, however, had lost the power of conjugate action. This was completely restored by the operation, and the case was satisfactory in every way.

Mr. C. G. Lee said that, in assisting Mr. Williams in operating on one of the patients referred to, two things particularly struck him: 1. The celerity with which the operation was performed; and 2. The simplicity of the operation. In fact, by Mr. Williams's method, reposition of the internal rectal muscle had been entirely altered from being one of the most troublesome operations that an ophthalmic surgeon had to encounter, to one of the most simple. One great advantage of Mr. Williams's method was that only one suture was needed, thus obviating the very usual confusion that arises when several fine threads get mixed up in a small wound; again the necessity for employing those ingenious strabismus hooks, resembling a lithotrite, which were introduced for holding up the severed tendon, was quite done away with.

Mr. Bickerton also spoke.

Dr. J. Wiglesworth read a paper on

THE DIAGNOSIS OF SOME ABERRANT FORCES OF GENERAL PARALYSIS OF THE INSANE.

The typical forms of the disease were excluded from consideration, because whether the mental degeneration was characterised by gay delirium or progressive dementia, no difficulty in diagnosis was experienced, so long as the motor troubles were distinctly marked. The three chief aberrant types that the disease might assume were: 1. Acute mania of the ordinary kind; 2. Simple melancholia; 3. Epilepsy. At times atrophy of the optic nerve was a valuable aid to diagnosis, but this sign, if present, usually came on late in the disease. A case was narrated, however, in which this symptom distinctly aided the diagnosis, being present along with acute mania of the ordinary type, and at an early period of the disease. The cases chiefly dealt with in the paper were those which closely simulated epilepsy, the first manifestation of the disease being an epileptic fit, and the fits exactly resembling the *grand mal.* These cases were very liable to be mistaken for epileptic dementia, and the diagnosis was often very difficult at first. The most important diagnostic sign was the condition of the pupils. Very often these partook of the Argyll Robertson type, *i.e.*, they were inactive as tested by the natural stimulus, light, whilst they retain the normal movement and accommodation. Irregularity and inequality of the pupil were signs which had long been associated with general paralysis, but the Argyll Robertson pupil had only been recognised of late years, and was the least known although the most valuable sign. Cases of the epileptic type were related, in which the condition of the pupil alone enabled a diagnosis to be made, which was subsequently verified by the progress of the disorder. In fact it was not too much to say that, excluding cases of locomotor ataxia with mental symptoms, the presence of the Argyll Robertson pupil in any case of mental disorder was almost, if not quite, sufficient to stamp the case as one of general paralysis.

Dr. Stanley Gill said, whilst he complimented Dr. Wiglesworth upon his extremely original paper, at the same time he must take exception to the state of the pupil being so sure a diagnostic sign of general paralysis as Dr. Wiglesworth wished us to believe. General paralysis was far too variable a disease, both in its symptoms and pathology, for us to single out any one symptom, and rest our diagnosis upon it. All the cases with the condition of pupil described by Dr. Wiglesworth were those of women, one of whom was stated to be of loose character, and as general paralysis was comparatively rare in them, it was just possible it might have been of syphilitic origin.

Messrs. Bickerton and Clegg also spoke.

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WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Friday, January 7th, 1887.

The President, Dr. Alderson, in the Chair.

Dr. Seymour Taylor read a paper on

THE ETIOLOGY OF PHTHISIS, AND ITS TREATMENT FROM A HYGIENIC STANDPOINT.

Phthisis he considered a condition or symptom having several causations: inflammatory, fibrous, tubercular or otherwise. The tubercular form might be described as bacillus phthisis, or owing to Koch's connection with the tubercle bacillus, the disease might be called Koch's phthisis. In his experience the bacillus tuberculosis was always present in tubercular phthisis. Tuberculosis, like cancer, may vary in its virulence, in some it may be general in its distribution, it may be quite a local process, tubercule is not singular in its behaviour, it attacks some localities by preference. It selects certain families or constitutions, apparently by preference and not by accident, the author then discussed the arguments which had been advanced against the infective theory of tuberculosis, and said that other factors were necessary for a man to catch the disease than the mere contact of the bacillus, while whatever the gate of infection might be—mucous or otherwise—an abnormal condition of the points of contact was a certain factor in the production of the disease. The blood contained bacilli after inoculation, and as in enteric fever a relapse may be occasioned by re-inoculation from an infected patch of ulceration, so it may be the case that extension of tubercular ulcer on the tonsil, or buccal cavity, or from strumous glands containing bacilli, indeed it is possible by inhalation to account for the multiple tubercular lesions which are met with in the lungs. The author then sketched briefly the life history of a tubercular patch, and discussed the origin of giant cells. He concluded by epitomising the causes which in his opinion rendered phthisis so virulent amongst us, and said that our cold, damp climate by favouring the prevalence of catarrh of the respiratory apparatus was directly responsible for a condition which allowed the tubercular parasite to flourish.

Dr. Blenkinsop also read a short paper on "Phthisis,"

THE OPERATIVE TREATMENT OF INTERCURRENT DISEASE IN TUBERCULAR PATIENTS.

Mr. Bruce Clarke read a paper on this subject.

After briefly discussing the nature of tuberculosis and its dependency on a specific bacillus, the author proceeded to show that it was almost impossible to remove by a surgical operation, the whole of the bacilli that had found their way into the body. The local manifestation was all that could be got at. It was clear, therefore, that an operation could only aim at removing a growth which was causing so much constitutional disturbance as to prevent the recuperative powers of the patient and the physician's remedies from exercising a due influence on the course of the intercurrent disease. After relating several cases of his own and of other surgeons in which such operative treatment had been practised with a greater or less measure of success, and after showing that such cases healed with success and ease. The author concluded by asserting that surgical interference was only justifiable when all attempts at cure without the knife had been tried and found wanting.

Dr. Thorowgood in the course of some remarks said that a depressed state of the nervous system was an important factor in the causation of phthisis.

The President said that a dry soil was an important preventive of phthisis. In the second decade men were much more prone to the disease than women.

Mr. Keetley and Brigade-Surgeon Curran made some remarks, and Dr. Thudichum observed that there was no climate in the world which was free from phthisis. He thought the Koumiss cure, advocated by the Russians, was of no real use. It was remarkable that since Koch's discovery of the bacillus, phthisis had increased all over the world.

Messrs. H. H. Taylor, Lloyd, Benham, and Dunn continued the discussion, and Drs. Seymour, Blenkinsop and Mr. Bruce Clarke respectively replied.

Dr. P. S. Abraham showed a selection of sections of tubercular organs in man and the lower animals, and specimens of the tubercle bacillus.

Messrs. Wright and Co., of New Bond Street, exhibited a large collection of instruments—sprays and inhalers.

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The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 41, Bombay 21, Madras 34, Paris 25, Brussels 21, Amsterdam 24, Rotterdam 29, The Hague 22, Copenhagen 22, Stockholm 20, Christiania 23, St. Petersburg 29, Berlin 20, Hamburg 33, Dresden 22, Breslau 33, Munich 26, Vienna 25, Prague 29, Buda-Pesth 32, Trieste 32, Rome 28, Turin 22, Venice 20, Cairo 48, Alexandria 37, New York 29, Brooklyn 24, Philadelphia 19, and Baltimore 14.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 24·1 per 1,000 of their population, and were—Birkenhead 23, Birmingham 22, Blackburn 30, Bolton 21, Bradford 19, Brighton 20, Bristol 26, Cardiff 30, Derby 20, Dublin 36, Edinburgh 20, Glasgow 31, Halifax 24, Huddersfield 23, Hull 22, Leeds 28, Leicester 24, Liverpool 28, London 23, Manchester 31, Newcastle-on-Tyne 27, Norwich 28, Nottingham 20, Oldham 19, Plymouth 29, Portsmouth 17, Preston 29, Salford 21, Sheffield 22, Sunderland 19, Wolverhampton 31. The highest annual death-rates in these towns last week were—From measles, 1·9 in Wolverhampton and in Liverpool, 2·0 in Newcastle-upon-Tyne and in Halifax, 2·6 in Leicester, and 3·0 in Leeds; from scarlet fever, 1·1 in Norwich, 1·2 in Bristol and in Manchester, 1·8 in Blackburn and in Sheffield, and 2·0 in Sunderland; from whooping-cough, 1·4 in Bristol and in Plymouth, 1·5 in Preston, 1·6 in Sunderland, and 2·9 in Huddersfield; and from "fever," 1·1 in Birkenhead, and 1·4 in Plymouth. The 36 deaths from diphtheria included 18 in London, 5 in Birmingham, and 4 in Glasgow. Small-pox caused no death in any part of the United Kingdom.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 26, 1887.

SIR JAMES PAGET ON THE FUTURE OF PATHOLOGY.

THE teaching of the eloquent though brief address delivered last week by Sir James Paget in his office as President of the Pathological Society of London is well and simply summed up in an expression employed by the orator himself, to the effect "that with true work true good will come." The acceptance of a belief in this aphorism is the beginning of pathological wisdom, in the same way and as much as it has been the commencement of every great achievement in medicine; and no one is more fitted than the veteran surgeon who gave utterance to the truism to impress on the minds of his junior fellow-labourers in the field of discovery, how essential it is to gird themselves with such assurance as he confidently offers for their acceptance. Sir James speaks to us with an authority that none can impugn; his language is the language of experience, which none who listened to him can claim to have exceeded; and though there runs throughout the periods of his address the plaintive echo of a natural longing for repose, there is still apparent in it the inextinguishable desire to know more and deeper which is the inseparable attribute of genius. Again, repeating his own eloquent words, "For every increase of knowledge brings before us a larger and clearer view of the immeasurable quantity which is still to be gained. The more we know, the more can we see, if we will, how much more there is that we do not know." And we might add that it is the restless spirit of inquiry that is animated by such knowledge that is answerable for every advance that is made, a spirit that exists as a consequence largely of the influence and example of lives such as that of the honoured and beloved President of the Pathological Society himself.

Sir James seeks not to propitiate dreamers in his descriptions of the work that lies before the pathological student. The burden of his cry is work, unceasing practical labour, investigation of active living tissue in every one of its relations, physical, chemical, and physiological as well as clinical, and of the minutest possible description. He defends the practice of medicine from the charge of empiricism on the ground that even among empirical facts, so-called, "modern scientific work may win great riches for pathology;" and he points out how specific medicines which above all others have obtained their position as a result of the experimental (empirical) employment are very frequently invaluable from a diagnostic point of view also. And thus he goes on to affirm "they prove differences among diseased conditions that in other things appear alike. The epilepsy which is averted by the habitual use of bromide of potassium cannot depend on the very same conditions as that which is not so averted; the ulcer which heals under the influence of mercury cannot be of the same kind as that which looks like it but does not so heal. Thus, as we all know, these medicines are tests; and we may guess that each of them detects the presence of some material belonging to the disease which it cures. Here, then, is work for the scientific practitioner; he may find the material and more, if he will observe the facts in practice much more minutely, and record and collect them, and bring to bear upon them as much light as possible from other sections of pathological science. They will yield more knowledge, and his practice will be promoted to a better title than empirical."

In this quotation the path to be steadily pursued in the future is clearly set forth, and encouragement is offered to every one engaged in active professional duties to lend his aid in raising up the growing fabric of pathological science. It is the teaching of a master who would have the number of his disciples limited only by the number of those qualified by mental endowment and the training of his powers of observation, "to watch, perceive, and record," and he truly says that this great task "in the variety and complexity of its problems offers work sufficient for the employment of nearly every variety and opportunity of the scientific mind. . . . not only for the anatomist and physiologist, but for the clinical observer, the experimentalist, the minutest microscopist, the statistician, the chemist, the naturalist, the historian, the psychologist, and yet more." No man, however, can be all these, and hence each will do his share best who follows in the direction to which his special genius prompts him.

This is a broad, a just, and a fortunate view of the subject to be set forth by such a teacher; and as those who listened to the address enthusiastically proved their appreciation of its importance, so will the whole profession likewise be grateful for so clear an exposition of the needs of the future of pathology.

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HOSPITAL FUNDS.

It is interesting and instructive to notice an appeal for funds which appeared in a recent number of our contemporary *Truth*, from Lady Margaret Sandhurst, coinciding in point of date with that which has been put forward on behalf of Guy's Hospital. Lady Sandhurst applies in the interest of a work which she describes as one of peculiar character, and the information which follows fully bears out her description. Some three years ago, according to her Ladyship's account, a work was commenced for the purpose of showing what could be done for the cure of "deformities, disease, and nervous affections," by magnetic (mesmeric) treatment, and the results of the "work" are stated to have been remarkably successful, indeed, in some instances, "little short of miraculous," seeing that cures were promptly effected in cases "pronounced by the faculty incurable and hopeless." It is discreditable that even an institution where such unexampled successes are recorded should suffer from the very general complaint of a lack of funds which can only be due to a want of appreciation on the part of an usually impressionable public. That "funds are urgently needed" we can readily believe, magnetic massage is not being a treatment which appeals *à priori*. to the minds of most intelligent people.

This touching appeal is only one of a whole category, the drain of which upon the purse of the benevolent public must be held responsible for the impecuniosity of many, nay most, of the great and deserving institutions of the metropolis. The foundation during the last century of a host of "special" hospitals, to a great extent private speculations, has, in combination with other factors, utterly disorganised the financial arrangements of hospitals dependent for their support on voluntary contributions. To such a pass has this disorganisation come, that unless some remedy be brought to bear upon it, and that speedily, we shall find ourselves face to face with the problem of hospital maintenance, of which only two solutions have been suggested. One is to cut down the expenditure to the limits of income—a procedure which would entail the closure of whole wards—and in some cases of whole hospitals, and the other would be the creation of a hospital board which should take over the administration of funds for the relief of the sick and suffering, and make up any deficit by means of a general rate. No one will probably contemplate such a change with equanimity. It may be argued that such an arrangement would be conducive at once to efficiency and economy. The efficiency of our present hospital arrangements doubtless leaves little to be desired, but from an economical point of view, reforms are both possible and desirable.

The control at present exercised over the disposal of funds subscribed for the purpose of hospital expenses, is not such as one might wish for, even in the larger and better organised institutions, and as regards the management of the smaller institutions it may be said to be simply non-existent. Take the majority of these homes and special hospitals for magnetic or other treatment, what guarantee have the public as to the proper distribution of the funds subscribed. They may be, and we will venture to believe that they *are*, properly managed, with every regard to economy and efficiency, but money matters in which the public is asked to participate, must be conducted on strictly business principles. Even if we were assured of the proper financial administration of these second and third-rate institutions, they would still be open to the objection that they necessitate an unduly large appropriation of funds for the expenses of management, quite out of proportion to the relief which it is in their power to afford. Moreover, the danger is always present, as a consequence of their mediocre importance, that the government may fall into the hands of an irresponsible clique, who manage the affairs of the "home" or hospital more with a view to their own interests than for the benefit of the public. Many of them are well known to be neither more nor less than *succursales* of this or that specialist, who uses them as a nursery garden for his private practice. The secretary in such cases, in addition to his duties as secretary of the institution, discharges that of amanuensis to the physician or surgeon whose influence is paramount. Such a state of things is a crying scandal, and renders some efficient control indispensable. It is a gross abuse that such *quasi* proprietary institutions should be allowed to claim and receive from public funds, sums of money to be disposed of by an irresponsible body of men, of whose integrity and business aptitudes no guarantee whatever is offered.

The situation is now not far from a solution, and in the interests of the present system of voluntary contributions, which has much to recommend it, it behoves subscribers to insist on a more rigid inquiry into the employment and distribution of the funds which they furnish, and the amount of which is constantly below the expenditure. In default of some carefully planned and carried out form of this kind, Government will doubtless, at no distant date, be requisitioned to deal with the matter.

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THE PROFESSORIAL SQUABBLE AT EDINBURGH.

The correspondence which has been sent to us for publication reveals such a serious state of tension between the learned Professor of the Institutes of Medicines in the University and his assistants that on public grounds and in the interests of the profession we feel ourselves compelled, to draw attention thereto. It throws light, moreover on what our Edinburgh correspondent referred to (Jan. 12) as the "unexpected resignation" of Mr. Herbert H. Ashdown, M.B., Senior Demonstrator of Physiology to the University of Edinburgh. For some weeks rumours of a most unpleasant character have been current in scientific—and, we fear, in non-professional—circles all over the country as to the immediate cause of that hurried step. The letters which follow afford suggestive explanation. But it appears to us surprising that matters of so grave import as those indicated by the second paragraph of the apology and retractation should have been allowed to lead to the resignation of a successful teacher and able investigator without the institution of a full and searching inquiry into the nature and truth of the charges. The fact that an apology of this humbling character has now been proffered suggests that the status of demonstrator or assistant in the Scotch Universities can hardly be so defined and independent as it ought to be. An assistant ought to have some other resource in such difficult circumstances than an enforced resignation. We take for granted that it was a serious loss in many ways to Mr. Ashdown to give up his post and yet, under existing arrangements, he was compelled to resign, that he might escape from the perilous position in which his superior had placed him. University assistants ought undoubtedly to be University servants, just as the professors are. They must be responsible to the same authority, and, in common fairness, they should have the same court of appeal. From every point of view it is most unsatisfactory that they be the paid dependents of individual professors. Had Mr. Ashdown's position been established apart from the Professor with whom he was associated, this unpleasant *rencontre* could not have occurred.

Granted that the conduct of any University official is objectionable, there should be a tribunal to which the aggrieved "citizens" may apply directly, with some reasonable prospect of redress, and to the jurisdiction of this tribunal all University servants must be equally amenable. But we forbear from further comment. The letters sufficiently explain themselves. It should be added, however, that we are credibly informed that this is the third or fourth resignation that has unexpectedly occurred in connection with the same department. This cannot represent a satisfactory state of affairs.

3 North Charlotte Street, Edinburgh,
January 18, 1887.

Sir,—I beg to enclose a copy of a holograph letter addressed to me by Professor Rutherford, M.D., F.R.S., containing his apology for, and his complete retractation of, the language used by him to me personally, and about me to others, on the occasions referred to in that letter.

The language which Professor Rutherford used to me on the 11th December last was of such a nature as to leave me no alternative but at once to resign my appointment as his Senior Assistant, which I did.

The fact of my resignation and the circumstances which led to it, and the remarks made by Professor Rutherford upon it to his class and to others have given rise to comments in various quarters. I therefore feel it to be necessary to give to Professor Rutherford's apology and retractation the same publicity, so far as I can, which has been given to the incident which led to my resignation, and I therefore send you the enclosed copy letter for the purpose of showing the entire absence of any foundation for the language which Professor Rutherford saw fit to use to and of me.

I am, Sir, your obedient servant,
Herbert H. Ashdown, M.B.,
Late Senior Demonstrator of Physiology
in the University of Edinburgh.

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14 Douglas Crescent, Edinburgh,
January, 17, 1887.

Dear Sir,—I beg to apologise for the remarks made by me relative to you at our interview on Saturday the 11th December last, and to express my deep regret for having on that occasion used expressions to you which were understood by you to imply charges seriously affecting your moral character. On consideration I admit that the expressions which I unfortunately used were such as naturally to produce this understanding; but in justice to myself, as well as to you, I desire to say that it was not my intention to make such charges, for which there is no foundation.

I further apologise and express my deep regret for having charged you both personally and to others with objectionable manners on some occasions. I admit that you gave no occasion for any such charges, and I unreservedly withdraw them.

I also beg to express my sincere regret that what I said caused your resignation as my Senior Assistant.

Yours very truly,
(Signed) W. Rutherford.

To Dr. Herbert H. Ashdown.

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Notes on Current Topics.

Brain Surgery.

Facts do not appear to favour the prosecution of this branch of the surgical art, and the more they are looked into by the light of results the less do they support the views of the F.R.S., who painted them in such glowing terms recently in a contemporary. Unfortunately for that (his, F.R.S.'s) view, says Dr. Goodhart, in the Pathological Society's Transactions, "I had in my mind another case in which, according to the diagnostic skill of Dr. Ferrier himself, a cerebral tumour was judged to be a fit case for the attempt at its removal. The man died before the attempt was consummated, and the tumour was found to occupy the entire thickness of the anterior third of the affected hemisphere. *This is the way in which* (italics ours) *most of these cases reject the advances of surgery.* Extensive disease in the white matter gives so little evidence of its presence. For the last thirteen years I have been making post-mortem examinations at Guy's Hospital, and during that time, although I have come across many cases of cerebral tumour, I do not remember to have seen a single case in which the tumour was at the same time *accessible* and so *localised* as to be capable of successful surgical attack. . . . When, therefore, I read that the case to which I have alluded has opened the door to successful treatment of scores of similar cases I can only say that a consideration of all the facts and particulars of that class makes one very doubtful as to the accuracy of F.R.S.'s judgment. I am the more inclined to take the opposite view, viz., that it is very doubtful whether in the region of cerebral tumours other than inflammatory, *surgery has any future worth mention before it.*" So speaks an able pathologist as well as a practising physician of specialised experience on the point, and we trust that the authorities of our hospitals, surgical and otherwise, will take stock of these statements, and either prohibit entirely or reduce to a minimum, these ingenious, but, withal, useless operations. Assuredly, if they do not, some irate friend or relation will interpose and call them or their operator to a severe account. Woe be to him who ignores such teaching and such facts as we have just reproduced. However disinterested he may appear to be, no jury could "find" for him in face of such damning evidence as this of Dr. Goodhart's undoubtedly is. It more than upholds

Surgeon-General Gordon's inquiry as to the *cui bono* of such wild surgery or mere worthless experimentation. Confirmatory also of this view, we have before us opinions of the Committee on "Morbid Growths or Intra-cranial Tumours," as follows:—"The Committee felt that it would be impossible to pass over the question of surgical treatment in intra-cranial growths. Yet out of the fifty-four tabulated cases *two only seemed suitable for removal*. Again, "the fact that intra cranial growths may exist in certain parts without giving rise to symptoms referable to such parts, their tendency to compress and displace without destroying, and lastly, the pressure they often exert on remote parts *very often render their localisation a matter of pure conjecture.*" Verily Dr. Gordon may again repeat his *cui bono* without any expectation of getting it satisfactorily answered, and if these several statements are—as they undoubedly are—true, then might Ferrier as well have been beating the air as boring holes into the crania of monkeys, or cutting slices out of their contents.

Testimonials to Proprietary Medicines.

An American contemporary has found it necessary to enter a protest against the giving of certificates by medical men in favour of proprietary medicines. It is to be regretted that such a protest should be called for, but the practice is certainly one which calls for the strongest disapprobation. It is not altogether unknown in our own country, as a glance at the advertisements and circulars of proprietary medicines will show, but it is very rare indeed that a man of any standing or reputation has allowed himself to be coaxed or deluded into such a breach of etiquette and good taste, not to say honesty. Too much caution cannot be shown in expressing satisfaction—in writing at any rate—even of drugs or preparations which at first sight may appear to be outside the category of "patent medicines." If a drug or preparation be really possessed of the qualities claimed there are proper means of bringing it to the notice of the profession, and none other should be countenanced.

Thirst in Infants.

Thirst is a sensation which is relieved by the introduction of some liquid into the alimentary canal, consequently, a very general impression prevails that milk, being a liquid aliment, is at the same time a drink which will appease thirst. This belief, however, is erroneous. Milk, the type of a food, calms hunger but often only aggravates thirst, especially when digestion has begun. It is for this reason that, much to the astonishment of mothers, infants often cry for more soon after a copious meal of milk. To put the child again to the breast is only to add fuel to fire and to pave the way for a serious attack of indigestion. The explanation is not difficult. The first thing that happens when milk is introduced into the stomach is the precipitation of the casein in the form of curds, the digestion of which is apt to overtax the supply of gastric mucus, more especially as the supply is by no means abundant in infants. The curds thus incompletely macerated tend to form lumps, sometimes of great size, which disorganise and fatigue the functions of the stomach. All circumstances which tend to lessen the proportion of liquids to solids in the stomach, give rise to the sensation of thirst, and if the mother will only supply, at the proper moment, a genuine liquid, such as water, digestion recommences energetically, and goes its course. No risk can attend giving infants now and again a teaspoonful or two of water, and the best way is to give it tepid and slightly sweetened.

Suicide by Dynamite.

Some people are dissatisfied with the methods of suicide consecrated by immemorial usage, and prefer to make use of agents which modern science has placed at their disposal. Dr. Zalaski has recently published two somewhat curious cases of this description. In one, a man, on being arrested for poaching on fish preserves by means of dynamite cartridges, attempted to commit suicide with one of them. He placed it under his chin, but the effect of dynamite explosions being more marked downwards than upwards, the only result was to blow off his right hand, damage the left hand, and mutilate his face. Number two was more successful. He lay down on the ground, placing the cartridge on his chest. After five unsuccessful attempts to light a match, the sixth took fire and exploded the cartridge. The thorax and abdomen were completely emptied of their contents, and the corresponding parts of the vertebral column and ribs were also missing. The other parts of the body were not injured.

Cruelty to Animals.

During the recent snowstorms which for many days blocked our streets the climax of suffering must have been reached by the helpless animals goaded on by the lash of the whip to bear civilization's burdens. Not a word of remonstrance was uttered by the screeching sisterhood of the Antivivisection Society, nor that of the Cruelty to Animals Society, both of which receive large sums of money for the ostensible purpose of performing some such duty to the animal creation. The supporters of these societies are apparently not to be aroused by the sufferings endured day by day by the cab, cart, and carriers' horses, over-driven and cruelly ill-treated in the streets of London; nor by the more harrowing tale of the cruelties practised in the cattle markets of the world, which surely might be expected to stir up humanitarians in every country to action. A truly horrible tale of suffering comes to us from Texas. The "State official," Colonel Cunningham, reports to "The Bureau of Animal Industry" that in nine of the cattle-breeding states the losses arising during the past year from drought, starvation, and exposure to the weather amounted to the enormous number of four millions of animals out of sixteen millions. This large number does not include losses from disease, nor the loss of many young animals not strong enough nor old enough to follow the herd in its daily struggle for existence. One in every four of the animals bred dies a miserable death, either from drought, want of pasture in summer, and to which in winter is added frost and snow. Cattle breeders, it appears, are totally indifferent to the sufferings due to crowding the plains and pasturage with beasts, an enormous percentage of which they know will be lost to them, but still leave enough whereby they may grow rich. In such a case the storms of winter and the snow drifts known to destroy tens of thousands heads of cattle at a time offer a far more merciful death than that received at the hands of their merciless drivers. If, however, neither the vivisectionists nor the Cruelty to Animals Society subscribers look upon the cruelties practised upon these thousands of tame animals as no business of theirs, then may we direct their attention to what is going on nearer home. Our Parisian neighbours, a week ago, to show their sympathy with the sufferings of the Southern peasants from recent inundations, hit upon the revival of the bull-fight as the best means of raising a fund. The bulls brought into the ring were most mercilessly goaded and tormented by their persecutors, and to the great gratification of thousands of brutal sightseers, who freely paid their money to witness this inhuman sport.

Verification of Hospital Attendances.

We understand that the Branch Medical Council for Ireland has, on the motion of Professor Haughton, adopted a resolution in favour of the verification of hospital attendances by inspection by a special officer. Such a decision would be very creditable to the Branch Council, most necessary to secure the *bona fides* of Irish medical education, and most advantageous to the student who is honestly pursuing his studies. Verification of signatures need not be feared by any student who is honestly working at his business, nor by any hospital which is honourably carrying out the arrangements for checking attendances, and any pupils or teachers who object to the proposed inspection invite suspicion as to their *bona fides*.

Catching Cold at School.

A very appreciable amount of damage is done to health by the lack of experience of boys at school in the matter of hygiene. After several hours spent in the over-heated, but not over-pure atmosphere of the class-room, the lads are sent without transition into the playground, which at certain seasons of the year is glacial in temperature. Some of them play marbles or some other game not involving muscular effort, until too numbed to continue, while others indulge in violent exercise, until, out of breath and uncomfortably hot, they placidly seat themselves until sufficiently cool. The precautions which would suggest themselves to the adult provided with an average amount of foresight naturally do not occur to boys, or if they occur, are disregarded. The result is that a comparatively large proportion of the boys suffer more or less severely from maladies *a frigore* Acute pneumonia and bronchitis, pleurisy and acute rheumatism, to say nothing of influenza and quinsy, are the reward of their ignorance or of their temerity. It behoves those who are in charge of these youngsters to make up for the incautiousness of youth by enforcing the observance of a few elementary but useful precautions. On leaving the school, none should be permitted to loaf about or to take part in games which do not involve active bodily movement. Overcoats cannot and should not be insisted upon, for the simple reason that if they were, the earliest possible opportunity would be seized of taking them off and thus doubling the chances of catching cold. Probably the simplest and least irksome plan would be to provide each boy with a jacket of the kind generally known as the "Cardigan" jacket, a close woollen garment which prevents sudden chills, and does not interfere with the liberty of motion which is such a strong passion with healthy boys. Its use ought with equal reason to be enforced in the football field, where the slightest negligence may be serious, from the arduous labour involved in the game and the flimsy garments which are worn thereat. The indications are difficult to fulfil, and they might be the means of protecting our boys against the consequences of their ignorance or inexperience. We commend them to the notice of the proper authorities.

M.D.'s for General Practitioners.

It is reported on good authority that the Irish Colleges have taken fire upon the proposal that the London Colleges should seek powers to make all their conjoint diplomates into M.D.'s. The Irish Colleges do not at present put forward any claim to such privilege, and, as far as we know, they have no desire to put themselves in controversy with the University of Dublin or the "Royal" by doing so, but they will be very likely to insist upon being granted their share in any privileges which may be conceded to the London Colleges, and *sequitur*, will resist all exceptional and one-sided legislation for the purpose.

The Royal Army Warrant.

We have caused the Warrant which has been recently issued to be examined for the purpose of ascertaining whether its provisions materially affect the interests of the Medical Department, but we cannot find that they do. The "service" newspapers have represented that the Warrant abolishes all relative rank of the medical staff, but this is not the fact, for the clauses dealing with that matter have reference only to departmental officers who hold honorary rank.

The Metropolitan Water Supply.

Professor Dr. Frankland, in his last month's published report on the water supplied by the London Water Companies, says:—"The water of all the Companies was exceptionably polluted ; none could be described as a perfectly safe potable water." We are by no means surprised to find the Thames water in particular very bad, as for days and weeks together large areas of the upper Thames, and above the intake of the water companies, were flooded, and bringing down into the basin of the river off the land tons of manure and decayed vegetable matters. The late Colonel Bolton in the last report made to the Government, said, "The Thames water is in such urgent need of purification at the sources of supply that we are in danger from contamination, and that to secure the water drinkers of London from some epidemic visitation, large works must be undertaken without delay." If this be so, and there can be no doubt on the matter, the Common Council of the City of London must be congratulated on the determination it has come to to sink a well—in the first place to test the comparative cost of a supply of good and pure water, as against that of the water-rate charged by the Companies; and next, whether. the quantity of water obtainable can be depended on If it is found to be quite within the bounds of possibility for a district authority or any individual to sink a well, the grievances of the London water consumer will disappear. We have all along been of opinion that the London chalk beds will afford an unlimited supply of pure water, and the City of London is adopting the surest course of bringing the Water Companies to reason by the good old fashion of competition.

A Novel Cause for Action.

One of the most curious actions for damages of which we have heard for some time was that brought by a Mr. Brett against the proprietors of the Holborn Restaurant for damage sustained by swallowing a needle and thread in some spinach which was served at a Freemasons' banquet in April last. He mentioned the fact of his having swallowed something which scratched him to one of the waiters, but did not complain to the defendants until June, when the effects of the meal had become apparent in some troublesome fistulæ in the neighbourhood of the rectum. It will be interesting to know what liability has been incurred by the negligence involved in serving up spinach *cum* needle. The difficulty of course lies in the necessity of proving that the needle in question was swallowed at that particular meal.

Begging Propensities.

Some time ago we had occasion to express disapprobation of the system under which authors were coolly requested to favour this or that medical library with a copy of their works. We regret to see that the plan is still adopted by certain bodies, notably by the Birmingham Medical Institute. Surely the medical men of Birmingham are rich enough collectively to pay for such books as they require. It is no doubt an excellent idea to bring together the materials of a good library of reference, but there is no possible reason why this should be done at the expense of the author, whose pecuniary reward is small and uncertain under the best of circumstances. Such unblushing mendicity is unworthy of the institute which indulges in it, and we hope will soon be relinquished in favour of a more just and equitable plan.

Nephrectomy for Scrofulous Disease.

A very successful case of removal of the kidney for scrofulous disease was brought before the Glasgow Medico-Chirurgical Society on Friday last by Mr. Henry E. Clark, one of the surgeons of the Royal Infirmary. The patient, a married woman of 26, has gradually developed the signs of abscess in the left loin, and as the urine contained pus and epithelial *débris,* this was diagnosed as being a renal abscess. The kidney was incised in Jan. 1886, and about a pint of pus evacuated, but the sinus continuing to discharge and other abscesses forming in the kidney, extirpation of the organ was decided upon. This was done in August last, by the lumbar incision without any difficulty, the only incident worthy of note being the slipping of the ligature at the time of separation of the kidney from its pedicle. The patient made rapid recovery, and is now in perfect health with a normal excretion of urine. Mr. Clark specially dwelt on the importance of the evidence obtained by the use of the ureteral catheter, as showing the other kidney to be sound, and showed that in the female the introduction of a catheter into the ureter was safe, easy, and satisfactory. He referred to the statistics of extirpation for scrofulous disease, and objected to the conclusion of Gross that the ventral was safer than the lumbar incision in such cases. He also made some observations on the best position for the lumbar incision in relation to the last rib and pleural cavity. We congratulate Mr. Clark on the success of this very important operation. Successful nephrectomy marks a new era and a new triumph in surgery. M Paul Segond gives the particulars of two successful nephrectomies, the one for suppurating hydro-nephrosis, and the other for painful floating kidney, in *The Annales des Maladies des Organes Génito-Urinaires,* for this month.

Association of General Practitioners.

A meeting of the Council of this Association was held at Exeter Hall on Wednesday, January 19th. Several important resolutions were passed, approving of the scheme for placing an M.D. degree within the reach of London students, and also asking for a Royal Commission of inquiry into the present constitution of the Royal Colleges. The chair was taken by the President, Mr. Wheelhouse, of Leeds, who insisted on the fact that he was a *bona fide* general practitioner, and was therefore able to speak with propriety on their behalf.

Ungar, Bonn (*Cbt. f. Klin. Med.,* 45-86) has repeated antipyrin with success for hæmicrania, which he applied when other means failed. Dose 1·0 grm. or in exceptional cases 1·5 grm. in a capsule or wafer, to be repeated every hour until an effect is produced.

Sir William R. E. Smart, M.D., Inspector-General of Hospitals, has, we understand, been awarded a good service pension of £150 a year.

Dr. John Woodman, Medical Officer of Health of Exeter, reports that, owing to the severe epidemic or measles in the early part of last year, the death-rate of that city, which is usually a low one, was 96 in excess of the previous year, and 1·3 per 1,000 in excess of that of the other large towns from the same cause.

France.

[From our own Correspondent.]

Discussion on Hydrophobia.—At the last meeting of the Académie de Médicine, M. Peter spoke on a case of hydrophobia which terminated fatally, although the patient passed through the hands of Pasteur. The patient, a young man, forty-eight hours after being bitten, went to M. Pasteur and three injections were made each day during twelve days. Six weeks subsequently he succumbed, no convulsion was observed, but weakness and paralysis. M. Peter, in terminating, said that the pain was not attributed to the bite, but to the points of injection, and that the chief phenomena were paralytic and not convulsive. M. Dujardin thought that the convulsions of M. Peter were not so defined as might have been believed. The death was not one in which the symptoms of hydrophobia predominated. He recalled the case of a child who was bitten by a mad dog and who a month subsequently having received a blow in the side experienced great pain at the spot, went to bed and died with convulsive phenomena. The autopsy was made and the bulb injected into other animals did not produce the symptoms of hydrophobia. The child succumbed to uræmic troubles. Other members were of the opinion of M. Dujardin.

GUNSHOT WOUNDS OF THE ABDOMEN.—At the Société de Chirurgie M. Trelat spoke on gunshot wound of the abdomen. A child who had received a wound from a revolver in the abdomen succumbed, and the autopsy showed that the death was due neither to peritonitis nor to perforation, but to intestinal occlusion produced by narrowing of the intestine consequent on partial resection of the canal. M. le Dentu said that he had seen several cases of abdominal wounds with perforation of the intestine which succumbed to peritonitis in from four to five days. M. Tillaux said that wounds of the small intestine were not necessarily fatal, and that spontaneous cure is not impossible. He considered that laparotomy was very hazardous and should be reserved for extreme cases.

THE TREATMENT OF GOITRE is very varied, and the results have been frequently disappointing. Women are attacked so much oftener than men that the deformity is much more felt. A Dr. Dugent has treated for many years, with almost invariable success, the unsightly tumour by injections of tincture of iodine of the ordinary strength. The syringe of Pravaz was the instrument used, and the first injection was made in the part the most resisting and fleshy. Frequently one injection sufficed, but more frequently it was necessary to repeat it several times at an interval of eight days. The quantity used each time was from a half to a full syringe. The injection was followed in most cases by very slight reaction, and which did not last more than two days.

THE CENSUS OF FRANCE.—The French press is sounding the alarm about the results of the recent census. The *Journal Officiel* has just published the *compte rendu* of the work of May last. The population of France at that date was 38,218,000, showing an increase of only 546,000 over the figures of 1881. Thus France has 10,000,000 less than Germany. Further, 1,000,000 of the total are foreigners who could not be counted upon in case of aggression. There is another verity which is yet less consoling and that is the slight increase, is still diminishing, when compared with former years. From 1876 to 1881 the increase was put down as 776,000. The reason for this decrease is not to be found in the physical temperament of the race, but their unwillingness to procreate. Malthusian principles are generally adopted in the towns. One child, or at the most two, are accepted, but there a strong line is drawn. Means are adopted to prevent conception, of which the least culpable consists in the husband, *battant en retraite*. If conception does take place there are women ready to cut it short for a trifle, and if the full term were arrived at by some mischance, why, it is easy to do away with the child by quenching its existence, and the jury is so indulgent towards young girls who thus dispose of the fruit of their *faiblesse* by committing a crime! In this very day's paper I read the case of a girl, nineteen years, who was tried for smothering her offspring as soon as it was born. She confessed frankly the infanticide and gave all the details. The jury acquitted her! The law relating to parental responsibility in such cases is very loose and that is why so many children are sacrificed. French papers which are as ignorant as they are inventive in what they furnish to their readers, are for ever holding up *la perfide Albion* as one of the most immoral countries, forgetting that in France immorality does not use nor require the veil which is wrapped even but thinly around vice on the other side of the Channel.

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Scotland.

[FROM OUR OWN CORRESPONDENTS.]

UNIVERSITY OF EDINBURGH.—MEMORIAL SERVICE FOR THE LORD RECTOR.—On Tuesday, 18th January, the University assembled in St. Giles' Cathedral to give expression to their deep sense of the loss which its members had sustained in the sad death of their Rector, the late Lord Iddesleigh. The service was held at the same hour as the funeral obsequies in the south. There was a large assemblage of the University authorities and of the general body of its students. A special choral service had been arranged, and a short sermon was preached by Dr. Cameron Lees. The students of the University have keenly felt the removal of the late Earl, and they have testified, in many ways, their deep sympathy with the mourning family.

ST. ANDREWS UNIVERSITY.—A memorial, signed by 789 graduates of St. Andrews University, has just been presented to the Scotch Secretary, praying that an endowment be found for two additional professorships, viz., of Anatomy and of Botany, so that St. Andrews may be enabled to give two *anni medici* to medical students, after completing which they might proceed to any of the hospitals of the United Kingdom, returning to the University for graduation. In connection with the memorial a deputation has awaited on Mr. Balfour and the Lord Advocate to urge the measure.

ROYAL INFIRMARY OF EDINBURGH.—The adjourned annual meeting of the Edinburgh Royal Infirmary was held on Monday, the 17th. The annual report was submitted and showed that during the last year 8,088 in-patients and 25,500 out-patients had received treatment and advice free of charge. The skin and throat departments continued successful. The observation ward for doubtful cases—removed from the general buildings—had now been completed. Their ordinary expenditure was less, though the number of patients treated was greater, than in previous years. The warm thanks of the managers are recorded in favour of the members of the staff who so efficiently have discharged their respective duties, especially to Dr. Joseph Bell, who, last year, retired by rotation.

EDINBURGH HEALTH SOCIETY.—The last lecture in the seventh course of the Edinburgh Health Lectures was delivered on Saturday, the 15th, by Professor Stirling, Manchester. The subject was "Tear and Wear." Professor Stirling illustrated in many ways the applicability of the principle of the transformation of energy to the vital processes which occurred in the human organism. Professor Chiene, who occupied the chair, moved a hearty vote of thanks to the lecturer. Thereafter, Mr. Cox, of Gorgie, submitted the annual report of the Health Society. They had now finished seven courses of most excellent lectures. This year the special lectures to men and women had not been delivered, as it was difficult to obtain lecturers, but the committee hoped to include them next year. The membership had rather diminished, but they were of opinion that this was only temporary. They had most warmly to thank the lecturers, who had freely given their valuable services to the committee. Already 550,000 copies of lectures had been sold. The report was adopted, and the Committee of Management re-elected.

Sick-Room Cookery.—A course of demonstrations on Sick-Room Cookery has just been begun in connection with the Edinburgh Royal Infirmary. This has now come to be regarded as one of the regular parts of the medical curriculum in Edinburgh, and Mrs. Hall is to be congratulated on the efficient way in which the arrangements are carried out.

Glasgow Medico-Chirurgical Society.—At a meeting of the Glasgow Medico-Chirurgical Society, held in the Faculty Hall, on Friday, the 21st inst., Dr. J. Crawford Renton showed patients on whom surgical operations had been performed, and Mr. James Carter, F.R.C.S.E., read a paper "On the Comparative Anatomy of the Seminal Vesicles, Prostate] and Cowper's Glands and their Supposed Functions." Mr. Henry Clark showed a successful case of removal of the kidney for scrofulous disease, which is referred to in another column.

Health of Greenock.—On the 18th inst., at a meeting of the Police Board, Dr. Wallace, Medical Officer of Health, stated that during the four weeks ending 1st January there was a total mortality of 122, which is equal to an annual rate of 21·1 per 1,000 of the population. Taking into account the severity of the weather, the prevailing depression in trade, and the consequent poverty of large numbers of the population, these figures could not but be regarded as satisfactory. For the whole year the results were even more favourable, the deaths being 1,290, which gave a rate of 17·25 per 1,000 of the population, and one quite unprecedented in the sanitary history of the town. To show how much the public health had improved he stated that in 1875 the rate was as high as 34.29, or about exactly double that of 1886.

Case of Alleged Ham Poisoning.—Early on the morning of Sunday, the 16th inst., four lads, aged respectively 17, 13, 7, and 4 years, were taken to the Northern Police Office, Glasgow, in an unconscious state and believed to be suffering from poison. They were at once conveyed to the Royal Infirmary, where the suspicions were confirmed by the surgeons in attendance, though it was stated that the lads were not dangerously ill. This led to inquiries being made, when it turned out that late on Saturday night the whole family had partaken of ham, onions, bread and tea for supper, and had retired to bed about 12 o'clock, all being apparently in good health. Three-quarters of an hour afterwards the youngest boy became ill and vomited, and shortly afterwards the others became ill, and were conveyed in an unconscious state to the Infirmary. Neither the father nor the mother were affected. The poisoning was believed to be due to unsound ham.

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Correspondence.

THE LAPAROTOMY EPIDEMIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Dr. Keith has inverted the words and sense of my letter. What I said was that I was intimately acquainted with his opinions, and entirely agreed with them. I spent the whole afternoon of February 18 in his house, listening gladly to the free and unrestrained expression of his opinions on the debated subject. I would readily subscribe to all of them, and I shall now proceed to show my committee, by published cases, that our practice is not so dissimilar as h hastily imagines. Not even Dr. Keith is always successful, as we know to our sorrow in this district, nor his judgment infallible. By his own admission, he has operated upon a far greater number of cases than our senior metropolitan authority, and many of them since the recent visit of his distinguished son to Birmingham. Indeed, considering that Dr. Keith has command, I believe, of only seven beds, while we have thirty-three, and that his fame has been made in another direction, I am genuinely surprised to learn that he has found occasion and opportunity to have recourse so frequently to what he now denounces. I do not question that he has written down his conscientious convictions of the moment, but also I do not forget that more than once in his long and honourable career he has finally adopted what for a time he vigorously opposed. There is no one whose writings I have studied with so much devotion as those of Dr. Keith, and none whose work I more admire, and strive to imitate; but I must confess I never knew him to utter or to write a generous word of any living man in his own line of practice on this side of the Atlantic. And I believe the Edinburgh school to be more truly represented by his colleague in the Royal Infirmary, and the professor o obstetrics in the University, Dr. Simpson who says of our hospital that he "does not consider the proportion of cases excessive in an institution where one of the surgeons makes a speciality of the class of patients requiring that operation."

Yours, &c.,
Liverpool, January 20. **Francis Imlach.**

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My attention has been drawn to a statement in a letter to a Liverpool daily paper by Dr. Imlach, one of the surgeons to the Liverpool Hospital for Women in which a reflection is made on the other members of the hospital staff. As I do not consider the columns of a daily paper the proper medium for a professional discussion I respectfully ask for permission to reply in your valuable journal.

The passage to which I take exception runs as follows:—"It is useless to object to my advanced surgery whilst the hospital books show that I have subjected a smaller proportion of patients with these ailments to surgical treatment than any of my colleagues." If this passage has any meaning at all, I take it to mean that he has subjected a smaller proportion of ovary and tube cases to castration than any of his colleagues, and that the hospital books show this.

The facts of the case are as follows:—During the year 1885, 346 cases were admitted into the hospital. Of this number, 95 were under my care, 37 under the late Dr. Lupton; these numbers added together amount to 132, which, subtracted from 346 the total number, leaves 214 to be treated by the remaining surgeon. My total castration cases were 13, or 13·6 per cent. of all my cases. Dr. Lupton's were 5, or 13·5 per cent. Dr. Imlach's were 77, or 35·9 per cent.

These, Sir, are the facts and the figures, extracted from the hospital books. How Dr. Imlach arrives at the conclusion stated in the sentence quoted is not for me to say. During the past year (1886) my total castration cases have been 3 per cent. of the total treated by me in the hospital. During the last three years I have seen enough of the operation in question to become convinced that it is not the wonderful boon to womankind its advocates would have us believe, although I believe it to be of great value in properly selected cases.

I am, Sir, yours, &c.,
J. E. Burton,
Jan. 24. Surgeon to the Hosp. for Women, Liverpool.

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is not quite easy, from Dr. Keith's letter, to see what particular operation he is referring to when he says that, "the death-rate of one woman in every twelve following an operation for a complaint that, of itself, is rarely dangerous to life, was an excessive mortality, and far more than sufficient to banish the operation from surgery altogether." As far as I can discover, he is alluding to removal of the appendages for myoma, and if this be so, I am bound to say I entirely agree with him, because if as heavy a mortality as this were to be maintained an operation which, in the great bulk of instances, is peformed for the relief of suffering and certainly not for the saving of life, would have a very strenuous argument against it.

But I think it only fair to remind Dr. Keith and your readers that the criticism which he exercises is directed against a new institution in the first year of its existence, and that the workers and workshop both being new, it is not surprising that the mortality should be somewhat heavy. That fact was the only criticism which I found I could legitimately direct against the Liverpool Hospital for Women, and you will find it pointed out in my report to the Committee. I believe that the legitimate mortality for this operation does not exceed three per cent.

I think it also fair to point out that the mortality of abdominal surgery in Liverpool until the establishment of the Liverpool Hospital for Women was something perfectly awful, a mortality which could not be justified under any conceivable circumstances; and that whatever the faults of the Liverpool Hospital for Women may have been, it certainly had this merit, that in the course of twenty-four months it reduced the mortality of abdominal surgery, so far as we know it in Liverpool, from a condition which was absolutely indefensible to one which was certainly within the limits of discussion.

I am, &c.,
Birmingham, Jan. 21. **Lawson Tait.**

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of the 19th inst., you print a letter from Dr. Thomas Keith of Edinburgh which appeared in the *Liverpool Daily Post* of the 17th. It is much to be regretted that such letters should find their way into the columns of the public press. But I wish to draw attention to the last sentence "the death-rate of one in every twelve women . . was an excessive mortality, and, *far more than sufficient to banish the operation* (the removal of uterine appendages) *from surgery altogether*." I would ask how it is that a far higher mortality on their introduction has not banished many other useful operations from surgery, nor prevented a decreasing mortality from eventually raising them to the position of being a credit to surgery?

Again, I quite agree with the opinion given by Mr. Lawson Tait in your same issue, that the term Laparotomy is wrong and misleading. If it means anything it signifies a *flank* incision, and is not appliable to a central abdominal incision, *gastrotomy*, a belly incision is more correct, but as that term is now rather restricted in its significance, as hybrid terms are somewhat in vogue, perhaps *bellotomy* might be a useful introduction! Perhaps the British Gynæcological Society might turn its attention to a revision of the terms in its speciality.

I am Sir, yours, &c.,
Harley Street, London, W. **Heywood Smith.**
Jan. 21.

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THE TREATMENT OF NEURALGIA BY HYDROCHLORATE OF AMMONIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Referring to the annotation in your last issue on "A Reputed Anti-Neuralgic Specific," I wish to call the attention of my professional brethren to hydrochlorate of ammonia in this connection. I am not aware that this drug has been generally used in the treatment of neuralgic affections, but in my own practice I have by repeated trials been led to look upon it as a specific, especially in those forms of the disease affecting the dental and facial nerves. I give it in from ten to twenty-grain doses every two hours until the symptoms are relieved; but if after the patient has taken it four times, the pain continues, it will be useless to persevere. In toothache proper it is often of great benefit; however, if there be inflammation around the fangs of the tooth, hydrochlorate of ammonia will do no good. It may be administered in any convenient vehicle. I generally use either camphor or chloroform water, the latter is perhaps the better, as it somewhat disguises the excessive saltness of the hydrochlorate, the greatest drawback to its administration.

Yours, &c.,
Moira House, Peckham, **W. T. Greene, M.B., M.D.**
Jan. 20th.

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At the Societies.

PATHOLOGICAL SOCIETY OF LONDON.

The chief interest of the last meeting of the Pathological Society was naturally centred in the address delivered by Sir James Paget on his assumption of the presidential office, and which is elsewhere referred to in this number of the *Medical Press and Circular.* A certain amount of routine work was, however, accomplished, four communications having been read during the evening, the first being one by Mr. E. H. Fenwick on a case of Hypertrophied bladder. A frozen section of the organ was exhibited, showing the anterior wall to be twice the thickness of the posterior, a condition of things which Mr. Fenwick regards himself as being the first to observe as obtaining in these cases. He attributed the immunity from rupture enjoyed by the anterior wall of the bladder to its greater strength, elasticity, and resistance to pressure, and the fact that the condition described had hitherto escaped notice, he regarded as due to the rarity with which cases of unrelieved stricture were encountered on the post-mortem table. The novelty of Mr. Fenwick's discovery was endorsed by Sir James Paget, and as a further contribution to the discussion Mr. James Black volunteered a theory to account for the condition described.

A specimen of fatty tumour in the interauricular septum of the heart of a woman, æt. 76, was next shown and described by Dr. Handford, who mentioned that he could find but three instances of a similar growth recorded in medical literature. Even the great museums in the country do not possess an undoubted specimen of such tumours, and no description of them had been hitherto given at the meetings of the Pathological Society. The example in question was of the size of a small pigeon's egg well defined but not encapsuled, and when cut it presented all the characters of an ordinary lipoma.

Dr. Ord's was the next paper contributed, "Spontaneous Disintegration of Vesical Calculi," being illustrated by fragments of such a calculus which had been passed at intervals during six months by a gentleman, æt. 76, the subject of albuminuria and of sugar in the urine. Chemically the stone consisted of uric acid and urate of ammonia, and Dr. Ord inclined to think the occurrence of spontaneous disintegration might possibly be of comparative frequency. Sir James Paget said he had seen similar specimens.

Dr. Seymour Sharkey next read a communication dealing with a case of "Infantile Palsy" in a man, æt. 60, who died of œsophageal cancer. He had been for fifty-eight years deprived of the use of his leg, the muscles being replaced by masses of fat in which could be distinguised pinkish longitudinal streaks. The lumbar region of the end was much wasted, but in replying later to a question from Mr. R. W. Parker, Dr. Sharkey said there were no obvious changes found in the cortical motor centres. Dr. S. Wilks and Mr. W. Adams also took part in the discussion.

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Sir Andrew Clark, Bart., M.D., has consented to preside at the sixty-seventh annual Festival of the Seamen's Hospital Society, on February 16th.

The Lord Chancellor has, on the recommendation of the Lord Lieutenant, placed the name of Dr. Langdon Down in the Commission of the Peace for the County of Middlesex and the City and Liberty of Westminster.

Literary Notes and Gossip.

Messrs. Longmans have two books in the press by Dr. B. W. Richardson, F.R.S. "The Health of Nations," a review of the works of the veteran Edwin Chadwick, with a biographical dissertation; and "The Common Health," a volume of essays by the same distinguished author.

⁂

As extraneous to, yet as assisting their business as manufacturing druggists, Messrs. Burroughs, Wellcome & Co. have just issued for the first time, a *Medical Diary* (1887) which specially provides for all matters of interest to the general practitioner, including space for the entry of daily visits, accouchements, vaccinations, &c. The work is produced in a very convenient and portable form for the pocket in roan tuck, and the modicity of its price (2s.) must secure for it the attention of the medical public as the cheapest medical diary *extant*.

⁂

A ministerial proposal is now on foot in Austro-Hungary to bring in a bill at the next session of the Austrian Reichsrath for instituting an inspection of food and articles of domestic and other use, thus following the example of Germany and the Western States of Europe. For the purpose of aiding in this much-to-be-desired scheme a newspaper has just been founded, under the title *Zeitschrift fur Nahrungs-Mittel Untersuchung und Hygiene* (Journal for Food Inspection and Hygiene) under the editorship of Dr. Hans Heger, Editor of the weekly *Pharmaceutische Post*. We wish the new journal all the success that the very laudable object of it deserves.

⁂

A writer in *Los Avisos* mentions that a dog which had been previously twice bitten by vipers, was several times subsequently bitten by different rabid dogs, and had shown no symptom of rabies itself. He suggests the possibility of the poison of the viper having conferred an immunity from rabies. In the interests of suffering humanity, the medical portion of it in particular, we would suggest that some of our friends of the anti-vivisection persuasion might import a cargo of vipers to personally solve the problem without the necessity of experimenting on animals. The difficulty under the second head could be easily overcome, as according to their theories, a supply of rabid dogs is always at hand.

⁂

Dr. Murrell is to be congratulated on his good fortune as an author. Few, especially in medicine, have the felicity of seeing their labours so rapidly absorbed by an appreciative public. New editions of both works, "What to do in Cases of Poisoning," and "Massage as a Mode of Treatment," have been issued during the last few days, the former as a fifth, the latter a second edition, after but a few months' publication. Dr. Brunton's latest book, "Pharmacology and Therapeutics," is also a great success, a third edition having been called for. A third edition of Dr. Handsel Griffiths' "Materia Medica and Pharmacy" is also announced for this week.

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The 1887 issue of the *Sanitary Record and London Medical Record Diary* fully maintains its high reputation for usefulness. The vast amount of information which it contains relating to sanitary matters and laws is certain to be appreciated by those interested in the subject. One point which attracts attention in this year's diary is the meagre list of legislative enactments bearing on public health which have been made law during the past year. This paucity results from the peculiar and almost unprecedented condition of parliamentary business rather than from any lack of subjects calling for prompt attention. There are some interesting articles and statistics bearing on the compulsory notification of diseases, the more rigid enforcement of which would, in the opinion of some authorities, do much to stamp out certain forms of disease which are still lamentably prevalent in our midst.

⁂

Dr. Bristowe has done well to republish in pamphlet form his admirable address on medical education, examination, and degrees. His opinions are those of a man who, while untrammelled by prejudices of past centuries, fully appreciates the importance of a good education. He would like to see the medical student have the education of a gentleman, not too classical, but comprising science and literature. He would like to see him able to write and speak his own language with correctness, if not with grace, and he would not think less of him if he could define the "parallelogram of forces." Idleness and desultoriness may be forgiven in the schoolboy, but in the medical student are little less than a crime. Dr. Bristowe evidently does not take too sanguine a view of the attainments of the great bulk of medical students, who scramble, he says, through their examinations with the aid of the "coach" and the cram-book, indifferent to the responsible nature of their calling.

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While the author approves of the scheme for a "London M.D.," he would exact the proof of a general education superior to that possessed by the general run of men, and in this most thoughtful persons will agree with him. In other words, a degree should be a distinction, and not a qualification to practise. This, of course, is the pith of the question, and it may be observed that in every other country than our own, the doctorate is practically the only qualification to practise. To make it something more is to ratify an artificial state of things which ought long ago to have become obsolete. The M.D. degree should include surgery, which is only a department of the art of healing, and no special degree in that branch is either called for or desirable.

⁂

"I went yesterday (1848)," says Mr. Greville, in his recently published journal of "The Reign of Queen Victoria," vol. iii, p. 110, "to St. George's Hospital, to see the chloroform tried. A boy, æt. 2½, was cut for a stone. He was put to sleep in a minute, the stone was so large and the bladder so contracted, the operator could not get hold of it, and the operation lasted above twenty minutes. . . . A curious example was shown of, what is called, the *etiquette* of the profession. The operator could not extract the stone, so at last handed the instrument to Keate, who got hold of the stone; thereupon the first surgeon begged to have the forceps back that he might draw it out, and it was transferred to him; but, in taking it he let go the stone, and the whole thing had to be done over again. It was accomplished, but, not of course, without increasing the local inflammation and endangering the life of the child. I asked Keate why, when he had got hold of the stone he did not draw it out. He said the other man's 'dignity' would have been hurt if he had not been allowed to complete what he had begun."

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Street's *Indian and Colonial Directory* for 1887 has just made its appearance, and its value as a work of reference has been this year increased by numerous additions. Beside the Trade Returns, Tariffs, Populations, &c., the present volume contains full particulars (with rates and times of transit) of the Steam, Postal, Parcels Post and other communications with the various places treated of; and the average time of transit by sailing vessels is also given. The latitude and longitude of all the towns, with the distances from this country, are given. The leading professional men —*e.g.*, physicians, surgeons, solicitors; the merchants and traders of every class, are fully enumerated, and concise descriptions of each country and town are furnished, with a view more particularly to show their commercial capabilities and peculiarities. Maps are again given of all the principal countries of which particulars are furnished in the letterpress. These have been specially revised for the work, with the view to show the relative positions of the chief towns, without confusing the maps with a host of names of unimportant villages and stations. To facilitate reference the names of the chief towns, the principal products of the different countries, and similar information, are alphabetically arranged.

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New Books and New Editions.—The following have been received for review since the publication of our last list, December 22nd. "Text-book of British Fungi," by W. D. Hay, F.R.G.S. "Home Rule Wrinkles for Ladies," by "Aunt Betsy." "Retrospect of Medicine from July to December, 1886," edited by James Braithwaite, M.D. Lond. "Some Phases of Cerebral Syphilis," by Julius Althaus, M.D. "On Tinnitus Aurium," by Julius Althaus, M.D. "The Bovine Prescriber," by J. B. and Albert Gresswell. "Thomson's Conspectus," edited by Nestor Tirard, M.D., F.R.C.P. "Diseases of the Bones and Joints," by C. H. Macnamara, F.R.C.S. (3rd edit.) "Health atSchool," by Clement Dukes, M.D. "Annales de la Société d'Anatomie Pathologique de Bruxelles. "Antiseptic Surgery in its Application to Military Hospitals," by Surgeon-Major John Martin, Army Medical Staff. "On Massage," by W. Murrell, M.D., F.R.C.P. "What to do in Cases of Poisoning," by W. Murrell, M.D., F.R.C.P. "Researches on the Venoms of Poisonous Serpents," by S. Weir Mitchell, M.D., and E. T. Reichert, M.D.

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Obituary.

DR. DENHAM, OF DUBLIN.

The profession in Dublin, especially those of the obstetric speciality, were much distressed by the death of Dr. John Denham, which took place on Friday last, at his residence in Kingstown. The deceased gentleman was the son of a Presbyterian clergyman, and having served his apprenticeship to Ephraim MacDowel, began life as a public and private teacher in Park Street and the Carmichael Schools, and achieved much success, popularity, and profit. He speedily came to the front as an obstetrician, and was eventually elected Master of the Rotundo, which position he occupied for the usual period of seven years. He was for a lengthened period elected annually as a Councillor of the College of Surgeons, and he served as President in 1873. In 1885 he fell into ill-health, and retired from the profession, being then presented with a valuable testimonial by his many friends. He was a most genial and amiable man, and his patient spirit sustained him through many vicissitudes of a long life, which now ends with the sincere regrets of all who knew him.

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DR. ROBERT D. TANNAHILL, OF GLASGOW.

Another well-known Glasgow practitioner has passed away in the person of Dr. R. D. Tannahill, one of the oldest and most esteemed members of the Faculty of Physicians and Surgeons of Glasgow. He was a native of Kilmarnock, and being early thrown upon his own unaided resources for making his way in the world, he, by resolution and industry, soon realised the means which enabled him to enter the University of Glasgow as a student of medicine, and, after becoming duly qualified, he commenced his professional career as surgeon on board one of the first steamers that crossed the Atlantic. He afterwards settled down in Kirkintilloch, where he remained a few years. About forty years ago he removed to Glasgow, where he gradually drew around him an extensive private practice. For some years he was a visiting physician and clinical lecturer in the Royal Infirmary. He was subsequently medical attendant at the Lock Hospital, and afterwards at the Maternity Hospital. For ten years he was one of the examiners at the Faculty of Physicians and Surgeons, and latterly he held the appointment of public vaccinator at the Royal Infirmary. About ten months ago he was laid aside by a severe inflammatory attack, and although the disease was overcome he did not recover strength, and after long but painless lingering he calmly expired at his residence in Lenzie on Wednesday last, aged 76.

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Lecture Arrangements at the Royal College of Surgeons of England.—On reference to an announcement in our advertising columns, it will be seen that the lectures for the year will be commenced on Monday next by Mr. J. Bland Sutton with a course of three lectures on "Evolution in Pathology." Professor Francis Warner, M.D., will follow with three lectures on "The Anatomy of Movement." Professor W. H. Hylson Jessop will then deliver three lectures on "The Intra-Ocular Muscles," commencing on Wednesday, the 16th of February. Professor C. Barrett Lockwood, three lectures on "The Development and Transition of the Testicle—Normal and Abnormal," commencing on Wednesday, the 23rd of February. Professor Anthony A. Bowlby, three lectures on "Injuries of Nerves, their Pathology, Symptoms, and Treatment," commencing on Wednesday, the 2nd of March. Professor Charles Stewart, nine lectures on the "Auditory Organs of the Vertebrata," and on "Some Recent Additions to the Museum," commencing on Wednesday, the 9th of March. The course of lectures for the year will be concluded in June by Leonard C. Wooldridge, M.D., Professor Henry Power, and Professor Christopher Heath.

Society for Relief of Widows and Orphans of Medical Men.—A quarterly court of this Society was held on Wednesday, Jan. 12th. In the unavoidable absence of the President, Sir J. Paget, the chair was taken by the senior Vice-President present, Mr. Tegart. A sum of £1,364 was voted for distribution among the sixty-three widows and nine orphans on the funds. The expenses of the quarter amounted to £55 8s. 6d. One new member was elected, and the resignations of four read, and the deaths of five reported. The Secretary stated that during the last year there had been sixteen deaths among the members, and nineteen resignations, and only five elected. Astonishment was expressed by many of the directors that so few new members joined, the advantages being so great; some thought if it could be made more generally known that young men could join on completing their studies and when still living within the twenty mile radius, and that when once a member the membership was not forfeited by removal beyond the radius, or even out of the country, many young men would avail themselves of the opportunity of ensuring a slight provision for their widows and orphans.

Royal College of Surgeons of England.—The following candidates having undergone the necessary examinations for the diploma, were admitted Members of the College on Monday, Jan. 17th:—

Cranstoun, George, M.B.Durh.
Middleton, Alfred H., M.D.Dub.
Moxham, Marcus Camplin, L.S.A.
Murray, John, M.B.Dub.
Tattersall, C. Herman, L.R.C.P. Lond.
Wild, C. Henry, L.K.Q.C.P.I.

The following were admitted on Tuesday, Jan. 18th:—

Adams, Percy Targett, L.S.A.
Browne, Henry, L.S.A.
Foxton, E., M.D., Kingston.
Green, Arthur, M.B.Durh.
Harrington, S. H. N., L.K.Q.C.P.I.
Howlitt, John F., M.B.Toronto
Johnson, John G., L.R.C.P.Lond.
McLearn, Isaac C., M.D.Q.U.I.
Sparrow, John E. P., L.S.A.
Sumpter, Berners George, M.B. Durh.
Thornton, Fred. W., L.K.Q.C.P.I.
Yeoman, W. Metcalfe, M.B.Durh.

The following were admitted on Wednesday, Jan. 19th:—

Blake, William Henry, L.S.A.
Brown, Henry Herbert
Crook, Herbert E., L.R.C.P.Lond.
Duncan, H., L.R.C.P.Lond.
Spencer, George H., L.K.Q.C.P.I.
Williams, J. T. Creswick, L.S.A.

The following were admitted on Thursday, Jan. 20th:—

Hebblethwaite, Harold
Nicholson, Charles
Taylor, Frederic Howard
Green, Robert Walter
Yunge-Bateman, Marcus George
Bulgarine, Wilfred
Brown, Lewis Henry
Simpson, Charles Shackleton
Turtle, Frederick Wennan
Frost, Francis Turnor
Grose, John Sobey
Farr, Joseph James William
Hitchings, Robert
Powell, Lewis
Charles, Henry Evans
Rymer, James Francis
Beadle, Joseph.

The following were admitted on Friday, January 21st:—

Gravely, Harry, L.S.A.
Walls, James, L.S.A.
Marshall, Arthur Lumsden, L.S.A.
Walsh, Robert William, L.S.A.
Harris, Edward Bernard, L.S.A.
Helsham, Hugh P., L.R.C.P.Lond.
Blenkinsop, Alfred P., L.R.C.P. Lond.
Bidwell, Leonard Arthur, L.S.A.
Brook, William Henry Breffet
Staple, James Dibble, L.S.A.
Garrould, Walter R., L.R.C.P. Lond.
Hamilton, Robert Jessop
Bueno de Mesquita, Solomon
Williams, Arthur Henry
Crouch, Charles Percival
Corbin, E. R. St. Clair, M.B.Lond.

The following were admitted on Monday, Jan. 24th:—

Ford, Theodore Albert V., L.S.A
Abbott-Anderson W. M., M.B.
Browne, E. G., L.R.C.P. Lond.
Fitzgerald, Gerald C., M.B. Camb
McShane, George, L.R.C.P. Lond.
Evelyn, W. A., L.R.C.P. Lond.
Cook, Edward Thomas, L.S.A.
Bullock, Roger
Loxton, W. A., L.R.C.P. Lond.
Kitson, F. P., L.R.C.P. Lond.
Taylor, John Francis, L.S.A.
Hamel, Julius
Greene, Henry Bertram Blodwell
Brownfield, Harry Munyard
Duncker, W. R., L.R.C.P. Lond.
Hicks, Edward Harmam, L.S.A.
Evans, Howell Thomas
Griffiths, William, L.S.A.

King and Queen's College of Physicians.—At the January examinations the following obtained the licenses in Medicine and Midwifery of the College:—

Medicine.

Campion, Thomas Spread
Haslop, William H.
Hughes, Hugh Griffith
Mathews, Henry John
Monsell, Frederick William
O'Loghlin, Denis Joseph
Parry, Thomas Fox
Sclesfield, John
Wilson, Thomas Henry.

Midwifery.

Campion, Thomas Spread
Connellan, Thomas Augustus
Corkery, Timothy
Hughes, Hugh Griffith
MacFeeters, Wm. Edward
Mathews, Henry John
Monsell, Frederick William
O'Loghlin, Denis
Parry, Thomas Fox
Wilson, Thomas Henry.

The following were admitted Members of the College:—

Hanrahan, J. Armstrong
Frazer, William
Frazer, William (Dublin)
Nugent, Guy, P. L'E.

Notices to Correspondents, Short Letters, &c.

☞ **CORRESPONDENTS** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

DR. ILLINGWORTH (Clayton-le-Moors).—If possible in our next.

MR. C. H. W. (Devon).—Better late than never.

PROFESSOR CHARCOT is thanked; his lecture will appear in an early number.

MR. J. D. H.—So peculiarly local, and of interest to no one in the profession outside the limit. Sorry we cannot devote space to it for these reasons.

DR. J. S. S.—Not a very reliable test. We would advise you to get Oliver's little book; the instructions are simple and precise, and you would get a more satisfactory result.

AN INTENDING EMIGRANT.—Yes; we believe you are right about the P. and O. Company being the dearest line. A few days since we were assured by a young practitioner—who is quite as impecunious as yourself, and who intends to practise in India as a civil surgeon—that he had made inquiries into the matter of all the several companies, and found that the Austrian Lloyds answered his requirements the best. They engage to send him and his wife, second class rail and first class boat, from London to Bombay, *vià* Trieste or Brindisi, for £50 each, and they allow him a choice of eight different railway routes to either of these places. So that if you go by their line you can travel either by Madrid or St. Petersburgh, Vienna or Paris, &c., &c., and you will have, in addition, a bottle of wine at both your principal daily meals. The Rubattino Company is equally cheap, but the cooking—Italian—is not so good. Another decided advantage is that these companies make no charge for a reasonable excess of luggage. There is also less restraint on board them than there is on the steamers of the P. and O. Co.—the captains of which are apt to give or assume for themselves *novel* airs and ideas. We are happy to be in a position to give you this advice.

AMATEUR.—1. We do not remember the writer's name, but this is probably what you want:

Thrice happy race! that innocent of blood,
From milk innoxious seek their simple food.

2. Fitzgerald's Glossary of Botanical Names.

THE DIET OF CENTENARIANS.

A **WRITER** on this topic holds in a contemporary that "the rules of life laid down by Cornaro are probably perfect," and he intimates that, in his opinion, "twelve ounces of solid food and sixteen ounces of liquid appear to be the maximum requirements of age." The solids ought, he thinks, to be made up of one-third animal food, chiefly flesh, and two-thirds vegetable nourishment. He dislikes fruit and fish, and says that salt and sugar should only be used sparingly. He also deprecates the too copious use of milk as well as of drugs, and after adding that industry of some kind should be practised, he gravely points out the valuable medicinal properties of port wine. The latter is certainly more suited to advanced life than is almost any other form of stimulant.

TYRO.—As you profess to have made your discovery out of very simple materials and in rather a primitive way, you might do worse than usher it into life under the auspices of the following:—

The invention all admired, and each how he
To be the inventor missed, so easy it seemed
Once found, which yet unfound most would have thought
Impossible——

CHLORODYNOMANIA.—Yes; and a husband lately complained at the Westminster Police Court that his wife, aged thirty, would drink three or four bottles a day of chlorodyne. She was, he alleged, entirely destroying her own mind, and ruining him in pocket. She had spent as much as six shillings a day on the purchase of this compound, and there is no doubt but that "manias" of this kind are on the increase amongst us.

AGRICOLA.—Your criticisms are too one-sided to be relevant or even coherent, and you should remember the dictum of the late Chief Justice Whiteside, that "the condition in which a foreign people live, in regard to the enjoyment of political or even personal liberty, is felt and understood by the stranger, only by degrees, and after some lapse of time."

Meetings of the Societies.

WEDNESDAY, JANUARY 26TH.

HUNTERIAN SOCIETY.—At 8 p.m., Mr. Croft will explain and demonstrate the Method of Treating Fractures by the Immediate Application of Plaster-of-Paris.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens will be shown. Address on Listerism, by Dr. Granville Bantock. Council at 8 p.m.

THURSDAY, JANUARY 27TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8.30 p.m. Living and Card Specimens at 8 p.m.:—Mr. Nettleship: (1) Atrophy of Optic Nerves with Multiple Congenital Exostoses of Skull; (2) Three Cases of Night Blindness with Peculiar Retinal Changes.—Mr. George Cowell: Three Cases showing the result of Operation for Conical Cornea.—Mr. Marcus Gunn: Case of Transverse Calcareous Film of Corneæ. Papers:—Mr. P. H. Mules: A short record of Some Unusual Clinical Cases. Mr. G. A. Berry: On three cases of Acute Cerebral Disease with Ocular Symptoms. Mr. W. H. Jessop: Sudden and Lasting Lateral Nystagmus. Mr. W. Lang: Case of Meningitis after Excision.

FRIDAY, JANUARY 28TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Address by the President. Mr. Henry Morris: (1) A Case of Calculous Disease of both Kidneys, with Remarks on the Surgical Treatment of Calculous Kidneys; (2) A Case of Nephro lithotomy. Mr. Howard Marsh: A Case in which very Severe Symptoms were due to Four Small Stones in an Atrophied and Movable Kidney; Failure to Detect the Kidney by Lumbar Incision; Discovery by Laparotomy; Successful Removal of the Organ. Mr. W. H. Bennett: A Case of Supposed Nephrotomy for Scrofulous Disease. Living Specimens: Mr. J. R. Lunn: (1) A Boy with Ichthyosis; (2) Peculiar Deformity of the Feet in an Ataxic Patient; (3) A Man with Raynaud's Disease of the Feet; (4) A case of Myxœdema with want of Development of the Genital Organs.

ACADEMY OF MEDICINE IN IRELAND.—The Medical Section will meet in the College of Physicians at 8 p.m. Living specimen (Dr. Knight): A Case under Treatment by Massage. Manipulations shown by an experienced Masseur. Papers—Dr. Conolly Norman: Variations in Form of Mental Affections in relation to the Classification of Insanity. Dr. J. Molony: Short Notes on Cases of Insanity. Dr. Knight: A Note on the Prevention and Treatment of Disease.

Vacancies.

Brompton Consumption Hospital.—Resident Clinical Assistants. Applications to the Secretary before Feb. 19th (see advert.).

Hull and Sculcoates Dispensary.—House Surgeon. Salary, £150 per annum, with house (unfurnished), coals and gas. Written applications, with testimonials, &c., must be forwarded on or before the 1st February to the Honorary Secretary.

The Great Northern Central Hospital, Caledonian Road, London, N.—Surgeon. Applications, with testimonials, to the Secretary, on or before Jan. 29th.

National Orthopædic Hospital for the Deformed.—Surgical Registrar and Anæsthetist. Honorarium, £20. Applications, with testimonials, to the Secretary not later than the 1st February next.

Jaffray Suburban Branch of the General Hospital, Gravelly Hill, near Birmingham.—Resident Medical Officer. Salary, £150 per annum, with board, residence, and washing. Applications, with testimonials, to the House Governor, on or before the 29th January.

North Riding Infirmary, Middlesbrough-on-Tees.—House-Surgeon. Salary, £100 a year, with bed, board, and washing, and £5 a year in lieu of beer. Applications to the Secretary not later than February 2nd.

Appointments

BRIGGS, H., M.B., F.R.C.S., Honorary Medical Officer to the Hospital for Women, Shaw Street, Liverpool.

BURKITT, J. C. S., M.D., L.Ch. Roy. Univ. Irel., Medical Officer to the Whitwick Local Board.

CASTLE, H., M.B.Lond., M.R.C.S., Medical Officer for the Shorwell North District of the Isle of Wight Union.

COURTEES, R., M.B.Durh., M.R.C.S., Assistant Medical Officer to the St. Marylebone Infirmary, Notting Hill, W.

GREENLEES, T. D., M.B.Edin., Assistant Medical Officer to the City of London Asylum, Stone, Dartford.

HOBBES, T. G., F.R., L.F.P.S., L.M., Medical Officer and Public Vaccinator to the Sutton District of the Aston Union.

INGLEBY-MACKENZIE, K. W., M.R.C.S., L.R.C.P.Lond., House Surgeon to the Royal Isle of Wight Infirmary, Ryde.

JOLLIFFE, W. J., M.R.C.S., L.R.C.P.Ed., Medical Officer for the Shorwell South District of the Isle of Wight Union.

RYGATE, J. R., L.K.Q.C.P.I., L.R.C.S.Ed., Medical Officer for the Seventh District of the Bridgwater Union.

WESTON, G. H., M.R.C.S., L.S.A., Medical Officer for the Polesworth District of the Atherstone Union.

WHITFORD, W., M.D., Physician to the Stanley Hospital, Liverpool.

Births.

ADAMS.—Jan. 20, at 1 Clifton Gardens, Kensington, the wife of G. D'Arcy Adams, M.D., of a son.

HERMAN.—Jan. 19th., at 20 Harley Street, London, W., the wife of G. Ernest Herman, M.B., F.R.C.P., of a son.

HUNT.—Jan. 19, at Crouch Street, Colchester, the wife of Edgar A. Hunt, M.R.C.S., L.R.C.P., L.S.A., of a daughter.

Marriages.

DAVISON—GELL.—Jan. 20, at St. John's, Fitzroy Square, London, Charles Davison, M.D.Ed., of Paris, to Jessie Elizabeth, widow of Thomas Silvester Gell, M.D.Ed., of St. John's Lodge, Kensal Green.

WARNER—GROVE.—Jan. 19, at St. Peter's, Eaton Square, London, S.W., F. Ashton Warner, L.R.C.P., M.R.C.S., to Syndney Anne, daughter of the late Christopher Grove, of Hertford House, Bucks.

Deaths.

ANGIER.—Jan. 16, at his residence, Upper Norwood, James Hague Angier, M.R.C.S., L.S.A., in his 84th year.

DENHAM.—Jan. 21st, at 7 Clarinda Park, Kingstown, John Denham, M.D., aged 81.

HANAN.—Jan. 17th, at Tallow, co. Waterford, William Hanan, Esq., M.D., L.R.C.S.Edin., aged 84.

HOLLIS.—Jan. 17th, at Deacons, Yarmouth, Isle of Wight, Charles Wise Hollis, M.D. Univ. Edin., in his 71st year.

NOTT.—Jan. 17th, at Russell Road, Kensington, Hamlin Nott, M.R.C.S., L.R.C.P.Ed., Surgeon-Major H.M.'s Indian Forces.

SNAPE.—Jan. 13th, at Chorley New Road, Bolton-le-Moors, Richard Forth Snape, F.R.C.S.Eng., aged 65.

IRISH POOR-LAW INTELLIGENCE.

◆

CAVAN UNION.

THE OFFICERS' SALARY.

Mr. Elliott moved—"That all officials of this Union whose income exceeds £52 per year be reduced 25 per cent." He said that from the action of that board in the past, he found it expedient to bring on this notice of motion. A number of guardians had formed themselves into a committee—he would call them nothing else than a "taxing commiteee"—to heap up the salaries of all the union officials, and he thought that he wouldn't be doing his duty to his constituents if he, for one, didn't raise his voice against the system. There was widespread agricultural and commercial depression over the whole country.

Mr. Boland—Supposing Mr. Elliott got his notice of motion carried twenty times, the Local Government Board would never sanction it; and I now move that the salaries of the officials stand as they are.

Mr. Elliott—I see a lot of strange guardians here to-day—*ex-officios*—and I would like to know if they have their credentials with them?

Mr. Faris—Does Mr. Elliott's notice of motion extend to the doctors.

Mr. M'Cabe—Certainly.

Colonel Saunderson, M.P., said that all things had gone down lately—landlords' rents were lessened, and prices for produce were depressed; and he believed that official salaries should go with the times and also be reduced; the only difficulty he found was to come to a proper understanding how much the salaries should be brought down.

The Clerk—In an Arva case, the Local Government Board refused to sanction the reduction of an officials salary.

Mr. A. E. Humphrys—I am not in favour of keeping up taxation, but I think the officials of this union do their work to the satisfaction of all, and I don't see why their salaries should be reduced. We all know the amount of work gone through by our clerk; and I for one don't think his salary a bit too high.

Colonel Saunderson, M.P.—I move as an amendment to Mr. Elliott's notice of motion, "That in the opinion of the board the salaries of all officials in the Union be reconsidered, with a view to reduction, and that we ask the opinion of the Local Government Board on the matter."

Voted for Mr. Elliott's motion, 22; for Mr. Boland's amendment, 11.

The Chairman declared Mr. Boland's amendment beaten; and on another division being taken, the following voted—

For Colonel Saunderson's amendment, 16; for Mr. Elliott's motion, 19.

The Chairman declared Mr. Elliott's motion carried.

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REDUCTION OF POOR-LAW SALARIES IN IRELAND.

I. I. I. asks 1. Can the Board of Guardians bring forward a motion and pass it, reducing the dispensary medical officer's salary without consulting the Dispensary Committee?

Yes, the assessment of salaries lies with the guardians not with the Committee.

2. Will the Local Government Board sanction the action of the guardians in reducing the present salary of the union officers by twenty-five per cent.?

[We hope and believe not unless some very forcible reason can be shown. They have generally refused sanction on the very proper ground that the salary upon which officers are dependent ought not to be an uncertain quantity, and that they suffer more from depression of business than anyone else. Our correspondent should at once write a strong appeal to the Local Government Board.—Ed.]

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IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL, FROM 8th JUNE TO 21st DECEMBER.

Submitted to Council on 21st December, 1886.

Dr. J. Wallace Boyce (of Stillorgan), Chairman of Council, in the Chair.

Mr. Chairmen and Councillors.—The Committee of Council have to report that since the Annual General Meeting held on the 7th June last, they have held fifteen meetings, eight new members have been elected, ten resignations have been accepted, and three members have died. The period referred to includes the usual summer recess, which accounts for the small number of meetings.

Medical Acts Amendment Bill.

The Medical Acts Amendment Bill of 1886 has become law, but its provisions are disappointing inasmuch as they fail to protect the profession against practice by unqualified persons, and perpetuate an excessive and unnecessary number of licensing bodies granting qualifications to practice, of diverse educational grades, and without any settled standard of competency.

The Committee of Council, however, congratulate the profession on the fact that such questions as have been settled by the Act, have been settled in conformity with the principles adopted, and reiterated in years past, by this Association.

An immediate effect of the change of law has been to induce the Irish colleges of physicians and surgeons to join together for the purpose of granting a triple diploma in medicine, surgery, and midwifery; and the Committee of Council have reason to believe that the elaboration of a scheme for this purpose, by a combined committee of the two colleges, is far advanced. The scheme will enable the Irish student to obtain by one series of examinations, not much more onerous than those now required by either colleges, the complete qualification to practice in the three essential subjects, and at less expense than that heretofore required, an arrangement which is expected to prove very satisfactory.

It has been learned from the recent proceedings of the General Medical Council, that the Apothecaries' Company of Ireland has not been admitted to co-operate in this conjoint examination, though willing to give its aid towards the granting of a complete truine diploma; and that it has, therefore, claimed the right to issue a separate registrable diploma, with the assistance of coadjutor examiners appointed by the Medical Council as provided by the Act. The Committee of Council are of opinion that any arrangement which would thus further increase the number of qualifying bodies by enabling the Apothcaries' Company to issue separate licences to practice (upon educational and monetary terms as yet unknown to them), would be greatly to be deplored, inasmuch as it would increase the difficulty of keeping the standard of professional competency up to a sufficiently high level, but they hope that this objectionable arrangement may yet be averted.

The recent election of a direct representative for Ireland, under the provisions of the new Act, took place last month in accordance with the regulations previously promulgated by the Privy Council, and under the direction of Sir Henry Acland, as returning officer. The election was conducted by means of voting papers sent to every registered practitioner whose name was on the Medical Register as a resident in Ireland, and the voting paper was to be marked with the vote, and returned to the office of the Branch Medical Council in Dublin. From the official declaration of the poll the Committee of Council have learned that 2,671 such papers were issued to Irish addresses, and that 2,040 votes were returned, from which it appears that 76 per cent. of the profession in Ireland recorded their votes, a very much larger proportion than in either England or Scotland. The Committee of Council are gratified to observe that the profession has evinced so lively an interest in the election of their own spokesmen in the Medical Council, but they understand that the best sources of information have estimated the number of registered practitioners, *actually resident in Ireland,* to be very much less than 2,671; and that it must therefore be assumed that a considerable number of the recorded votes were given by practitioners who, though *registered* as at an Irish address, are, in fact, not now resident in Ireland, or materially interested in Irish medical affairs; while, on the other hand, many practitioners resident in Ireland were not in a position to receive voting papers, their addresses in the Medical Register being inaccurate.

The result of the election has been the return—as Direct Representative—of Dr. George Hugh Kidd, an ex-President of the Royal College of Surgeons in Ireland, as well as of this Association, and a gentleman whose high character as an educationalist, an obstetric surgeon, and a man of liberal views and great energy, give promise of his being a representative entirely worthy of the charge committed to him, and likely to do honour to the choice of the profession in Ireland.

It is announced that the General Medical Council will meet in February next to debate the conjoint schemes for examination, and on the 30th of June the Act will come into its full operation.

PRISON SURGEONS—ABOLITION OF OFFICE.

It has been reported to the Committee of Council that the authorities have seen fit to reduce the status of some of the Irish prisons, and amongst them that of Omagh Gaol, which recently has been converted into a Bridewell, the result of which was, that all the officers were called upon to retire on pension. Dr. Edward Thompson, surgeon of the gaol remonstrated at his being retired, inasmuch as the gaol was not to be closed, and he has held much correspondence with the General Prisons Board and the Lords Commissioners of Her Majesty's Treasury, without however producing a satisfactory result, at least, so far; and he communicated to the Committee of Council the details of his grievances, which very clearly proved that he had not been dealt with, as regards the amount of pension offered to him, according to the same scale as other retired prison surgeons, whose length of service and all other matters for consideration were identical. Accordingly at Dr. Thompson's request, the Committee of Council addressed the Lords Commissioners of Her Majesty's Treasury on the subject, and the following is a copy of a letter, to which, however, neither a reply, nor even an acknowledgement of its receipt, has yet been made, viz. :—

15th November, 1886.

TO THE LORDS COMMISSIONERS OF HER MAJESTY'S TREASURY.

MY LORDS,—The attention of the Council of the Irish Medical Association has been directed to the compensation allowance granted by your Lordships to Dr. Thompson, late medical officer of Her Majesty's Prison at Omagh, and I am directed to point out that there seems a great difference in the awards of the pensions granted to him and to the other officers of the Irish prisons, who, like him, have been compulsorily retired on abolition of office, in so far as has been represented to the Council.

In February last, it appears that Dr. Middleton of Mullingar, was pensioned, and that he received for his three and a half years' service under the Board of Superintendence £5 1s., and for his service under the Prisons Board £33 5s. 8d., while Dr. Thompson's period and conditions of service (they both having been infirmary surgeons as well as gaol surgeons) were exactly similar in every respect. It appears also to the Council that Dr. Thompson has been granted no pension for his county service of three and one third years, and only £22 10s. for the period while he was under the control of the Prisons Board.

Again it appears that the Protestant Chaplain of Omagh Gaol served the County 16 years, and the Prisons Board eight and one-third years, while the pension granted to him was £12 and £27 6s. 8d. respectively. Furthermore, the Roman Catholic chaplain of the same prison, it appears, served the Board of Superintendence eleven years, and the Prisons Board eight and one-third years, and his pension is £9 and £32 13s. 4d. Other examples of relatively similar treatment accorded to retired Irish prison officers could be detailed; but probably sufficient have been already selected to show the great difference in the rate of pension awarded to Dr. Thompson when contrasted with the retiring allowances of Dr. Middleton, and the two chaplains of the same prison with which Dr. Thompson was also connected officially.

The Council of the Irish Medical Association appeal to your Lordships with every confidence, and expect a just review of all the circumstances they have detailed, and they respectfully desire to remind your Lordships that Dr. Thompson's period of service of close upon 12 years, deserves and should receive, the most favourable consideration. They understand that he devoted himself with zeal and attention to his duties which were most responsible and arduous, and under the circumstances it seems to them a somewhat unjust and unmerited slur that he should have been awarded a lower rate of pension than the two chaplains of the prison; not to mention many instances of other officers (whose duties were light and easy in comparison with those of the medical officer) who, nevertheless, for exactly the same period of service under the Prisons Board, were awarded on retirement nearly double the amount granted to Dr. Thompson. One of the objects of the Irish Medical Association is to protect in every way the interests of the medical profession in Ireland, and the Council trust your Lordships of Her Majesty's Treasury will revise the retiring allowance granted to Dr. Thompson of Omagh, and not leave the Council one further apparently unjust matter and great grievance to be redressed.

Your Lordships most obedient servant,

ROBERT BROWNE,
Hon. Sec. to Council.

As regards the point of tenure of office raised by Dr. Thompson, and whether the authorities had a legal right to retire him on pension, merely because the status of the prison had been reduced—the prison itself not having been closed, and the services of the medical practitioner as a matter of fact, having since been from time to time required—the Committee of Council at his request submitted the case for opinion of Counsel (Mr. Ball), specially directing his attention to the 27th clause of the General Prisons (Ireland) Act, which appeared to reserve to all existing officers, previous to the passing of that Act, all the rights and privileges which they had previously possessed, one of which apparently was tenure of office for life. Mr. Ball's opinion, however, was adverse to Dr. Thompson's views; nevertheless the Committee of Council consider that Dr. Thompson unquestionably has not been dealt with as favourably as other retired prisons surgeons, and, they are of opinion that, if necessary, further steps should be taken to endeavour to obtain for him, at least as reasonable consideration by the Lords of the Treasury as was given under like circumstances to other retired prison surgeons.

POOR-LAW MEDICAL OFFICERS' SUPERANNUATION.

The Committee of Council in a short time hope for the favour of an interview with the Right Hon. Sir M. E. Hicks Beach, with a view of again bringing under his official notice, the very unsatisfactory state of the law regarding superannuation, more especially of worn out medical officers, in Ireland. Owing to the injustice of the present voluntary system, it is out of the question to obtain due and satisfactory recognition of the services of many medical officers, who, though quite unfit for their work, are compelled, throught want of other means of support, to hold office, much to the detriment of the sick poor who require the services of an active medical officer.

Upon a former occasion when this subject was brought under the notice of Sir M. E. Hicks Beach, he gave it considerable attention, and doubtless he, as well as the corresponding representatives in Ireland of other governments, all of whom in due turn have been approached by this Council, would most willingly (were it then possible), have rectified the faults of the present system. The Committee of Council look forward with much confidence to his making an early and determined effort to have the law amended, and they are led to form this opinion in consequence of the earnest consideration he gave to the subject, when a deputation from this Association brought it specially under his notice during his previous chief secretaryship.

It will be remembered that the Bill drawn up by this Association would assuredly have been passed by Parliament but for the persistent opposition of some Irish members, which on the next occasion of its introduction it is to be hoped, may be either abandoned or otherwise overcome.

The Committee of Council have every reason to hope that a Bill to satisfactorily amend the law of superannuation will at least, be introduced early in Parliament, and it will be their pleasure, as well as their duty, to do their utmost to secure its enactment.

FEES TO MEDICAL WITNESSESS AT COURT.

The Committee of Council have pleasure in reporting further cases of successful applications by medical witnessess at court, for more equitable fees and expenses, than allowed by the rules of the Committee of Judges, who were authorised to fix them, and against which it will be recollected this Association firmly protested, at the time, owing to their utter inadequacy.

At the present Sligo Assizes Dr. Caldwell of Virginia and Dr. Dundas were summoned as crown witnesses, and they applied through their Counsel for more equitable remuneration than that fixed by rule, when Chief Baron Palles ordered that there should be paid three guineas a day each, together with one guinea a night for hotel charges, besides the actual cost of their travelling expenses; these sums were ordered to be paid by the treasurer of the county in which the assault was committed.

SERVICES UNDER LABOURERS' ACT.

The Committee of Council after having given full information to Dr. Keers of Dirraw, (a member of this Association), respecting his claim for remuneration for inspection of labourers' dwellings now beg to present a report of the legal proceedings of the case, which show that a satisfactory termination was the final result (heard by David Ross, Esq., Q.C., Recorder of Belfast), viz.:—

Dr. S. B. Keers, medical officer of the Dirraw Dispensary District, in the Ballymoney Union, processed the guardians of the Ballymony Union for £5 10s., for duties performed under the Labourers' (Ireland) Act, in inspecting and writing out a report on twenty-two separate houses belonging to the agricultural classes, for which he charged at the rate of 5s. per house.

Mr. R. C. Martin, appeared on behalf of Dr. Keers, and Mr. T. M. Greer represented the Board of Guardians.

Mr. Martin, in opening the plaintiff's case, read the several acts of parliament, referring to the medical officer's duty under the Public Health Act. He also read the Labourers' Acts of 1883 and 1886.

After some further legal arguments—

Dr. Keers was examined by Mr. Martin and deposed to having visited the several houses in the Dirraw Dispensary District, in compliance with a resolution passed at a meeting of the Ballymoney Board of Guardians, and he was cross-examined by Mr. Greer.

Mr. James M'Henry, one of the guardians of the Dirraw division, deposed that in his moving at a meeting of the Board of Guardians that Dr. Keers should be paid £2 12s., he considered that amount quite sufficient for all the work he had performed.

His Honour here mentioned that he would reserve his decision until the morning, and requested that all the papers should be handed up to him, which accordingly was done.

On Saturday the Recorder delivered his decision. He said the question raised was whether the plaintiff, as medical officer of health was bound to perform the duties required of him by the defendants in reference to proceedings under the 11th section of the Public Health Act of 1878, or whether he was entitled to additional remuneration for work done under the Labourers' Act. The case for the plaintiff had been very ably argued by Mr. Martin, and having considered the statutes and decisions, he had come to the conclusion the plaintiff was entitled to a decree, and as the fees sued for were moderate, he would grant the full amount claimed.

Inquiry under Labourers' Act.

In April last, two members of this Association were officially summoned to attend and give evidence at an inquiry, under the provisions of the Labourers (Ireland) Act, held at Oldcastle, which is six miles distant from their respective residences, and they had to attend all day for three days in succession, for which they each claimed three guineas a day; but the guardians of the union declined to award more than one guinea a day to each of them. These facts were communicated to the Committee of Council, who recommended that an appeal to the Local Government Board should be made, inasmuch as that board was, by the 7th section of the Labourers' Act, invested with the power of fixing the amount of remuneration to be paid to all persons on such occasions. But it appears that one of the members referred to had previously, under similar circumstances, appealed to the Local Government Board, and had been informed that the Board would not interfere in the matter; these two members therefore under the circumstances, wisely adopted another course, and processed the Oldcastle Board of Guardians to the Quarter Sessions at Kells, where they recovered two guineas a day each for their attendance and evidence, and ten shillings a day each for their travelling expences, together with their costs. It appears that a report of this Council, dealing with such claims, was produced in court, viz., the appeal case of Rogers *v.* Youghal Guardians, and, that upon careful perusal of it, Mr. Fitzgerald, the County Court Judge, who presided at the Quarter Sessions, gave his decree ultimately in favour of the two members of the Association referred to.

Dispensary Medical Officers' Substitutes.

The Committee of Council have to report that the question, as to who is bound to pay the substitutes of dispensary medical officers does not even yet appear to be sufficiently understood, notwithstanding the issue, by this Association, of a special circular affording full instructions on the subject. The Committee of Council deem it, therefore, advisable again to revert to the matter, especially as they have lately received several communications respecting it from members of the Association, and also as a change has been made in the last issue of dispensary regulations.

The Committee of Council desire to point out that Article 22 of the Dispensary Regulations provides, "If a medical officer of a dispensary district be temporarily incapacitated by illness *or other cause*, from performing his duties, he shall immediately, if practicable, communicate with the chairman or honorary secretary of the committee, and shall if possible, reccommend to the committee a medical practitioner (fully) qualified to perform his duties during such temporary incapacity."

It is quite right and reasonable that when a dispensary medical officer becomes temporarily incapacitated by *illness* from performing his duties he should, when notifying same to the chairman or honorary secretary of his dispensary committee, send in a medical certificate to the above effect; but he is not to ask for leave of absence (or, in other words, permission to be ill!) as is often done under such circumstances.

In like manner if a medical officer be temporarily incapacitated from performing his duties by reason of *any other cause than illness*, such for instance as his being obliged to attend at court upon a *subpœna*, or his being beyond his own control, obliged officially to perform duties which would preclude him from punctually discharging his dispensary duties; he is bound, if practicable, at once to inform the chairman, or hon. secretary of his dispensary committee of the fact (stating the grounds, of which he can, when necessary, produce proof), when recommending a duly qualified *locum tenens*. In any case of *unavoidable absence* it is of course not necessary to ask for leave of absence to enable him to do that which he cannot avoid doing, viz.: in case of illness—remaining at home; or in the case of a *subpœna*—attending at court; but in either case it is reasonable that documentary proof of such obligation should be producible.

In such cases the dispensary medical officer ought to recommend or suggest as his *locum tenens* the name of a fully qualified medical practitioner, who he believes to be willing and competent to perform the duties satisfactorily; but he should take care not to enter into any arrangement whatsoever regarding the remuneration to be paid to such *locum tenens*. The Dispensary Committee have a right to select any fully qualified medical practitioner as *locum tenens* (not necessarily the one recommended by the medical officer), and the matter of his remuneration should be left altogether to him and to them. For unless the medical officer himself assents to such an arrangement no order of the Committee or Board of Guardians can compel him to pay for the services of the *locum tenens* in cases of *unavoidable absence.*

In cases of *voluntary absence from duty* the matter is quite different; the medical officer would require to obtain leave of absence beforehand on such occasions, and might or might not be required to provide the amount of remuneration to be paid to his substitute. In cases of *unavoidable absence* of a dispensary medical officer, the substitute appointed should take especial care not to accept office or enter upon the duties until he has had a clear and distinct agreement *in writing* regarding his remuneration to be paid by the Board of Guardians, and upon his appointment under such circumstances he would act prudently in informing the Committee that he declines to accept any responsibility, or to do any work until his remuneration is guaranteed. In some instances Dispensary Committees (not knowing their powers) have said that "the question of remuneration, *if any*, rests altogether with the Board of Guardians, who in a few days, will deal with it," but no such answer should satisfy the substitute. The Committee have the power to fix the remuneration (which is usually at the rate of three guineas a week), and the guardians can be compelled to pay any and every reasonable monetary agreement which a Dispensary Committee enters into—at least until they repudiate liability; and then at once the substitute, taking care to inform himself of the guardians' views, should give notice to the representative of the Committee with whom he has been in communication, that in consequence of the guardians' repudiation of liability to pay him, he there and then declines to act further, and that he will, if necessary, proceed at law, to recover the amount due to him for the time he has actually discharged the duty. Such a course of action would soon bring guardians and Dispensary Committees into a proper position, for they are bound to provide medical attendance for the sick-poor; and consequently must arrange with some fully qualified practitioner to do the work—a matter which need not perturb the mind of any medical officer who is *unavoidably* on account of illness, or other sufficient cause, absent from duty, and who has not failed to notify same as prescribed (in article 22) while being able to produce documentary evidence of the fact.

(*To be continued.*)

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Last week the election of a medical officer for the Monaghan dispensary, in room of the late Dr. Woods, was held, at the Dispensary House, when applications from the following, were submitted to the committee:—Dr. Devlin, Belfast; Dr. Buckley, Dublin; Dr. Shaw, Islandmagee; Dr. Webb, Dublin; Dr. J. J. A. Ireland, Lanesborough; Dr. Henry Peyton, Scotstown; Dr. Cochrane, Boyle; Dr. J. Trimble Elliott, Smithboro'; Dr. Swan, Monaghan; Dr. Henry, Monaghan; and Dr. Stewart, Glasslough. Dr. Walter Swan was elected by a majority of six votes.

The Medical Press and Circular.

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THE

Lettsomian Lectures

ON

SOME OF THE MENTAL AFFECTIONS OF CHILDHOOD AND YOUTH. (a)

By J, LANGDON DOWN, M.D. Lond., F.R.C.P.,
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ABSTRACT OF LECTURE III.

INFANTILE mania is not of frequent occurrence and has not been the subject of much comment. Nevertheless very well-marked examples have come under my notice in quite young children; cases where the various phases of insanity in the adult have been well represented; acute maniacal attacks, in which the patient tears and destroys everything within reach, or creeps under tables and sofas to hide, screaming with undisguised rage and biting and scratching anyone who approaches. This attack subsides and the boy behaves as nicely and intelligently as possible, but in a few days has a recurrence with as great violence as before. Some few years since a little boy of this class was sent to me. He was by no means deficient in mental acuteness, in many respects was precocious; he was an only child, and having lived a good deal with adult people he talked rather sagely, but he was liable to attacks of acute mania of a very marked kind. There were no bounds to his petulance and violence. He would attack his father in the street and behave in all respects in an insane manner, regardless of any injury he might inflict, even on those for whom he ordinarily entertained affection. In the intervals of the paroxysms he manifested traits which made him much liked by those about him.

Occasionally I have met with cases having well-marked delusions of suspicion. The ordinary trust and unsuspiciousness of childhood has been replaced by painful mistrust. In one case the child imagined that he was watched and that someone was listening at the key-hole. Another had delusions that things were mixed with his food and had evident fear of being poisoned. I have seen some cases of melancholia associated with manifest delusions, one boy believing that he resembled an animal and frequently looking into the mirror to confirm or dissipate the conviction; another believed she would break if you touched her, and the fear of falling to pieces like a fragile piece of glass was a real terror to her. I had some years since under my observation a girl who, when eight years of age, put her baby brother on the fire so that he was dreadfully burnt. The girl herself was ill-favoured in appearence and she had been accustomed to hear the beauty of her brother injudiciously praised. In a maniacal attack she attempted to get rid of the subject of so much laudation. About three years subsequently she became epileptic and again later on the subject of epileptic dementia. It is highly probable that the maniacal paroxysm which manifested itself in homicidal mania was really masked epilepsy.

As puberty approaches attacks of mental aberration assume a special character; there is frequently unnatural introspection and a critical hyper-conscientiousness becomes prominent. I have recently had five cases under my care, three boys and two girls. They have all had characters much in common, they have all been very good and studious children, but between eleven and thirteen years of age have become moody, have had conscientious scruples as to their motives, have been anxious not only as to whether they had told the truth, but whether when having told it, they have done so in such a way as to convey to others the precise idea in their minds. They have had morbid views as to the standard of right and wrong; sometimes they have detailed things in a nonsequential way. One boy was troubled when he saw a dirty beggar-man or boy lest he should contaminate his mother by thinking of her immediately afterwards. I saw him greatly perturbed one day from having seen an errand-boy come to the school-house, and his thoughts flitting to his mother he was rendered inexpressibly miserable lest he had lowered, injured, and contaminated her by unwittingly thinking at the same time of her and the dirty boy. I have sometimes known an avoidance of anything positive in assertion lest the exact truth should not be spoken, so that all the replies are, "Perhaps it was," "It may have been," "I may have done so and so" about things in which no principle was involved, but from a morbid fear of not saying what was true. These cases cause great anxiety at the time and occasionally lead to a permanent breakdown. Many, however, by careful management may be tided over the climacteric period of puberty and then all may go well. It is important, however, to be on the guard against any suicidal impulse, and to note its slightest indication as the tendency in such cases is to melancholia and in some instances temptation to self-inflicted injury. Care should be also taken to be quite sure that there is no sexual deviation, and if there be, to treat it, not as moral wrong, which would lead to further mental disquietude and peril, but as a physical evil which, for the good of the body, it is important should be corrected. These deviations are readily recognised by the aggregation of a group of symptoms which rarely leads one astray. They are supra-orbital headache, dilated pupils, a brown umber areola surrounding the eyes, an averted look and a statuesque bearing. This last symptom alone is often very conclusive and may be regarded as certain if associated with the preceding; occasionally the statuesqueness is so marked as to resemble a minor cataleptic state.

Moral insanity is met with in childhood and youth. It has fallen to my lot to have had a great many illustrations brought under my notice—cases of purposeless theft, purposeless lying, and purposeless mischief. They are difficult cases to treat, and make great demands on one's resources. The subjects of this condition are sometimes intellectually bright, and have an amount of address which makes them extremely troublesome to their friends and those who have to guide them. I was consulted some years since about a boy who displayed such destructive energies on toys and every household appliance that he could get into his possession, that his friends thought it indicated a latent mechacal talent, as he had also manifested mathematical ability he was apprenticed to a firm of engineers. Here his pleasure in creating astonishment led him to introduce sand into the mechanism of the machinery he had to overlook, apparently getting amusement out of the consternation and inquiry which his evils deeds induced. He managed for some time to conceal his delinquency by clever lies; but at length the delinquency was fastened on him from his having allowed a traversing machine to go beyond its support in order that he might see the mischief that would ensue. He had good musical talent, and acquiring some skill as an organ player, he would play occasionally in the church, and suddenly stop to enjoy the discomfiture his irregularity produced. Eventually he became a thief and was several times in danger of being brought under the criminal law. All his delinquencies were conceived and carried out with great skill; there was no intellectual lesion, but his moral and affective faculties were thoroughly dormant. He saw no wrong in what he did, and he entertained no affection for his parents, who were in a state of perpetual agony. Had he been a member of a lower stratum of society he would have become a jail-bird. Great pains were taken to prevent his getting into the hands of the police, and, the period of puberty passed, he has reached manhood with improved moral sense, and is now getting his living by his musical talent in a respectable and honourable way.

(a) Delivered before the Medical Society of London, Monday, Jan. 31st, 1887.

More frequently moral insanity is associated in children and youths with some amount of mental backwardness. The backwardness may be very slight, but yet sufficient to prevent their taking appropriate place in form or in the playground. The manifestations of moral insanity in such cases are multiform. I have seen a boy who had brought from school sixteen watches without being discovered by the sufferers or the principal of the school, and this so cleverly as for a long time to elude detection.

A still more dangerous form is a tendency sometimes met with of setting fire to articles of furniture, often where it would be perilous to themselves as well as others.

This is a convenient place to treat of the interesting class of cases for which the term "idiot savants" has been given, and of which a considerable number have come under my observation. This name has been applied to children who, while feeble-minded, exhibit special faculties which are capable of being cultivated to a very great extent.

Extraordinary memory is often met with associated with very great defect of reasoning power. A boy came under my observation who, having once read a book, could ever more remember it. He would recite all the answers in "Magnall's Questions" without an error, giving in detail the numbers in the astronomical division with the greatest accuracy. I discovered, however, that it was simply a process of verbal adhesion. I once gave him Gibbon's "Rise and Fall of the Roman Empire" to read. This he did, and on reading the third page he skipped a line, found out his mistake and retraced his steps; ever after, when reciting from memory the stately periods of Gibbon, he would, on coming to the third page, skip the line and go back and correct the error with as much regularity as if it had been part of the regular text. Later on his memory for recent reading became less tenacious, but his recollection of his earlier readings never failed him.

The faculty of number is usually slightly developed with feeble-minded children while memory is fairly well developed, and yet I have had under my observation cases where the power of mental arithmetic existed to an astonishing extent. One boy, about twelve years of age, could multiply any three figures by three figures with perfect accuracy, and as quickly as I could write the six figures on paper, and yet, so low mentally, was he, that although having been for two and a half years in almost the daily habit of seeing and talking to me, could not tell my name.

Memory of tune is a very common faculty among the feeble-minded; they readily acquire simple airs, and rarely forget them. I have had one boy under my observation who, if he went to an opera, would carry away a recollection of all the airs, and would hum or sing them correctly. In none of the cases of "idiot savant" have I been able to trace any history of a like faculty in the parents or in the brothers and sisters, nor have I had any opportunity of making an autopsy, except in one instance. This was in the case of a boy who had a very unusual faculty, of which I have never since met another example, viz., the perfect appreciation of past or passing time, He was seventeen years of age, and although not understanding, so far as I could gather, the use of a clock face, could tell the time to a minute at any part of the day, and in any situation. I tried him on numberless occasions, and he always answered with an amount of precision truly remarkable. Gradually his response became less ready, and he would not or could not reply unless he was a little excited. He had to be shaken like an old watch, and then the time would be truely given. Gradually his health became enfeebled and the faculty departed. At the autopsy I found that there was no difference in the cerebrum from an ordinary brain, except that he had two well-marked and distinct soft commissures. My explanation of the phenomenon was that as every movement in the house was absolutely punctual he had data from which he could estimate the time by accurate appreciation of its flux. All these cases of "idiots savants" were males; I have never met with a female.

It happens to the congenitally feeble-minded as to the strong-minded to have deviations from their normal standard. There is therefore every form of mental aberration to be met with among them. They become the subjects of acute and chronic mania, of acute and chronic melancholia, and of dementia. It is curious to witness the change which may take place in the mental and moral condition of one deprived to a great extent of intellectual power. Feeble-minded children are not naturally suicidal; they are liable to meet with accidents from their not having any sense of fear, or from not being able to work out the logical sequence of any act, but, under the influence of a melancholic state, they do sometimes become suicidal. Occasionally, under the influence of acute mania, the feeble intellect of the youth becomes fanned into a brighter flame, and he may say things which are quite in advance of his ordinary powers, becoming for the time quick in repartee or pertly rude. The taciturn may become loquacious, the timid and respectful proud and defiant, and the amiable and tractable abusive and destructive. Occasionally too, a remarkable change takes place in those who are temporarily the subject of the delirium of fever. Three remarkable instances have occurred to me of boys who had never been heard to speak, making use of well-formed sentences during the high febrile state of acute pneumonia in two instances, and of scarlatina in another. In the case of one, who was the subject of pneumonia, the other boys who were in the Infirmary at the time were frightened by the febrile ejaculation of their usually speechless companion.

There are two ailments from which, according to my experience, the congenitally feeble-minded are remarkably free, viz., chorea and hysteria. I cannot call to mind, among the large number of cases that have come under my notice, a single case of acute chorea. I have met with cases of chronic and persistent unco-ordinated movements but not with the acute cases so common in a general hospital or in a hospital for children. I have assumed that it is partly owing to the lessened emotional life of my patients. The same reason may account for the rare occurrence of hysteria. This defective emotional element in the feeble-minded spares them much grief. Although very affectionate, they will hear of the loss of beloved relations or friends without emotional disturbance and with a remarkable philosophy. They live very much in the present, and are not perturbed by the troubles of the past or the unexperienced future.

Epilepsy is a very common complication of feeble-mindedness. Of the whole number that have come under my observation, 24 per eent. have been at some period of their lives epileptic. This appears to be a very large average and indicates to what a great extent the treatment of idiocy is the treatment of epilepsy.

Epilepsy often appears for the first time at puberty and subsequently ceases. Occasionally the status epilepticus supervenes with the worst possible results.

Catalepsy is met with among the feeble-minded, but always in my experience associated with impure habits.

The physical deviations of the feeble-minded are very important. I have already referred to the lessened common sensation and defective co-ordination to which they are prone, to their diminished sense of taste and smell, and to their sight. Hearing is often obtuse, and is, as I have said, frequently a cause of deferred speech. They are very prone to eczematous eruptions in the flexures of the joints and behind the ears. The skin gives evidence of the degeneration in its tendency to unnatural unions; just as the petals of a corollifloral exogen indicate a lower grade than the distinct petals of a thalamifloral so do webbing of the fingers and toes and adhesions of the lobules of the ear suggest marked inferiority. Dr. Laycock many years ago called attention to the prevalence of ear abnormalities in people of a degenerate type, and my own observations coincide with his. Lobules absent, lobules adherent, helices defective, and the entire pinnæ misshapen or shrunken, are very common among the congenital feeble-minded. The implanttation of the ear is often too far back, giving an exaggerated facial development. I have had under my observation very remarkable examples of webbing, both of toes and fingers, in all cases associated with adherent lobules of the ears.

The prevalence of phthisis as a cause of death among the feeble-minded varies very much with the nature of the soil on which they reside. Through the admirable researches of Dr. G. Buchanan we now know how much associated a damp clay soil is with the existence of phthisis. He has taught us that measures which have been taken in some towns and cities for their drainage in consequence of the prevalence of zymotic disease, have resulted in diminishing the mortality from pulmonary consumption in a remarkable degree.

Nothing is more remarkable than the readiness with which feeble-minded children succumb to acute disease of any form, or the way in which they are injuriously affected by climatic changes. The incidence of illness should be narrowly looked for and promptly treated; the thermometer is of great value in indicating the need of early precautionary measures. Before the introduction of the clinical thermometer the principal indication of deviations from health was loss of appetite. I have known a boy in whose case the first suggestion of illness consisted of a face suffused with tears, because, as he said, the boy who had sat next him at tea had eaten three slices of bread and butter and he could not eat any. This was the prelude to one of the most serious ailments to which they are subject, namely, bronchopneumonia.

The diagnosis of idiocy is of importance, both in order that the child may early be put under proper training and for medico-legal purposes. The profound cases are not difficult to diagnose, especially if associated with microcephalism or with marked asymmetry of cranium. The congenital class is that which has to be considered in early life. There is a marked want of muscular power, as indicated by the inability to support the head and to use the hands for prehension. The eyes look out as if on an objectless world, and the attention is not arrested by the usual expedients to excite recognition in infants. To the most loving endearments there is no responsive smile, and the infantile cooing is replaced by a wailing cry. Still later the power of standing is deferred, and walking is an accomplishment which may never be attained.

I have already referred to the physical deviations in congenital idiots, such as the deformed cranium, the vaulted palate, and ill-developed ears, and these come to our aid in a remarkable way in the question of diagnosis. The same may be said of the ethnic characteristics, especially the Mongolian type, which is so significant of congenital mental incapacity. In the developmental class I have already referred to the prow-shaped frontal bone as being highly typical and an aid to diagnosis, certainly helping us to assign a case to this division where there are psychological grounds for apprehending mental deficiency. With regard to the accidental class, physical deviations do not come to our aid. They have usually none of the grave deviations of conformation which we meet with in the congenital class. They have, as I have said, nothing in their look which would indicate their mental decadence. On the contrary, they in most cases during their childhood present physical features but little indicative of the terrible disaster which has befallen them; except in the paralysed sub-class they are fleet and mobile, and mischievous to a degree. They are irritated by constraint, are intolerant of having their heads examined, and try to escape from one's ken, they pull open every drawer that it unlocked, shake the handle of the room door to procure its opening, and sweep with their hand the ornaments off one's table that they may enjoy the rattle. They alternate their mischievous pranks with shrill and unmeaning cries. They rarely speak, are fond of feeling things with their tongue, and run about to get some fresh object on which to indulge this freak. They too frequently return a proffered kiss by a bite, and fill up the intervals of their noble mischievousness by blowing bubbles with saliva on their lips. They have this important diagnostic feature, that they live entirely in a world of their own; they do not listen with a childlike curiosity to the conversation which is going on in their presence—a conversation which is all-important to them, and in the outcome of which they are the most interested parties. They hear what is said, but they do not attend, nor can their attention be arrested, except by diverting them into new channels by a more attractive trial. They have usually great intensity of purpose, and succeed in having their own way, the mothers giving up the contest for the sake of peace. Slavering is a very common sign among the members of the three classes, arising sometimes from inattention, or from hyperæmic condition of the salivary glands, from prognathous form of jaw and inadequate size, or want of muscular power of lip, from inco-ordinate movements of the tongue, and sometimes from a combination of two or more of these conditions. Automatic movements are also very common; these may consist of rotatory movements of the head on its axis, of the body from side to side, or from back to front, or rhythmical movements of the fingers before the eyes.

There are a large number of boys and girls who are dull and backward and who develop tardily, but do arrive at last at a fair amount of intellectual power. They are the *enfants arriérés* of the French writers. It is very important that their condition should be differentiated from that of idiots. Their state gives rise to much solicitude, and the prognosis depends very much on a right appreciation of their condition, as they respond very much to proper training. The test which I have found most useful is one suggested in the first instance by Dr. Charles West. In any given case we have to ask ourselves,—Can we in imagination put back the age two or more years and arrive thus at a time perfectly consistent with the mental condition of our patient? If he be a backward child we shall have no difficulty in saying what period of life would be in harmony with his state. If, however, he be an idiot there is no amount of imaginary antedated age to which the present condition of the child corresponds.

I have already referred to the frequency with which lesions of speech occur among the feeble-minded. They often constitute a basis of great interest and importance for a diagnosis. The absence of speech when a child arrives at five or six years of age is in itself a matter for grave anxiety. It will be usually possible to refer the condition to one of three causes: (1) The child is completely deaf or has some slight congenital defect of hearing; or (2) there is some defect of conformation in the tongue, palate, or lips, which prevents language being acquired; or (3) the child is defective in mental power, and either does not require speech from the absence of ideas or has an inability to convert ideas into words. When the child is being trained the parents regard the acquisition of, or improvement in, speech as the touchstone of progress, disregarding a number of other faculties which have been developed, or evil propensities which have been effaced. In many cases they are right, the absence of speech without deafness or deformity being a very important indication of a grave mental lesion.

A fertile field for the investigation of the morbid anatomy of idiocy is opened up by the inquiries of Hitzig, Jackson, and Ferrier into the localisation of function, and by improved microscopy aided by the use of staining agents. A very prominent characteristic is the diminished weight of the encephalon. Sometimes the diminution is very great, as in the microcephalic or Aztec variety. I have had the opportunity of examining several, but the most complete example was the brother of the boy described by Professor Marshall in the "Transactions" of the Royal Society.

Cases of extreme asymmetrically developed brains are not infrequent; a very characteristic example I published in vol. xx of the "Pathological Transactions," and many similar ones have come under my observation. The most frequent want of development is that of the occipital lobe. Where there is any approach to smallness of the brain this lobe is the part which shows greatest want of development.

Hypertrophy of the brain is not infrequently met with In one very remarkable case that came under my observation there was the co-existence of a huge cranium with all the sutures completely ossified. So thoroughly was this the case that if it had occurred with a microcephalic cranium it would have been a strong argument in favour of the causal influence of premature synostosis in microcephalism.

Absence, more or less complete, of the commissures is met with. In 2 per cent. of the cases I have examined there has been almost entire absence of the corpus callosum, and in 8 per cent. absence of the soft commissure.

Pallor of the grey portion of the encephalon is very frequently met with in the brains of feeble-minded children. Looking back over my post-mortem notes, nothing is more striking than the frequency with which extreme pallor is mentioned. I cannot but think that this affords indications for treatment as well as a basis for hopefulness in the possible functional improvement of the cerebrum.

(To be continued.)

NOTES FROM THE

HISTORY OF MEDICINE AND OF MEDICAL OPINION

FROM THE EARLIEST TIMES.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Hon. Physician to H.M. the Queen.

(Continued from p. 72.)

In the early part of the eighteenth century, Boerhaave endeavoured to collect all that was valuable from the writings of preceding authors, and by means of such materials to form a new system. The system so formed combined the humoral doctrines of Hoffmann and the mechanical of Bellini (Bostock, p. 193). His defects that he took on trust opinions instead of results of observations; also that in his theory of the solids of the living body he viewed them rather as inanimate bodies than as endued with life.

Haller, as a reward of long and well-directed experimental research, "established his theory of irritability and sensibility as specific properties," attached respectively to the muscular and to the nervous systems (*id.*, p. 198). That doctrine was opposed by many individuals of high respectability, and affirmed by others, the controversy being carried on with great acrimony.

Out of the divisions thus created arose the sect of Semi-animists, led by Wyatt, whose tenets later improvements in physiology and chemistry showed to have required modification (*id.*, p. 204). According to the theory so-named the "sentient principle" is a principle necessarily belonging to the living body, and imparting to it its vitality, although distinct in its nature from any of the properties of a mere mechanical agent (p. 201).

According to Cullen, the different organs of the body are severally possessed with specific and appropriate powers, distinct from those attached to inanimate matter. This regulating principle, the *vis medicatrix naturæ*, has a tendency to preserve the body in health, to control the cause of disease, and to restore the body to health. It is not superadded to the body like the archæus and the anima, but is one of the powers or properties necessary to the constitution of the living system. In place of all explanations founded upon mechanical or chemical reasoning "the vital action" of parts was substituted, and more especially that of the capillary arteries (p. 208). The system of Cullen, founded on the above data, was one of "rational empiricism," and for a time it, to some extent, superseded the taste for rude speculation and hypothesis (p. 209). He, however, by no means ignored inductive reasoning and investigation; some of his own speculations also exhibited more ingenuity than judgment.

Opposed to the hypothesis of Cullen was that of Brown. According to the latter, medicine, heretofore a conjectural art, was to be built upon "a few certain and fixed principles," very similar indeed to doctrines enunciated in times more recent by certain medical "scientists," who, like Brown, announce their system with confidence unwarranted by fuller information. Of that system, also, as of its present representatives, we learn that it at first obtained many adherents, principally among the students and younger members of the profession (Alison's "Hist. of Med.," p. lxiv). The human body possessed a specific property called excitability. If any cause rendered this property excessive, exhaustion or direct debility was the result; when defective, it caused indirect debility. Diseases were in consequence classified as sthenic and asthenic, according as they were conceived to depend on these states of direct or indirect debility (Bostock, p. 212), treatment being directed solely with reference to these conditions without regard to specific symptoms. The insufficiency, and erroneous tendency of the doctrines of Brown were detected by fatal experience, and (in Italy) "the delusion was removed" (p. 221).

Another theory of this date was that of "homœopathy," which included that of "potentiality," or "dynamitisation" of drugs. According also to it, disease was a something to be "removed," instead of a "condition" to "change." The expression "to expel" disease, made use of by its advocates, indicates a very remarkable correspondence between their tenets and those of some advanced scientists of the present day.

In the latter half of that century a theory of medicine which united certain parts of the doctrines of the Mathematicians, the Humoralists, and the Vitalists was formulated by Lieutaud, who was himself an eclectic (p. 217). On the continent the prevailing hypothesis united those of the Humoralists, the new views regarding the actions of the nervous system, and the contractility of the muscular fibre (p. 218). At this date De Haën, a man of great learning, united with much practical skill, and a talent for correct observation, was a zealous opponent of Haller's theory, and no less decided in his opposition to the practice of inoculation, and the use of various new remedies then for the first time introduced into practice; an opposition on his part which led to his being characterised as "unreasonably prejudiced against new opinions, and even new improvements in his art." In Italy, anatomical pathology took its rise during the previous century (p. 219). In that country, towards the close of the eighteenth century, Bursorius expressed his doctrines; they embraced those of the Humoralists, Solidists, and the Vitalists (p. 220).

During that century descriptions were given of "new diseases," or of those "which had not been discriminated with sufficient accuracy from others that in many respects resembled them." Attention was also paid to epidemic, endemic, and contagious disorders, and to local and climatic conditions as affecting them. Consideration was shown to accounts of diseases incidental to the army and navy, and medical literature much enriched by contributions from those services (p. 222). Practitioners were satisfied with recognising the value of particular drugs in certain diseases, without endeavouring to discover the nature of the occult qualities on which their operation depends (p. 225). Mead wrote on the "nervous liquor," which he supposed to be "a quantity of universal elastic matter diffused through the universe," *i.e.*, "the luminous ether" of Newton (Encyc. Brit.). In this system were explained the several phenomena of health, and of disease; health as "the maintenance of proper tone" of the body; some diseases as excess of tone or "spasm," others by "atony" or want of it. Clinical teaching was introduced for the first time as a part of medical education; the teachings of physiology and anatomy were applied to the practice of medicine. To this century also is due the introduction of vaccination as a preventitive against small-pox.

It was in the eighteenth century that Mesmer flourished, and that the medical faculty stigmatised him as a charlatan. He imagined that the stars exerted an influence on beings living on earth. This supposed influence he identified, first with electricity, and then with magnetism; he supposed that it penetrated the universe, and that it affected the nervous system. In 1776, he discarded the use of magnets which he had previously used in the treatment of disease, he having then been led to believe by Gassner that some kind of force resided in himself by which he could influence others; also that this force permeated the universe, and more especially affected the nervous system of men. In 1778 he threw Paris into a state of excitement by the marvellous effects of mesmerism, or, as he called the power, animal magnetism (Encyc. Brit.). [Nor is the circumstance a little remarkable that now, late in the nineteenth century the use of the magnet as a means of "transferring" particular diseases from one person to another finds advocates in the same capital.]

With reference to the general condition of medicine during the eighteenth century, a recent writer has expressed himself to the following effect:—Theories were the curse of the time, men lay their foundation in their own fancies, and then suiting the phenomena of diseases and the cure of them to those fancies. Errors, prejudices, theories actively mischievous prevailed; the mania of hypothesis was at its height. Diseases were classified so as to fit into some hypothesis, or their distribution made to suit the bent of the author rather than the real nature of the disorder (Lock and Sydenham, pp. 40-41).

Dr. Bostock has observed that medicine differs from every other branch of science in that our actual information regarding it does not increase, in any degree, in proportion to our experience; the augmentation of materials rather retards than promotes its progress. In medicine there are certain peculiarities necessarily connected with the subject which render it extremely difficult to appreciate the value of experiment and observation. In modern times, and more remarkably in Great Britain, no one thinks of proposing a new mode of practice without supporting it by the results of practical experience. A method of treatment recommended at one period is, in the course of years, supplanted by another, which in its turn passes "through the same career of expectation, success, and disappointment." As an example in point, he observes that in the course of forty years the treatment of "typhous" fever went through three revolutions of opinion. According to the first it was called a disease of debility, and treated with large doses of cinchona bark and wine; to that method succeeded cold effusion; and it in turn was supplemented by the lancet. At the present time the method adopted is called "the expectant," whatever that may actually mean. He notices the rise of the Homœopathic doctrine, and that of animal magnetism; and with reference to both makes the remark that "no medical testimony is sufficient to establish a fact which is in itself incredible."

He observes that in the eighteenth century little value was placed upon theory as compared with observation, and the collection of facts; at the same time he admits the latter system may be carried too far. The German physiologists (in 1835) afforded a singular admixture of profound investigation and fanciful mysticism. France (at the same date) exhibited an unrivalled assemblage of medical philosophers, both in regard to pathology and physiology. From their united labours most important results were anticipated, but "so far as the practice of medicine is concerned, the benefit is rather in anticipation than in existence." With a few exceptions, French practice is less effective than that of our own country; their "médecine expectante," if less dangerous in the hands of ignorance or presumption, is less beneficial when under the direction of skill and judgment. France is pre eminent for its pathology, Germany for its physiology and anatomy; yet in Germany, as in France, the effect of this scientific co operation on the practice of medicine "is not yet fully experienced." With regard to medical periodicals of the period referred to, "It is very much to be regretted that in too many instances they should be used as a medium of personal animosity, rather than for the promotion of the welfare of mankind" (pp. 226 *et seq.*).

Of the nineteenth century, we read that—Hypotheses were used as means of research, rather than as ultimate conclusions. Physiology and anatomy supplied a basis for all diseases. Before the first half had passed, the study of mesmerism was resuscitated in England, but under the name of hypnotism. The influence so-called, ignored as it had been when first proclaimed, was now considered to have a bearing upon the theory of reflex nervous action, and to explain the phenomena of "inhibitory nervous action." Allied to mesmerism, metallotherapy and massage came into prominence; homœopathy advanced as it had never done before; hydropathy and hydropathic institutions extended throughout the United Kingdom; chloral and anæsthetics were introduced as therapeutic agents, and what was termed a "scientific method" introduced into the investigation and treatment of ills that flesh is heir to. A large number of fevers and other diseases were attributed to "irritation" or inflammation of the intestinal canal; a theory which, soon after its enunciation, was described as "wild" and exploded, but which, nevertheless, reappeared and still continues, more especially in regard to that form of fever called "enteric." The systematic examination of urine, and discovery of the nature of Bright's disease, as also the introduction of auscultation, belongs to the present period. The "zymotic" theory of various so-called "preventible" diseases is also of it, so are the modern views in regard to "specific" poisons, antiseptics, microbes, &c. But diseases continued to occur in isolated cases, and as epidemics, as they have ever done; "one generation of humanity after another passes away, to be in turn succeeded by races of people no less fleeting."

Physic has been described as one of those departments in which there is frequent necessity for the exercise of "an incommunicable faculty of judgment, and a sagacity which may be called transcendental, as extending beyond the simple combination of all that can be taught by precept (Lock and Sydenham, p. 22). Our art (of healing) is not to be better learned than by its exercise and use; and it is likely to prove true that those who have directed their eyes and their mind the most accurately and diligently to the natural phenomena of diseases, will excel in applying the true indications of cure (p. 38). The discovering and assigning of remote causes, which now-a-days engages the minds and feeds the vanity of envious inquirers, is an impossible attempt (p. 42). It is this doctrine of conjunct causes, this necessity for watching the action of compound and often opposing forces, and the having to do all this, not in a machine of which, if you see one, you have seen all, but where each organism has often so much that is different from, as well as is common with all others. Here you must mend your watch while it is going (p. 43). Medicine is not like practical geometry, or the doctrine of projectiles, an application of an abstract, demonstrable, science, in which a certain result may be infallibly drawn from certain data, or in which the disturbing forces may be calculated with scientific exactness (p. 457). In all disease there is an inscrutable specific property which eludes the keenest anatomy (p. 52). We are now-a-days in danger of neglecting our art in mastering our science, though medicine in its ultimate result must always be more of an art than a science. This distinction between the science and the art has often been called the *cunning* of medicine. Inasmuch as human nature cannot contain more than its fill, a man may not only have in his head much scientific truth which is useless, but it may shut out and hinder, and render altogether ineffectual the practical faculties for whose use his knowledge was primarily got. All professional men labour under the great disadvantage in not being allowed to be ignorant of what is useless (p. 58). The real physician is the one who cures; the observation which does not teach the art of healing, is not that of a physician, it is that of a naturalist (p. 94).

(*To be continued.*)

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We are requested by the Hon. Treasurers of the "Jacob Testimonial" to state that the additional subscriptions received by them during the past week will be found duly acknowledged in our advertising columns.

PREVENTIVE MEDICINE AND ABORTIVE TREATMENT.

By C. R. ILLINGWORTH, M.D. Ed., M.R.C.S. Eng.,
Medical Officer for the Rishton District, Blackburn.

(Continued from page 569, last vol.)

After treating seventy cases of measles in the epidemic I have referred to, I began to think that the acetate of ammonia might have some action in producing an over-fluid condition of the blood. I accordingly gave the nitrate of potash in from three to four grain doses with the biniodide of mercury mixture, until the third day of the rash, and then the iron as before. I found the refrigerant action of this salt most valuable. It certainly also left patients in a better condition after the subsidence of the rash. There was less pallor and less debility. My suspicions of the acetate of ammonia were thus, to my mind, confirmed. Like the carbonate, though not to the same extent, it not only acts upon effused fibrin, but to a certain extent damages the fibrin-forming power of the blood, and the hæmoglobin of the corpuscles. Potash salts (and particularly the nitrate) seem to have the valuable property of reducing febrile conditions without acting thus deleteriously upon the blood. (Jones's and Sieveking's observations thus appear to receive confirmation, *vide* p. 21 "Deficiency of Fibrine.")

And now for a description of a further step I have taken in the treatment of this complaint. The great tendency in measles, to the production of over-liquidity of the blood, from the proximity (no doubt), of the infecting material, to the circulation in the lungs; the fact that, unlike those of scarlet fever, the germs of measles have their vitality exhausted in three days from the first appearance of the rash upon the face, and act upon the skin only; and finally, the perfect compatibility of the nitrate of potash with the perchloride of iron, induced me to prescribe this mixture of liquefacient and hæmatinic medicines from the very commencement of the rash, with the object of combating the dangerous defibrinating tendency of the disease at as early a period as possible.

At the end of the sixth day of the disease, or the beginning of the seventh, as before, I prescribed steel only, for by that time, all the concurrent febrile symptoms have subsided. The happiest results marked this change of treatment. The tongue rapidly became moist and clean; the children more quickly regained their liveliness of manner; there was less secondary bronchitis; and the resulting spanæmia was so much less marked that the complexion was almost unaffected.

I have therefore the utmost confidence in recommending this method of treatment for measles, from the first. I prescribe as follows for a child of from two to four years of age:—℞ Liquor ferri perchloridi fort. ♏vi—xv.; potass. nitrat. ʒjs—ʒj; syrupi ℥ss.; aquam ad ℥iss. One teaspoonful every two hours, day and night. For an adult I double or treble these doses, according to age. If the liquor ammoniæ acetatis be prescribed on account of its superior diaphoretic properties, I would suggest that it be not given after the fourth day of the disease, *i.e.*, the first day of the rash.

Out of one hundred and seventy cases attended during the last ten weeks there have been ten deaths, viz, two from suppressed measles invery young infants, two from croup during the acute stages of measles, two from secondary croup; two from secondary bronchitis, and two from secondary meningeal effusion. All these deaths occurred between the fiftieth and hundredth cases. There were no fatal cases after the commencement of the combined liquefacient and hæmatinic treatment, with steel and nitrate of potash. In regard to croup, besides the astringent and hæmatinic remedies I have advocated, with counter-irritation, I would suggest the application of a solution of nitrate of silver (30 grains to the ounce) by means of a laryngeul brush, to the interior and vicinity of the larynx at the first onset of the attack. In five out of six cases which recovered from concurrent and secondary croup, the astringent hæmatinic and counter-irritant treatment was sufficient to effect a cure; in the sixth, a case of secondary croup, I used the nitrate of silver with good results.

The difference in effect upon the fibrin-forming power of the blood, between the ammonia and soda salts on the one hand, and the potash salts on the other, is worthy of further notice. It is usual, for instance, to prescribe ammonia and the acetate of ammonia in bronchitis, pneumonia, and broncho-pneumonia. These medicines are very valuable ones, but there is danger in continuing the use of them too long in acute chest disease, a risk, viz., of inducing a condition of over-fluidity of the blood, with fatal capillary bronchitis as a consequence. I have no hesitation in affirming that I have saved life in capillary bronchitis and broncho-pneumonia by from one to five minim doses of the strong perchloride of iron (according to age) given every hour or half-hour. The indications of an over-fluid condition of the blood in these cases are the dusky complexion, rapid rattling breathing, and livid lips of the patient, whose blood, from imperfect aëration due to abundant secretion, is rapidly losing its fibrin-forming power, and filling the air-cells with its fluid elements. In every case of bronchitis, as soon as the tongue is moist and clean, I give steel in large doses (generally with gentian and chloric ether), and I am of opinion that the combination of steel and nitrate of potash is capable of extended usefulness in many acute chest affections and febrile conditions.

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Foreign Department.

ELECTROLYTC CAUTERISATION FOR THE TREATMENT OF LUPUS VULGARIS.

By Dr. G. GÄRTNER and Dr. S. LUSTGARTEN.

Having taken in hand a number of lupus patients in the Kaposi Klinikin Vienna, the authors report very favourably on the results obtained. They used a current from a strong battery (twenty-four Leclanché or chromic acid elements) whose elements were set into action altogether. The positive pole was represented by means of a sponge electrode, which was fastened in the form of a Gärtner's movable electrode on to the forearm of the patient. From the zinc pole the current passed through Gärtner's graphite reheostat, and an oaken compass for absolute measure (either Edelmann's galvanometer or Kohlraush's current index) to the cautery electrode, one of the planes after being slightly bent, a fine silver plate two cm. in diameter was let into a hard Indiarubber ring, which likewise with the help of the movable electrode was pressed upon the sore place on the skin.

The authors recommend before the attempt to smear the surface of the part to be operated upon with soap liniment or some other kind of soap not too fatty. If the electrodes are in the desired connection there will be produced by means of the rheostat a gentle and regular current rising from 5 to 8 milliampères, whereby the patient only perceives a slight burning. The further action of the current, lasting about ten minutes, is quite or almost painless. After the expiration of this time the cauterised parts are excoriated, sodden, and in a few minutes a tenacious strongly alkaline matter trickles out. Then follow iodoform dressing, and for the most part aseptic healing under the scab. As the authors themselves assert cauterisation cannot be used everywhere. If the lupus is very deeply seated electricity must not be used; but if the infiltrated lupus is immediately under the surface of the skin, or if ulcers already exist electricity can be used in almost all parts.

With regard to papillary forms (from which the verrucose forms are again excluded) the whole mass of epidermis must be got rid of by means of maceration and washing with soap; in ulcerated lupus where the cauterisation is not quite so painless, the wound must be painted several times with a five per cent. solution of cocaine. The authors point out as the advantage of their method over other treatments, along with the almost complete absence of pain, that by the peculiar treatment only the diseased parts are cauterised, and the healthy tissue is left untouched. Whether the method will be brought into common use is very questionable, because the large apparatus is rather complicated and expensive, and too much time is required. Further, it is not applicable for lupus on many parts of the body, *e.g.*, isolated parts of the face, nose, ear, &c. It can, however, be recommended where the lupus is localised upon the trunk or extremities. There are two important points in the very interesting communication. In the first place the electrolytic cauterisation in a physical sense has nothing to do with electrolysis. A current of one ampère intensity decomposes in one second about 0·1 mgrm. $H_2 O$; here the applied current at most 0·01 ampère, decomposes in ten minutes about 0·6 mgrm. $H_2 O$, or an equivalent mass of tissue, an accomplishment which for the real tissue destruction taking place—a result produced by the alkali *in statu nascenti*—cannot be taken into consideration. Further, the demand now made, as far as we know for the first time by Gärtner and Lustgartner, is very important, that in every kind of electrolysis an absolute galvanometer shall be made use of, because the number of elements present does not yield any measure for the strength of the current, and only under the exact control of such a galvanometer, can any definite effect be brought about.

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Clinical Records.

CASES FROM HOSPITAL AND PRIVATE PRACTICE.(a)

By J. Appleyard, M.B., F.R.C.S.,

Surgeon to the Bradford Infirmary.

The following cases—at least those of malignant disease—were brought before the Society as aids to prove or disprove the local or general origin of cancer. The short time allowed for a paper, necessitated brevity in description as well as in the analysis of each individual case.

Case I. *Epithelioma of Lower Lip.*

A man, æt. 71, with the history of a horny growth on the left half of the mucous border of the lower lip, twelve years ago, followed by a slight scabby condition of the site of the horn, without any evident papillation, which persisted till the day of his death, with little or no local change in the lip itself. The lymphatic glands, however, about the angle of the jaw, and in submaxillary regions, became enormously enlarged, causing difficulty in moving neck and in swallowing, and leading to death by exhaustion in December, 1885, about twelve years after the initial lesion in the lip was recognised. No operation was performed, so that the case is interesting for its long duration, the very slight and very slow change of the initial lesion in the lip and the enormous secondary growth in the lymphatic glands. Suppose the initial local manifestation had been excised eleven or twelve years ago, thoroughly and freely, what influence would it have had on the future history of the case?

Case II. *Scirrhus of Mamma.*

A female, æt. 61, whose left breast was removed in July, 1879, for a scirrhous mass the size of a hen's egg. The patient's health continued fairly good until July, 1886, when loss of appetite and shortly afterwards loss of flesh came on, and on October 10th, 1886, the liver was found greatly enlarged, and on its surface two hard firm tender plates which were diagnosed as secondary scirrhous deposits in the liver. Ascites, and œdema of the legs rapidly came on and the patient died November 28th, 1886, about seven and a quarter years after the excision of the breast. Up to the last the scar and the axillary and supra-clavicular glands were free from any enlargement or appearance of disease.

Query.—What would have been the effect on the progress of the case if the mamma had been excised at an earlier stage, before the mass had attained anything like the size of a hen's egg.

Case III. *Recurrent Scirrhus of Mamma.*

A woman, æt. 56, whose left mamma was excised a second time in August, 1885, for recurrent scirrhous cancer, the first operation having been performed ten years previously. She was discharged with the wound perfectly healed, Sept. 11, 1885. How the case has progressed since her discharge, I am not able to report, but she has never returned to show herself, and a letter addressed to her has *not* been returned as a dead letter.

Case IV. *Epithelioma of Glans Penis.*

A man, æt. 48, with a tight prepuce from infancy, and no family history of cancer, &c. When seen on April 10th, 1883, had a dry, whitish, rough-looking ulcer with indurated raised edges, rather smaller than a shilling, occupying the furrow and part of the right side of the glans penis—the prepuce (inner layer) being slight involved. He stated that two years ago, he felt a hard patch through the skin of the prepuce, with a sharp edge and about the size of a pea. There was no discharge and no pain, except when he knocked his penis against anything. He was treated by a quack, apparently for a hard chancre, but no improvement resulted. He saw a medical man who told him, he had a wart, and applied some caustic, which turned it white—a slough separated—but still it grew, and began to sprout more vigorously. Dr. Goyder then saw the case and kindly sent him to me, and we were agreed that the case was one of epithelioma, requiring prompt measures. The penis was amputated through the middle on May 14th, 1883, and the wound healed nicely. In November, 1883, a small nodule developed on dorsum of penis, half an inch from the meatus, which was excised, and no further recurrence has taken place. The patient is quite well, with the exception of a stricture at the meatus. A section under the microscope, shows nests of epithelial cells, so characteristic of epithelioma (a section shown). Three years and eight months have now passed since the operation, and the patient is quite well.

Case V. *Epithelioma of Glans Penis.* (*Specimen shown.*)

A man, æt. 58, without any family history of cancer, had an ulcer about the size of a shilling with a warty outgrowth, involving the right side of glans and of prepuce. No previous phymosis. Dr. Denby, who asked me to see the case with him, agreed that the case was one of epithelioma, and the penis was amputated one inch behind the glans, December 29th, 1885. There has been no recurrence, but a stricture of meatus to some degree complicates the case.

Case VI. *Epithelioma of Glans Penis.* (*Specimen shown.*)

A man, æt. 69, with no family history of cancer, and no phymosis, was first seen Aug. 23, 1886, by the House-Surgeon, Mr. J. A. Kempe, when there was a hard lump the size of a half-marble projecting from right side of glans penis. It extended back as far as the corona, was vascular, discharging thick pus, and very like a ripe strawberry. Prepuce quite free, although a little swollen opposite the little mass. Lymphatic glands in both groins a little indurated generally, but he says they have been hard as they are now for years. Penis was amputated two inches behind glans on Aug. 27th, 1886, and in order to guard against stricture of the meatus, which resulted in the two previous cases, the spongy or urethral portion was cut half an inch (at least) longer than the corpora cavernosa, the floor of the urethra divided, and the edges of the mucous membrane stitched to the skin all round. There was a little sloughing after the operation, but the wound had healed by 16th September, 1886. The urethra admits No. 12 English catheter, and there is no approach to a stricture.

Case VII. *Swallowing a Steel Shawl-pin.*

A girl, æt. 7, swallowed a steel shawl-pin 2¼ inches in length, with a round black glass knob at the end. There was no symptom of any kind, and nothing could be seen or felt. Solid constipating diet with small doses of mist. cretæ aromat. were prescribed, so as to involve and thus convey the pin safely through the intestines. On the 3rd November the pin was passed imbedded in a solid motion, having been retained ten days. During these ten days she had passed in all five motions, and each one solid.

(a) Read before the Bradford Medico-Chirurgical Society, January, 1887.

Case VIII. *Brass Boot-hook in Larynx.*

A little boy, æt. 5, swallowed a little brass bootlace hook-and-eye on the 17th November, 1886. He was seen three days later (Nov. 20th) by Mr. Kempe, house surgeon at the Infirmary. His parents said that he had vomited every day since the 17th. He had a little hacking cough, a hoarse voice, and said he had pain over the trachea above the sternum, which he localised by his finger. No foreign body to be seen or felt in the throat, but the pharynx and epiglottis redder than natural. Expansion of chest good on both sides, and no physical signs indicative of any interference with entrance of air into trachea or lungs. It was thought advisable, now that three days had passed, to do nothing except put the child to bed and carefully watch and await events. On Nov. 27th the lace-hook was coughed up, having been about ten days in the air passages, probably in the larynx, in the interval between the true and false vocal cords on one side.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, January 28th, 1887.

Dr. Broadbent, President, in the Chair.

Dr. Broadbent made his Inaugural Address as President of the Society, and expressed his high sense of the honour and responsibility attaching to the post. If he had had an ambition outside and beyond the performance of his duty, it was certainly that of figuring on the honoured *rôles* of one or other of the societies. Alluding to the progress which had been made in the study of morbid anatomy, pathology, and therapeutics, he congratulated the profession on the fact that every day tended to render practice more scientific, and that pathology and therapeutics now went hand in hand. Diagnosis was one of the most important elements of success in the career of medical men. A well-known barrister of his acquaintance, in his post-prandial chat, was wont to say that, to paraphrase an aphorism of Demosthenes the first element of success at the Bar was good animal spirits, the second, good animal spirits, and the third, good animal spirits. In the same way he would be disposed to say that the great element of success in medicine was diagnosis. By diagnosis, he meant careful and exact localisation of lesions. It was not diagnosis to say that a patient had paraplegia, unless the nature and site of the lesion was ascertained. As to the mere fact of some cases proving exceptional, he recalled the saying of Sir James Paget, that "an exception to one rule was in reality the first indication of another and possibly unknown rule," and might, therefore, be the means of enabling the careful and attentive observer to carry ont useful observation on a new line. He observed that in the Transactions of the society, the surgeons appeared to better advantage than the physicians, a state of things probably attributable to the fact that physicians' cases did not lend themselves to exhibition as did the surgeons' cases. The physician could, and often did, point to the arrest of phthisis in individuals and communities; the progress of Bright's disease might be staved off indefinitely if the patient only carried out the treatment laid down for him; but such cases scarcely admitted of being shown, and in any case did not appeal to the attention in the same way as the more palpable results of the surgeon's intervention. He deprecated anything in the nature of scepticism in regard to the use of drugs, and declared that when physicians used drugs they did so in good faith. Alluding to the class of drugs known as antipyretics, he said that while very useful in a certain category of cases, the mere knowledge that they lowered the temperature was not a sufficient justification for their use. It was necessary for the physician to know *how* the temperature was lowered before he ventured to lower it. The mere existence of fever was not a sufficient reason, and there were many cases in which it was doubtful whether a reduction in temperature was desirable or beneficial to the patient. The physician was not in a position to say that a high temperature was, *per se*, a symptom to be combatted, since it might be a necessary item in the evolution of the morbid phenomena. Referring to the employment of the salicylates in the treatment of acute rheumatism, he acknowledged that many of the inconveniences and sequelæ of that disease were abridged or prevented by its use. At the same time he enjoined a certain caution, especially in prolonged courses of the drug. He said that, since its use had become general, he had certainly seen deaths from rheumatic fever of a kind he had not met with before. In conclusion, he thanked the Society for the honour they had conferred upon him.

Mr. Henry Morris on a case of

CALCULOUS DISEASE OF BOTH LUNGS; WITH REMARKS ON THE SURGICAL TREATMENT OF CALCULOUS KIDNEY GENERALLY.

A woman, æt. 40, was sent to Mr. H. Morris at the Middlesex Hospital on June 15th, 1886, by Mr. Nunn, for the purpose of undergoing an operation for calculous disease of the right kidney, associated with a purulent fistula of long standing in the right loin. The patient was very ill at the time, had passed several small calculi, and complained of severe pain in the right loin, and frequency of micturition. Within a few days some pain had also been felt in the left loin. There was a history of albuminuria of long standing. On June the 18th the right kidney was explored through an incision in the loin. The tissues round the kidney were condensed, indurated, and tenaciously adherent to the renal capsule, the kidney was small and hard. On cutting into the kidney several small calculi and some fragments of pyogenic membrane, but no pus, were removed. The operation was followed by no relief, and more intense pain was experienced on the left side. Partial and then complete suppression of urine followed, and the patient died comatose on June 23rd. At the post-mortem examination the left kidney was found very large and white, and with a great increase of cortical substance. It contained two cysts filled with pus, in one of which there was about two hundred small calculi. Numerous other calculi were scattered through the kidney. The right kidney was small, hard, and contracted, and one or two minute calculi were found scattered in its substance. There was no calculus in either ureter, and no other cause of ureteral obstruction present. It is argued from such a case as this that the surgeon may be easily misled by clinical symptoms, and also by abdominal exploration, to operate upon the wrong kidney, viz., one which, though the seat of a calculus, is not the organ which is exciting the present symptoms, these symptoms being caused by the second kidney having become calculous after it had undergone hypertrophy owing to previous long standing calculous disease in the first. Such cases are not favourable for operation, and differ vastly from the more numerous cases which are *cured* or *relieved* respectively by nephrolithotomy and nephrectomy.

Mr. Henry Morris on

A CASE OF SUCCESSFUL NEPHROLITHOTOMY.

A man, æt. 42, who for ten years had been suffering from symptoms pointing to renal calculus, was sent to Mr. Morris by Dr. Geo. Johnson on May 4th, 1886. He was admitted into the Middlesex Hospital on May 12th, and operated upon on May 15th. A rough rounded calculus, weighing 23½ grains, was removed through an incision in the loin from the right kidney. There was no pus in the kidney. After the operation no urine whatever escaped by the wound, but blood in decreasing quantity was passed in the urine for some days. The wound healed by direct union. The patient sat up on the sixteenth day, and was discharged perfectly well at the end of the third week after the operation. For a long time prior to coming under notice he had taken very large quantities of brandy and laudanum to relieve pain; these were entirely discontinued from the time of the operation, as all his pain ceased from that time. He has been several times seen since he left the hospital, and is in good health and passing perfectly natural urine.

Mr. **Howard Marsh** on

A CASE IN WHICH VERY SEVERE SYMPTOMS WERE DUE TO TWO SMALL STONES IN AN ATROPHIED AND MOVABLE KIDNEY—FAILURE TO DETECT THE ORGAN BY AN ANTERIOR LUMBAR INCISION—DISCOVERY BY LAPAROTOMY—SUCCESSFUL REMOVAL OF THE KIDNEY.

E. D., æt. 25, unmarried, was admitted into St. Bartholomew's Hospital on June 29, 1886, with well-marked symptoms of stone in the left kidney—constant pain, severe exacerbations, frequent micturition, and pus and blood in the urine. As no improvement followed rest and medical treatment, it was determined to explore the kidney. For this purpose an incision, suggested by Mr. Willett, and which had several times been found highly advantageous for the removal of large kidneys, situated exactly half way between the spine and the middle line in front, and vertical in direction, was made through the abdominal wall and fascia transversalis. The kidney, however, could nowhere be found, though a wide search was made. On a subsequent occasion the abdomen was opened in the middle line, and the hand passed in. The kidney was now easily detected, but found to be movable and atrophied. No stone, however, could be felt. The kidney was then removed by the ordinary lumbar incision. The patient made a bad recovery. On opening the kidney after removal two oz. small stones were found in one of the calices. The author drew attention to the important fact that, though the symptoms were very urgent, the stones on which they depended were of very small size. He pointed out that, though the incision on the axillary line is ordinarily adopted for the removal of a large kidney, the posterior lumbar incision is preferable for the purpose either of mere exploration or the removal of a stone from the kidney; and he discussed the means that may be adopted for the detection and removal of small renal calculi. He also raised the question how far the symptoms in the present case may have been due to the fact that the kidney was freely movable.

Mr. **William K. Bennett** on a case of

SUPPOSED NEPHROTOMY FOR SCROFULOUS DISEASE.

L. F., a married woman, æt. 37, was admitted into St. George's Hospital under the care of Dr. Champneys on December 25, 1885, on account of abdominal tenderness, painful micturition, and a reniform swelling on the left of the navel, which rapidly increased, and by Jan. 8th extended into the left loin. On Jan. 14 there was a sharp rigor, fluctuation became manifest in the mass, and a considerable amount of pus appeared in the urine, which was neutral in reaction, and up to this time had only been slightly turbid. Exhausting vomiting set in, and the case was transferred to Mr. Bennett's care who, on Feb. 3rd, laid open the tumour freely through the left loin whereupon a large quantity of curdy, partly caseating discharge poured out, with a foul urinous odour. On the finger being introduced into the cavity it entered what was apparently a disorganised scrofulous kidney, there being a large sac with irregular imperfect septa formed, so far as could be judged, by the undestroyed calices running in the usual direction. At the inner aspect was a pouch-like off-shoot which was thought to be the dilated ureter. Great relief followed the operation, the patient was progressing favourably in every respect; the abscess contracting rapidly until Feb. 18th when lung complications set in, of which she died on Feb. 28th. *Post-mortem Examination.*—There was a small wound in the left loin leading into a sacculated abscess of small size, at the inner and anterior part of which lay the kidney *absolutely intact*, not having been involved in the operation at all. The organ, on being cut open was found in a condition of scrofulous disease, but had not broken down to any extent. Difficult as may be the differential diagnosis of renal and peri-renal abscess, Mr. Bennett was unacquainted with any case in which doubt had arisen, after free incision, as to the situation of the disease. In his case so exactly in every way did the cavity resemble the interior of the kidney at the time of operation, that no surgeon could have doubted that the kidney had been laid open. Had the patient survived as she might have done, but for the occurrence of lung disease, the abscess would certainly have healed, and the case probably have been recorded as a successful instance of nephrotomy for scrofulous disease. As it seemed not impossible that similar sacculated abscesses may have been opened by other surgeons under the impression that the kidney had been incised, Mr. Bennett thought the case not without interest in connection with the statistics of the results of treatment of scrofulous kidney by incision.

In consequence of the lateness of the hour, the discussion on these papers was postponed until the next meeting.

LIVING SPECIMENS.

Mr. **Godlee** showed a man in whom both superior maxillary bones had been removed for epithelioma of the hard palate.

Mr. C. R. **Lunn** showed

1. Case of Raynaud's disease of feet.
2. Case of myxœdema.
3. Peculiar deformity of the foot in an ataxic patient.
4. Case of icthyosis.

Mr. R. W. **Parker**, an unusual form of harelip.

Mr. **Morris** cases illustrative of successful nephrolithotomy, together with calculi removed from the kidney in four other cases.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held January 20th.

The President, Dr. **Cleaver**, in the Chair.

Dr. **Law** exhibited some specimens of

ENLARGED SPLEEN.

One was from a girl, æt. 8; enlargement of the abdomen was first noticed three years before. The other was from a man, æt. 37. The spleen weighed 3½ lbs. That from the child was not much less. In neither case was there any history of intermittent fever; but there was well-marked leukæmia in each instance.

Specimens were exhibited by Mr. Baldwin, Mr. Snell, Dr. Dyson, and Dr. Cleavers.

Mr. J. **Williams** read a paper on

THE ETIOLOGY OF GOITRE.

In it he reviewed the various theories which have been advanced as to its causation. Amongst the theories he particularised were:— 1. Snow water; 2. Indigenous to mountainous districts; 3. Geological formation of the districts affected; 4. Diminished atmospheric pressure; 5. Carrying weights on the head; 6. Some form of iron in the drinking water; 7. Want of proper sanitary surroundings, and all causes which serve to depress vitality. In the course of his remarks, he mentioned his experience as to the prevalence of this disease in Novi Bazar, or as the Turks call it, Yeni Bazar, where he was in 1876. Half the population seem to be affected, of both sexes and of all ages. Against the idea of snow-water, Mr. Williams places the fact that goitre does not occur in Lapland or Greenland, where snow-water abounds. Against its being indigenous to mountainous districts, stands the fact that it occurs in the plains of Lombardy, and other low-lying countries. Reviewing Dr. Thursfield's theory as to the effects of weights being carried on the head, he thinks the fact that in South Wales, where this habit is widely practised, there are remarkably few cases of goitre, is sufficient to show that it is an unsound one. In Novi Bazar, where so large a proportion of the population suffer from goitre, it is not a universal practice to carry weights upon the head, another reason for objecting to the theory. Indeed, comparing the conditions existing in South Wales and at Novi Bazar, *i.e.*, on the one hand, diminished atmospheric pressure and weights carried on the head, with an extremely rare occurrence of the disease; and, on the other, ordinary atmospheric pressure and no weights carried on the head, with the existence of a very large number of cases. Mr. Williams does not see how, for one moment, such a theory as that of Dr. Thursfield's can be maintained. Mr. Williams favours the idea of some substance contained in the drinking water being at fault; some form of iron or other element, further favoured by want of proper surroundings on the part of those affected, and of proper sanitation. It evidently occurs most in those districts where the magnesian limestone abounds, and in some form or other, is frequently found in combination with this formation. In connection with this view, he quoted Dr. Giles' (of the Indian Medical Service) paper upon "Goitre in the Himalayas.' Dr. Giles says that "the disease is most prevalent where granite and gneiss abound, where timber is scarce, and where the natives live in a state of dirt and darkness, and absence of all proper sanitary surroundings." These same conditions occur at Novi Bazar. Mr. Williams believes in heredity, and quotes the opinion and experience of Dr. Allen Thomson Sloan to this effect.

A discussion followed, in which Dr. Dyson, Dr. Law, Mr. Aitken, Mr. Browning, and Mr. Baldwin took part.

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BRADFORD MEDICO-CHIRURGICAL SOCIETY.

January Meeting.

The President, I. Mossop, Esq., in the Chair.

CASE OF OSTEOTOMY.

Dr. **Rabagliati** showed a case of restoration from extreme knock-knee by osteotomy. The malleoli were 10½ inches apart, the right malleolus being 5½ inches from the perpendicular and the left 4½. After recovery from the operation, the legs had become almost perfectly straight—the right thigh only being somewhat bowed, without however affecting the straightness of the foreleg—both malleoli could now be brought into contact. The patient was in the Infirmary about 4 months, two operations being performed. Dr. Rabagliati said he had now done a great many of these operations which he thought it best to perform when the patient had attained some age and consolidation of the bones was likely to be permanent.

Mr. **Appleyard** said that many surgeons objected to this operation as the legs could be straightened without it; he was not of opinion that this could have been effected in Dr. Rabagliati's case, he himself, had done about a dozen cases with good results. He had met cases in which the children's bones were very hard, and could not be straightened by pressure.

Dr. **Bell** inquired whether any of the cases operated upon by Dr. Rabagliati had lapsed back into deformity.

Dr. **Rabagliati** in reply, said that it was fear of this result which made him choose cases that had attained some age. He had had a case of a child which lapsed again into crookedness but it could be operated upon again. No bad results followed these operations

Mr. R. H. **Meade**, F.R.C.S., then read a case of

AMENORRHŒA FROM OVER BRAIN-WORK, FOLLOWED BY ATROPHY OF UTERUS.

In 1886, he was consulted by the mother of a young lady, who said that her daughter had not menstruated for about 3 years, she was 18 or 19 years old, and had been quite regular and healthy for about 2 years, until at the death of her father she was obliged to engage in teaching. She was very energetic about it, and anxious to do what she could for her family, and overtaxed her brain, in consequence of this she became nervous and hysterical, stopped menstruation, but did not become anæmic nor generally out of health. Her manner and temper got queer and irritable, and on account of these symptoms she was recommended to undergo the massage treatment, under Dr. Playfair. She stayed sometime in London and derived great benefit mentally from this plan, but menstruation did not return, she however was well enough to resume her studies and teaching, and went on well with the one exception for a long while. The amenorrhœa continuing, she was advised to consult someone in Manchester who recommended stimulating applications to the uterus itself. Before she tried these, her mother brought her to Mr. Meade, and wished to have his opinion respecting them, who thought it necessary to examine the uterus before deciding. She was now in good general health, eating well, plump and not at all anæmic, and naturally healthy. Upon making a digital examination, he found the uterus both the cervix and body, *very small*, evidently atrophied, and told her mother that he thought fresh treatment of no use, and advised that all remedies (she had taken iron, aloes, hellebore, &c.) should also be let alone. The chief interest in this case was the fact that over excitement, in the way of learning seemed to have the power of interfering with the healthy functions of the generative organs, and therefore it became a serious question whether girls' brains should be over-taxed. Amenorrhœa was very common among school girls, though it did not often lead to serious mischief, and teachers and governesses were often very irregular as to menstruation. He saw another some what similar case a few years ago, a young lady 17 or 18 years of age, began with amenorrhœa while at school in Germany, and for 3 or 4 years after, nothing would bring menstruation on again. She was not anæmic, but got into a queer mental state and would not eat; she also went under the massage treatment, and afterwards took a voyage to Australia, by means of which her health and mind improved, but when he last saw her there had been no return of menstruation. He had no opportunity here of making an internal examination, but suspected that a similar state of uterus was present.

Dr. **Goyder** said that this case raised an important issue, and forcibly illustrated the baneful results of overtaxing the nervous energy. Here the mischief was not in the over-pressure of school children against which the medical men of Bradford had lately raised their voices, but it was in the over anxious and over-wrought teacher, the result was to unfit the woman for married life; practically to unsex her so far as procreation was concerned. While therefore the higher culture of woman should be cared for, was not the assumption of the function of the man, taking the woman out of her rightful sphere, and depriving her of her proper place and power in social life ?

Dr. **Rabagliati** followed on the same lines.

Dr. **Bell** said he had had a good deal of experience in amenorrhœa, the cases differed as to their causes in different classes of the population, but were quite amenable to treatment, if the causes were as far as possible removed, the function could be restored by stimulation and exercise; the introduction of a stem pessary would effect this, and increase of the size of the uterus.

Dr. **Hime** said he was not disposed to think Dr. Bell at fault in general treatment. Every practitioner knew that most cases of amenorrhœa were temporary, but this was very different from the extreme results in Mr. Meade's case, where over-pressure of brain was clearly the cause of the mischief. He had known many cases in which the intellectual powers had been exercised to the great detriment of the physical, and to the introduction of serious interference with the normal, functions of the uterus.

Mr. J. **Appleyard**, M.B., F.R.C.S., Surgeon to the Bradford Infirmary, then brought before the Society a series of interesting cases from hospital and private practice, which will be found under "Clinical Records," page 95.

In the discussion that followed the reading of these cases,

Mr. **Meade** said that epithelioma was the most hopeful form of cancer. He had seen many cases of the lip operated upon, the patients remaining well for years. The penis was a favourable organ for removal, because you could remove the whole of the diseased structure. He strongly felt that cancer was a local disease in its early stage, and that if perfect recovery was to be secured it should be removed as soon as discovered.

Dr. **Hime** inquired with regard to the swallowing of the pin, what diet had been enjoined. He ordered a diet which would produce solid motions. Was the larynx examined in the case? With reference to cancer, he thought late operation advisable for the relief of symptoms where early removal had been neglected.

Mr. **Barber** mentioned a case in which a hook had been caught in the larynx, it could not be discovered during life, but was found on a post-mortem.

Dr. **Rabagliati** mentioned a case in which he had turned a woman upside down, and dislodged a ring which had got into the larynx. As to the local or general character of epithelioma, this was a point for discussion. Its progress was generally inversely as the age, with the old it was slow, hence he would operate at once on the young. His experience of mammary amputations for cancer during the period he held the house-surgeoncy in the Bradford Infirmary was that every case died of general cancer within four years of the mammary operation.

Mr. **Appleyard**, in reply to Dr. Hime, said he gave opium and solid food in all cases in which foreign bodies were swallowed. The laryngoscope could not be used in so young a child. In cancer he did not advise operation when there was ulceration. He had seen rapid death after operation in such cases.

The proceedings then terminated.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 2, 1887.

CONVALESCENT FEVER HOSPITALS.

A very sharp and, it may be, bitter contest is imminent amongst the members of the Metropolitan Asylums Board as to the desirability or not of opening the large convalescent fever hospital that has been built at Winchmore Hill for the reception of such cases. Strong difference of opinion exists among the managers, who are divided into two parties, each with its own policy distinctly formulated. And in each case, the policy as to the Winchmore Hill Hospital is determined by attitude to the Darenth Convalescent Small-pox Hospital question, with which, indeed, it is inseparably bound up. The one side wishes to build a convalescent Small-pox hospital at Gore Farm, near the Darenth Asylums, to make use of the Northern Hospital (Winchmore Hill), now that it is finished, for convalescent fever cases, and to keep Stockwell and Hampstead Hospitals still closed; the other side desires to use part of the Darenth Asylum for convalescent Small-pox, to transfer the asylum patients thus ousted to Winchmore Hill, and to reopen either Stockwell or Hampstead for acute fever cases. The latter party, it will be seen, are the sticklers for economy, wishing to make use of the present provision of the Board, without incurring further outlay; the former contemplate building an additional hospital, using the Northern for its originally intended purpose, whilst still keeping only three of the five acute hospitals of the Board open for the reception of cases. With this divergence of views, and in the absence of a properly constituted medical adviser to the Board, the managers have addressed a circular letter to the medical superintendents of their different fever hospitals, asking for their opinions upon the subject. We are not concerned with either the views or the replies of these gentlemen, neither can we pretend to pronounce upon the general policy of the Board itself, whether, for instance, economy only is to be thought of, or efficiency alone, or whether a judicious blending of the two should not be earnestly sought for in the settlement of a question affecting the health, no less than the pockets, of the London rate-payers. But what we can attempt to do is to examine the abstract question as to whether a convalescent fever hospital is absolutely necessary, or even desirable, for the patients in the Asylums' Board Hospitals. Now, it is certainly customary for parents who can afford it to send their children to the sea-side or to the country after scarlet fever; and there are several homes which receive middle-class patients on payment of small sums. But we are doubtful if, in the majority of uncomplicated cases, much real benefit is derived from such a course of proceeding, unless the patient's surroundings during the acute stage have been unsatisfactory. Then, and then only, is there any real need for convalescence in the country or at the sea. Where a private patient has abundance of fresh air during the acute period, is well oiled and bathed, and has plenty of sound nourishing food, and where also, he has means of taking gentle exercise during desquamation, in such a case we maintain that sending him away to the coast or inland is futile and unnecessary. On the other hand, a petty tradesman's child, say, in a crowded neighbourhood, treated in the back parlour by a third-rate practitioner, would derive great benefit from three or four weeks at Miss Wardell's Home. Now, under which category do the patients at the Asylums Board Hospitals come? The answer to this will be found in reference to the well-situated, well-appointed hospitals of that Board, where ample cubic space is provided during the acute stage, bathing and food are constant and good, and where during desquamation, ample airing grounds are provided for patients. The condition of the greater part of the cases on their discharge has only to be seen to make the conclusion still more decisive that for the majority of scarlet fever cases in these hospitals, a convalescent hospital is unnecessary and undesirable. We should speak, however, with more reserve with respect to those cases which are detained longer than the usual eight weeks, on account of kidney mischief, general debility associated with large enlarged glands of the neck, and with strumous discharges from the ear and nose. For these, we are of opinion that a residence for several weeks exposed to fresh country air would expedite recovery, and be of great advantage to each patient. For these, and these only, amongst scarlet fever cases would we advocate the opening of the Northern Hospital at Winchmore Hill, with the consequent expense attached to such opening. As to enteric fever patients, we consider that convalescence passed at such a hospital would be decidedly shortened, but great care would have to be exercised in the selection of cases for transfer; and there is not a large number to select from. These seem to be some of the considerations which strike us on cogitating over this matter of convalescent hospitals for fever patients; and in giving vent to them, we must not fail to express our sympathy with the Asylums Board in their endeavours to find a solution to the problem, "What is to be done with Winchmore Hill?" For it must be always remembered that this colossal institution was built in close pursuance of the recommendation of the Hospitals Commission of 1882, which advised provision of a maximum of 3,000 fever beds (half in town and half in the country), a calculation which appears to us to be based far too high, in view of the number of cases treated in the Board hospitals of late years.

THE STATUS OF THE IRISH APOTHECARIES' HALL UNDER THE NEW MEDICAL ACT.

The relation of the Apothecaries' Hall to the Irish Conjoint Examination now being organised has been already hotly discussed, and is certain to be the subject of anxious and prolonged debate in the approaching meeting of the General Medical Council, and it will, we think, be advantageous for us to recapitulate briefly the circumstances which placed the "Hall" in its present position as a licensing body.

The Irish College of Physicians has prepared a formidable manifesto for presentation to the Council, the object of which is to prove by legal opinions and other aguments, that the "Hall" is not, and never was, lawfully authorised to grant licenses to practise medicine, and that, being incompetent to do this, it is necessarily prohibited from availing itself of the third clause of the new Medical Act and from continuing to grant such licenses, either in conjunction with another body or independently. We are in a position to publish this manifesto, but as the College of Physicians pleases to regard it as, for the present, confidential, and has officially declined to give us a copy, we are precluded from making known its contents, except so far as they are generally spoken of.

As to the original status of the Irish Apothecaries' Hall, there can hardly be any doubt that that institution was neither intended to be, nor until the year 1858 had any pretensions to be, a medical licensing corporation. Its functions were very clearly defined by the Act which erected it (31 Geo. III, cap. 34), and the reasons given in the preamble of that Act for its incorporation were:—1. "The want of a Hall amply supplied with medicines of the purest quality." 2. The necessity for inspection of drugs by "persons well skilled in the art and mystery of such preparations;" and 3. "The prevalence of frauds . . . practised on His Majesty's subjects . . . by the ignorance and unskilfulness of divers persons pretending to the art and mystery." It was, therefore, enacted that there should be established "a company or fraternity of judicious apothecaries, well skilled in preparing and compounding of medicines." A Board of Directors was created "for inspecting and directing all chemical and compound preparations." Every apothecarry was authorised to take apprentices "to prepare or vend medicine," and it was provided that none should "open shop or act in the mystery of an apothecary, until he should be examined as to his qualification and knowledge of the business." In no part of the Act is there one word which—even by the broadest interpretation—could imply any right in the "Hall" to examine in medicine or surgery, or to license anyone to practise such profession in any way whatsoever.

This Act is the only charter of the "Hall," and that institution could possess no other right or privilege except those thus conferred, unless such additional rights were granted by another Act of equal force. Up to the year 1858, therefore, all the pretensions of the Hall, however clamorously insisted on, were futile, and the privileges which it usurped the right to confer were of no validity whatever. But in 1858, the Medical Act passed which at once placed the "Hall" in a new position. Its name was placed, in perfect equality, side by side with those of the acknowledged Medical and Surgical Corporations, and by the inclusion of it in the schedule of the Act it was admitted to every right granted or confirmed by that Act. There is not a word in the Medical Act of 1858 to suggest a doubt that the "Hall" was not fully recognised as equivalent in function to the other Corporations; since that date, many Amendment Acts have confirmed it in that position, and now the Medical Act of 1886 has continued to it all the privileges which it previously possessed.

How do these Medical Acts define the privileges of a Licensing Corporation? Clause 15 says: "Every person becoming possessed of one. . . . of the qualifications described in Schedule A (which includes the L.A.H.) shall. . . . be entitled to be registered;" and Clause 31, declares the functions and rights which such registration confers, as follows: "Every person registered under this Act shall be entitled according to his qualification or qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients."

The only words of any ambiguity in this Clause are: "According to his qualification or qualifications," and this phrase has been pleaded in law courts, but ineffectually, to prove that a singly-qualified surgeon cannot recover fees for pure physician's work, but however this may be, it is clear that every license scheduled in the Act including the L.A.H. confers the right to practice one or both of the specialities, medicine and surgery, and the only question which can arise is as to which the L.A.H. represents.

Thus, the legislature deliberately, if not wisely, extended the functions of the Irish Apothecaries' Hall, and it did so, notwithstanding the earnest protests of the Medical and Surgical licensing bodies. But when the "Hall" had acquired these privileges, it became necessary, in order to obtain the *usufruct* of them to satisfy public departments of the fact, and accordingly, the "Hall" forthwith addressed a letter to the Army Medical Department pointing out that it was now qualified to grant the medical license required from assistant surgeons. On the 16th of August, 1860, the Director-

General sent a letter on to the General Medical Council with the query "whether the license of the Hall entitles the holder to be registered under the Medical Act as a practitioner in medicine," and, not having elicited a conclusive reply, repeated the query on the 22nd of June, 1861. It was therefore moved by Mr. Syme, and seconded by Dr. Leet, that such person "is legally" entitled to "do so." To this, two amendments were moved: 1. Stating that "the Council having heard contradictory legal opinions on the questions, . . . respectfully decline to pronounce an opinion." 2. That "considering the probable intention of the Legislature, . . . the Council are of opinion that it would be in accordance with the spirit, and meaning of the Act to consider the said licentiates as legally qualified practitioners of medicine." The amendment which declined to express any opinion was carried by thirteen votes to eight.

At the succeeding meeting in 1862, a motion was made to take a law opinion on the subject, but the proposal was negatived. A year later, in June 1863, the question was at last settled. It was then moved that Licentiate Apothecaries "are entitled to practise Medicine," to which an amendment was moved that the Council having already had the question many times under consideration declined "to re-open the question" but that "the conflicting legal opinions be sent to the Director-General." The original motion was carried by a vote of 13 to 8, and then the Council put its seal upon the interpretation of the Medical Act, which the Apothecaries' Hall depended upon to establish its *status* as a licensing corporation. Such is the history of the consolidation of the Irish Apothecaries' Hall as a Medical Licensing Corporation, and it appears to us scarcely *ad rem.* to discuss now—as the College of Physicians proposes to do—the primitive rights of that body, any more than it is relevant to debate the rights of present landowners to the properties which were confiscated for the benefit of their ancestors some hundreds of years ago.

We know that the pretension of the Apothecaries' Hall to license doctors was a usurpation—that the recognition of that pretension by Parliament was unjustifiable and unwise; and that the verdict of the Medical Council in 1863 was little better than the declaration of an interested cabal, but nevertheless that verdict was final, and, if it were ever to be reversed, the College of Physicians has lost its chance in having, notwithstanding our warnings, permitted the Medical Act of 1886 to pass in its present form. To attempt, after the lapse of six and twenty years, to fall back upon the old argument is puerile, and the College is simply wasting the time of the Medical Council in provoking a debate on a controversy which has been, long since, dead and buried.

It is much to be regretted that the College of Physicians has shown itself incapable of discerning the wisdom of accepting the inevitable—that it has forgotten that the world and public opinion has grown thirty years older, and that it has by its obvious incapacity to release itself from tradition, accepted the opprobrium of being the obstinate and impracticable element in the settlement of the medical future of Ireland.

◆

ETHICS OF OUT-PATIENT PRACTICE.

For some occult reason the Medical Committee at the Westminster Hospital have thought desirable to promulgate the following resolution which was endorsed by the House Committee:—

"That the Medical Committee view with disfavour the practice of seeing the out-patients in numbers in the same room at the same time, as being both undesirable and improper; but consider that, whilst as a rule the patients should be seen singly, it may be quite admitted that occasions may arise in which for special reasons two, or most exceptionally three, patients should be in the consulting room at the same time."

It would be interesting to be informed what train of circumstances rendered such an injunction necessary. Had any member of the staff been in the habit of seeing patients of different sexes at one and the same time? We are far from thinking such a rule inappropriate, although doubtless there are circumstances under which prudence would indicate the presence of more than one patient at a time. It must certainly be unpleasant to patients of either sex to be called upon to unfold their story before an unsympathetic, if not indifferent audience of fellow-sufferers. If any disproportion exist in their ages it even becomes demoralising.

As a matter of fact, however, out-patient practice, as at present carried out in metropolitan hospitals, would be impracticable were this rule rigidly enforced. It may be urged of course that this is in itself an argument against the present system, but even if this be admitted, so long as it remains in force, it has to be carried out the best way it can be. In some institutions a nurse attends the out-patient department, but except possibly where children are concerned, her assistance may advantageously be dispensed with in favour of a dresser.

Imperfect as is our English method of conducting the out-patient department of hospitals, it is, with all its inconveniences and shortcomings, infinitely superior to that which obtains in most continental cities,and especially in Paris. There the crush is so great, and the time allowed so short, that the "consultation" consists mainly in the distribution of prescriptions written beforehand without more than a simulacre of examination or diagnosis. It is only inside the hospitals that their condition is seriously gone into, and even there, in the majority of cases, our kindly if costly hospital management, leaves them far in the rear. Hospitals in Paris are affiliated to the institution which represents to some extent our Poor-law arrangements, and this may account for the difference, although the comfort of patients in the workhouse infirmaries of this country leaves little to be desired.

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The nineteenth anniversary dinner in aid of the funds of the French Hospital and Dispensary is announced to take place, at Willis's Rooms, on Saturday next, the 5th inst. His Excellency the French Ambassador will take the chair, and will be supported by the Lord Mayor and the Sheriffs and Under-Sheriffs of London and Middlesex.

Notes on Current Topics.

The Inquiry at Mercer's Hospital.

It will be readily understood that we have no desire to express any opinion or take any side in the public controversy which took place last week as to the management of Mercer's Hospital. We refrain—Firstly, because we cannot see that questions of hospital administration—outside their medical aspect—are any business of ours. Secondly, because the case is *sub judice*, and it would be an impropriety to express an opinion until a judgment is arrived at. But we do not think that we prejudge the matter in dispute in any way by criticising the proceedings of the Committee of Inquiry appointed by the Dublin Corporation to investigate these matters, in which function, in our opinion, they have covered themselves with discredit, and greatly damaged the cause of the hospital executive.

The Corporation was invited by the hospital authorities to hold an inquiry, and therefore nominated a Committee, the *personnel* of which was obviously weak, both in numbers and in judicial capacity. The Committee sat with closed doors, and nobody knows whether or not their method of inquiry was impartial, or what evidence was heard; but the outcome has been a whitewashing of the hospital administration and administrators so elaborate and unstinted that no one who reads the verdict can suppose it to have been arrived at in a perfectly impartial spirit. The Corporation Committee do "protest too much." Not only do they declare the hospital management free from blame as to the occurrences in question, which it may probably be, but they go on to pronounce its administration to be as nearly as possible perfect, whilst the decadence of the institution within the last three years sufficiently proves that it is not. They had, they say, "no difficulty or hesitation in coming to a unanimous conclusion," *inter alia*, that the man who was alleged to have been maltreated, "received proper care and attention," that, "so far as the statement that the man received brutal treatment is concerned, the evidence establishes that the instructions of the physicians were carried out with anxious care by the resident surgeon and the matron." We do not suggest that these conclusions are incorrect, though, indeed, they read very strangely alongside the evidence in the police court upon which the resident surgeon has been committed for trial for manslaughter. We are, however, obliged to say that the Corporation Committee would have acted much more discreetly if they had declined to hold or proceed with inquiry when most of the matters to be investigated were already under examination in the police court. But if they thought it fit to hold the inquisition, they should have treated the evidence with perfect impartiality, which—on their own showing—they did not do, for they state that "to the testimony of other witnesses (for the accusers) the Committee did not attach weight, it being that of servants whose services to the hospital had been discontinued." It seems to us that the evidence for a complainant must, in many cases, be that of persons who, having ceased to be connected with the institution, are free to speak the truth without apprehension of dismissal, whilst that for the defence, given by the officials, should, for the opposite reason, be accepted subject to, at least, as large a discount. The final paragraph of the Committee's report goes so far beyond the subject matter of the inquiry, and is in such a spirit of gushing laudation of the hospital, its work, its management, and its officers, that one is tempted to ask whether there is, in the eulogium, any personal influence, or why it is that the laudatory report was received by the Corporation with a unanimity of rapturous approval which, in that assembly, is a rare phenomenon. One conclusion from the whole transaction is inevitable. Either the report of the Committee or the evidence before the police magistrate is false, and, no doubt, when the subject comes before a jury we shall be able to make a choice of these alternatives.

Hydrophobia.

Much of the confusion which has arisen since M. Pasteur's claims have been so fully discussed arises from our inability to define what is the disease called hydrophobia. Its course and symptoms vary so greatly, and the post-mortem appearances are so uncertain, and even negative, that until some light is shed on these vexed questions, little real progress can be hoped for. The statistics, again, have been manipulated in so many different ways, and made to prove so many different theories, that even the scientific investigator is apt to give up in despair his attempt to arrive at even an approximate opinion on the subject. The ignorance of most veterinary surgeons and medical men as to even the accepted symptoms of hydrophobia is simply phenomenal; nor can it well be otherwise, seeing that most men pass through life without meeting with a case. To argue, therefore, that the disease transmitted was hydrophobia is like discussing whether a certain versifier is or is not a poet without defining in the first instance what constitutes a poet. It has generally been believed that dogs affected with rabies inevitably died, and Pasteur affirms that they die within ten days. If this be true, then a great many cases of alleged hydrophobia are wrongly diagnosed, even if we allow for the large number of instances in which the stupid plan is adopted of immediately killing the animal. Dogs are liable to forms of cerebral excitement, and even dementia, quite independently of rabic influence, and this fact vitiates the value of any statistics unless the protection is absolute, *i.e.*, without an instance of the disease having subsequently supervened where inoculation has been performed within the prescribed limits of time.

The Metropolitan Hospital Sunday Fund.

A meeting of the Council of the Hospital Sunday Fund was convened last week to consider a letter from the Bishop of London, in which he proposed to alter the date of the Hospital Sunday this year from the 19th June to the 3rd July, on the ground that the several church services intended to celebrate the Jubilee of Her Majesty would seriously militate against the success of the Fund. After a prolonged discussion it was resolved to adhere to the date originally fixed for the collection. The following resolution was also carried:—"That in view of the approaching Jubilee, and to meet the urgent needs of the poor who are being relieved at our hospitals, it is desirable at once to make strenuous efforts to largely increase the Hospital Sunday Fund collection of 1887, and that a special committee be appointed to carry out these views." It was urged that the financial condition of most of our hospitals is in an unsound state, and towards the end of the year might be expected to be some £70,000 or £80,000 to the bad. On this account we regret that no member of the Council proposed to appoint a committee to confer with the managers of hospitals and devise a means of placing a check upon the indiscriminate abuse of medical charity. A very large number of undeserving people are constantly assisted in the out-patients' department: the Executive, however, make no effort to deal with the evil, because it is believed and known that a *grand total* has an imposing effect, and will be sure to increase the subscription list. We have always contended that the indiscriminate bestowal of medical charity has a pauperising effect upon the people, and is undoubtedly as injurious in a public point of view as in a professional.

Phthisis in the Army.

An interesting paper recently read before the Statistical Society, by Inspector-General Lawson reveals some very striking and interesting points in connection with the extent to which phthisis prevails among our land forces. It may be in the recollection of our readers that the Royal Commission of 1858 laid great stress upon imperfect ventilation of barracks as being an important item in the causation of that disease; but statistics seem to indicate that improvements which have of late years been effected in that respect have had less to do in reducing the incidence of phthisis than might naturally have been looked for. That soldiers still continue to suffer more from consumption than corresponding classes and ages in civil life is unquestionable. The more general adoption of flannel underclothing, and other improvements that have taken place in uniform have no doubt tended to bring down that prevalence to some extent; but when it is observed that they have to undergo their chief exertion at drill in complete dress; that when drill is over accoutrements and coats are immediately cast off, and their further avocations usually carried on regardless of whether the underclothing be soaking with perspiration or not, while individual men expose themselves recklessly in that condition to currents of cold wind that sweep along corridors and passages—ample cause is thus provided for the extent to which mortality and invaliding by consumption continue to thin the ranks of our battalions. It is satisfactory to learn that from 1880 to 1884 a decreased rate of mortality from phthisis has taken place not only in the army, but generally in the civil population of this country.

A meeting of the friends of the late Dr. Walter Moxon, of Guy's Hospital, was held at the Royal College of Physicians yesterday (Tuesday), under the presidency of Sir William Jenner, Bart., for the purpose of initiating a movement in favour of a "Moxon memorial" of the deceased popular physician.

Syphilis and Wet Nurses.

The liability of wet nurses to transmit the syphilitic virus to the children under their care or *vice versâ* has been fully recognised, and inquiries are generally instituted by the family medical attendant with the view of eliminating any danger of the nurse being the subject of syphilis. According to a recent paper on the subject by Prof. Fournier, of Paris, the most careful and minute investigation may fail to reveal the existence of a positive danger, from the fact that at the moment of examination the disease may be in the incubation period. That the risk is not an imaginary one is shown by Dr. Fournier's observation that he had observed no less than fourteen of such cases, in which infants had become infected by nurses who were in perfect health at the time of their engagement. One of the cases was very instructive. A peasant woman in excellent health was placed in charge of an infant who developed unmistakeable signs of secondary syphilis to the effects of which indeed it soon succumbed. The nurse, thus placed at liberty to seek another infant, did so at once, and after passing the official medical inspection, was placed in charge of child No. 2. Some few days later a chancre formed on the nipple, followed in a week or two by one on the child's upper lip. When the nurse developed secondary symptoms the parents of the child discharged her and engaged a second nurse. When the infant in its turn had secondary symptoms, the medical man who was called in at once diagnosed the circumstances of the case, but not in time to prevent the infection of the new nurse. The Professor advises parents not to engage a nurse who has given the breast to other than her own children, or, if this cannot be insisted upon, to require her to produce a medical certificate that the child last suckled was suffering from no infectious or contagious disease. The matter, possibly possesses less importance in this country than in France, where the substitution of wet nurses for maternal care is almost the rule in well-to-do families. The consequences however are so terrible that Professor Fournier has rendered public service in calling attention to the possibility of contamination even with a woman presenting every outward and visible sign of health and strength.

Artificial Fecundation.

The practice, or at any rate the procedure, is one which is as old as the hills, but notwithstanding its antiquity, it has never fallen into the domain of general practice. In Great Britain, at any rate, there are very good reasons for considering any method except that which is consecrated by immemorial custom, of adding to the population, as superfluous to say the least of it. In other countries—France for example—where the population does not increase with a rapidity at all commensurate with its size and importance, the subject has spasmodically come to the front. Some little time ago, an adventurous student at Paris took up the question from a scientific point of view and incorporated the results of his observations and experiments in his thesis for the doctorate. It is uncertain whether it was the subject or the *modus operandi* which excited the ire of the Faculty, but in any case, the almost unprecedented course was adopted of refusing the thesis and ordering the whole of the copies to be impounded and destroyed. This unexpected result probably lessened the author's enthusiasm on this delicate subject, and doubtless taught him that, if he practice, it is not always wise to preach. Without lauding the practice, of which we must confess ourselves discreditably ignorant, we fail to see in it anything fundamentally immoral. At the same time, we may point out that experimental researches will probably fail in obtaining for the observer more than an undesirable notoriety. If the rumour, therefore, be true, that an eminent gynæcologist proposes cadging a few more laurels by a work on this subject, *à l'usage des hommes de monde*, the present opportunity is a good one to warn him of the fate which awaits him.

Medical Practice at the Cape.

If the lamentations of the *South African Medical Journal*, are to be accepted as sincere, and not merely funny, medical practice at the Cape is not an agreeable sinecure. The doctor is subjected to petty persecution if he refuse to "pal" with his patients, and when, if he be a bachelor, he ultimately takes unto himself a wife—the law only allowing one—he forthwith makes enemies of all the unmarried damsels of his district. The tone of one of the leading articles leads us to infer that the writer of it must just have been the victim of some or one of the episodes which he so graphically describes and was then taking his revenge, hoping that the pen might prove mightier than the—scalpel. It may be comforting to him to be told that even in the old country, doctors are not exempt from petty annoyances of this kind, especially in rural district. The only effectual protection against them is a cultivated or acquired indifference. It is the same in life as at school, if we "cut up rough" at the practical jokes or foolish tricks of our school-fellows, the result will be to plunge us in an ocean of trouble. We all have our cross to bear, though we are apt to think now and again that their weight has not been proportioned to our strength.

Leprosy in Japan.

From the *Sei-i-kwai Medical Journal* for December, we learn that leprosy is very much on the increase in Japan. In the opinion of those physicians who have given attention to the disease, this is due less to heredity than to the entrance of a specific germ into the system. This has been more recently exemplified in the spread of the disease in Trinidad and Hawaii. In 1859 the first cases of leprosy seen in the Sandwich Islands, occurred in the person of two Chinese coolies, and seven years later there were four hundred cases of leprosy reported in the Island of Molskai. The cause of this rapid spread was found not to be heredity, but rather the further importation of infected Chinese, and their being allowed to mix indiscriminately and immorally amongst the lower classes, and those from certain causes predisposed to take the disease. The Medical Society has taken the matter in hand and is issuing precautionary measures, and recommends in all cases cremation of the leprous dead.

A Novel Expedient.

Dr. Shustoff writes in the *Russkaya Meditsina* that on one occasion he was asked to intervene in the case of a woman who had been in labour five days. The pains had been severe at first, but latterly had ceased. Upon examination, he saw something black protruding from the anus, and on exercising gentle traction, he brought to light a sausage rather more than seventeen inches in length, and fourteen (?) in circumference. Immediately on its withdrawal, labour recommenced, and the woman was shortly delivered of a dead child. It was ascertained on inquiry, that the sausage had been introduced on the recommendation of an old woman of the neighbourhood, in order to ensure the birth of the child *per vias naturales*.

The Minutes of the General Medical Council.

The volume of Minutes for the past year is the largest ever issued by the Council. It contains, in addition to the records of the proceedings of the Council, the Executive Committee, and the three Branches, the Reports of the Visitors on the Irish Universities, and also the very elaborate and valuable statistics of qualification and registration compiled by Mr. Miller. This volume must have a place in every good medical library, even though its predecessor volumes are not there, for it contains much more extensive information than any of them.

O'Callaghan v. Vigors.

We regret to observe that the Court of Appeal has reduced the damages obtained by Dr. O'Callaghan in this case from £500 to £100. It will be recollected that Mr. Vigors—a local magnate—slandered Dr. O'Callaghan in a letter to the Carlow newspaper, in which he accused the doctor of negligence and incompetency (or words to that effect). Though we think the reduced damages quite inadequate, it is satisfactory to observe that Mr. Vigors will have the honour of paying the costs of both trial and appeal.

Military Punishments.

Step by step has the Duke of Cambridge continued to reduce the severity of military punishments during the long period His Royal Highness has been at the head of the army, until now, when, as if to add celebration to this year of jubilee, he has brought them down to the standard of common sense. There are doubtless men still serving who have a lively recollection of days, by no means long ago, when offences of what was then euphoniously called "a military nature," and bearing in themselves no *moral* turpitude whatever, subjected the unfortunate soldiers by whom they were committed to the lash, or imprisonment, and association with felons implied therein; or to such "minor" punishments as confinement to the cells, extra drill, confinement to barracks for a lengthened period, and so on. And there are doubtless those still in the army who also remember to what an extent an injudicious commanding officer had it in his power to literally worry and drive to desperation soldiers against whom he, or those acting under him, took what in barrack-room language was called "a grudge."

Now, we are happy to see, all that state of things is of the past, swept clean away by the latest edition of "The Queen's Regulations." As therein expressed "ignorance, thoughtlessness, temper, inexperience of the restraints of discipline may often betray a young soldier into the commission of an offence which, though technically serious, is trivial in effect;" and accordingly the Duke of Cambridge impresses upon commanding officers that their duties towards young soldiers are very responsible. Nor is it alone in respect to the military aspect of those offences that this responsibility exists. It was a fact well known to regimental surgeons that out of punishments capriciously inflicted, or out of proportion to offences committed, not unfrequently arose acts of real crime, sometimes of violence, at others of drunkenness, breaking out of barricks, *et cetera*, all of which led more or less directly to moral degradation of the individual, the disease involving premature death, or discharge to a hospital or the poor house. That these occurrences were as described is no matter of question. That they are no longer likely to happen is a circumstance calculated to enhance alike the military efficiency of our troops, their moral and their physical well-being. Surely then the term applied to another Royal Duke early in this century is more than equally appropriate to the present, for by the authority he gives to the Regulations now introduced he verily proves himself to be "the soldier's friend."

The Treatment of Asthma.

At the close of an exhaustive address on the above subject delivered before the Medical Society of Berlin on the 8th inst, the speaker, Herr Lazarus, sums up as follows:—1. The prophylaxis of bronchial asthma demands inquiry into the constitutional and inherited tendency, and especially into the disease of the respiratory surfaces of the nose, throat, and lungs. 2. The asthmatic attack itself is to be cut short as quickly as possible. Potassium iodide and chloral in equal parts in large doses once or twice a day act with the greatest certainty. In special cases operative treatment of nose and throat are to be recommended. 3. The treatment of the resulting condition is important. In general the most effective agent is the pneumatic cabinet, or potassium iodide or terpine hydrate.

The Jervis Street Hospital Ball.

We learn with much satisfaction that the promoters of this entertainment have netted, for the benefit of the hospital, a sum of nearly £700. Such a result is very creditable to their energy, and the untiring work which they devoted to make the speculation a success was rewarded by a very substantial gain to the hospital.

We see with pleasure that among the last batch of new Austrian peers, recently gazetted, is included the name of that eminent surgeon Professor Billroth. His fame is more than European, he is known and appreciated wherever surgery and surgical pathology is studied, and we are pleased to be enabled to point to his elevation as a token of the respect and honour shown to a member of our profession.

The Assistant Surgeoncy of the Dublin Metropolitan Police,

Which was vacated some weeks ago by the sudden death of Dr. P. W. Long, has been given to Dr. Henry W. Oulton, medical officer of one of the North Dublin dispensaries. The appointment is in all respects a good one, for Dr. Oulton is a worker in the profession, and not a superannuated pluralist, and is well known as an industrious and efficient public officer.

Ain-hum.

An interesting account of an affection of the toes occurring among negroes and other coloured races, and called "Ainhum," is contained in the current number of the *International Journal of the Medical Sciences.* A patient with the disease was treated in the Montreal General Hospital by the author of the paper in question, Dr. Francis J. Sheppard, whose description of the condition is taken from the appearances then observed. The disease had existed in this case for six years, commencing as a small pimple in the digito-plantar fold of the little toe. No pain or inconvenience was felt from it for a year and a half; but at the end of that time the digito-plantar fold became the seat of a constriction, and soon the toe became enlarged. Poulticing cured the sore and gave ease for a time, but later on the ulceration reappeared, pain was much increased, and the persistent furrow rapidly increased in depth. Amputation of the digit was performed, the wounds rapidly healing under iodoform dressings. Examination of the toe after removal shows a plentiful distribution of fibrous tissue, and increase in the thickness of the skin; but the alteration in the bones is the most striking feature of all. The proximal phalanx had become extremely attenuated and claw-like by atrophy, while the point between it and the succeeding phalanx had altogether disappeared, as also had that between the middle and terminal phalanges, while the latter had clearly undergone atrophic changes. The disease is very rarely encountered, and seems to have been first described in 1867 by Silva Lima, who give it an existence extending over eight to ten years, and considers that it is usually asymmetrical. Its cause is not known, but Dr. Sheppard hints at its bacillar origin, though he regrets not having preserved the specimen he removed for subsequent minute examination. Since Silva Lima's paper first appeared several cases of the disease have been reported, but so far little has been added to our knowledge of its etiology or pathology beyond what was originally described in connection with it.

The Queen is expected at Aix-les-Bains early in April for a stay of about six weeks. She will be accompanied by Princess Beatrice.

The Empress of Austria is reported to be again about to submit her Royal body to a course of massage at the hands of the prince of *masseurs*, Dr. Mezger, of Amsterdam. This gentleman is to be congratulated on Her Majesty's evident appreciation of his method of treatment.

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At the Societies.

MEDICAL SOCIETY OF LONDON.

Mr. Davies Colley showed (Jan. 24) a case of ectropion consequent on necrosis of the superior maxillary bone, in which he had operated with advantage. Mr. Walter Pye showed a case of excision of the elbow-joint in a lad, where partial excision had been attempted, but had failed, the lesser sigmoid cavity, which had been left, requiring to be removed five months later. Mr. G. B. Turner showed one of those comparatively rare cases of lip chancres, especial interest attaching to the case from the fact that infection had taken place at two separate and distinct places on the lip, in addition to sores on the penis. The President mercifully suggested the probability of infection having taken place accidentally by means of the fingers, and this view was supported by Mr. J. Astley Bloxam, who mentioned several cases in which he had seen simultaneous chancres at the Lock Hospital. Mr. Harrison Cripps mentioned no less than fourteen cases of chancre in unusual positions which he had observed during the past year. Mr. J. Astley Bloxam exhibited a patient on whom he had performed one of his favourite operations of plastic surgery, in which he would seem to be *facile princeps*. The man in question had had extensive ulceration of the lower part of the face, resulting in obliteration of the nose and *quasi* closure of the mouth. The orifice of the latter was restored by a simple plastic operation with the most satisfactory results. Mr. Walter Pye showed a curious case of nævus of the hand in a girl, which appeared to have a direct connection with an impression prior to birth on the part of the mother. Mr. Harrison Cripps exhibited one more instance of the good effects of colotomy in cases of carcinoma of the rectum. The patient was immediately relieved, and had very good control over the new artificial anus.

The meeting of Monday last (Jan. 31st) was entirely devoted to the reading of Dr. Langdon Down's third Lettsomian Lecture, which will be found on page 89.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The whole time of the last meeting of the Royal Medical and Chirurgical Society was spent over discussion of the treatment of hydatid cysts of the liver, the debate being initiated by Mr. Barwell. Three methods were primarily mentioned in the paper, though one was named only to be condemned as unsatisfactory, that, namely, of electrolysis. In all cases, Mr. Barwell urged, puncture with a small trocar ought first to be performed, since this operation often sufficed to cure in cases where only a single cyst existed; but when it failed through the presence of numerous daughter cysts, he advocated the making of a free abdominal incision to the edges of which the cyst should be securely stitched, and later on an opening made into the tumour itself, through which all the contents might ultimately escape. Certain necessary precautions to be observed in cases where the thinness of the cyst wall rendered effusion of the fluid into the peritoneum probable, were carefully described; and the author concluded his paper with a description of a case in which he had performed the operation after the hydatid (in a woman) had been punctured eight times previously.

Mr. Warrington Haward did not agree with Mr. Barwell's mode of directly incising the parietes, but inclined rather to the adoption of a method of gradual perforation by caustic paste, with the object of securing sufficient peritoneal adhesions. He admitted, however, that when the contents of the cyst were thick and compounded of daughter cysts a free incision might at times be required. Mr. Howard Marsh, following Mr. Haward, lent powerful support to Mr. Barwell by citing a most successful case in which he had recently followed the plan recommended by the latter gentleman; and he mentioned also another case, that of a child, in which suppurating hydatid cysts had been directly incised without any attempt being first made to secure adhesion to the abdominal wall. There was no extravasation into the peritoneal cavity, and all went well. A similar case was instanced by Mr. Harrison Cripps, who warmly espoused the method of free incision as likely to be followed generally with good results owing to the frequent complication of hydatids by multiple cysts.

Sir Dyce Duckworth and Mr. Walsham both accorded a qualified approval of the method advocated in the paper, Sir Dyce, contending that favourable results might follow after all the varieties of treatment. Mr. Walsham agreed that it was not necessary always to secure the cyst to the parietes, and thought the incision made was often needlessly long. Dr. Angel Money instanced a fatal case in which a daughter cyst caused death by escaping into the hepatic vein.

The discussion was continued by Mr. Pearce Gould and Mr. Henry Morris, the former insisting that aspiration ought first to be tried in all cases, and that caustics should give place to the knife, while on the question of stitching the cyst to the edges of the incision he sided with those who regarded it as an unnecessary proceeding. Mr. Morris dilated on the early literature of the subject, and criticised some of the views expressed by previous speakers. He condemned the too free use of iodoform as a dressing, a point on which, owing to the risks of poisoning thus incurred, Mr. Barwell quite agreed with him.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

THE PROFESSORIAL SQUABBLE AT EDINBURGH.

Referring to the extraordinary letters which appeared in our last issue from the Professor and the late Senior Demonstrator of Physiology in the University of Edinburgh, The *Scotsman* asks:—"Is nothing to be done to prevent honourable men from being defamed, insulted, and driven away from the University? Will the Senatus Academicus do nothing in the present case? For the vindication of its own honour it is surely bound to deal with the matter. . . . . It may be taken for certain that the intense feeling which this case has aroused will not be satisfied with any mere patching up of the present quarrel, or even with formally assigning blame where blame is deserved. Something more thorough and radical is called for, and that will only be found in a complete change in the status and relations of the Assistant Professors, with, of course, a corresponding change in their mode of payment. If Mr. Ashdown's case is the means of bringing about that reform his sacrifice will not have been made in vain." In opening the class of Institutes of Medicine on the morning of Friday last, Professor Rutherford addressed the following remarks to his students:—"Most of you have seen a remarkable article in a periodical which has placed me in a false light. I am not now prepared to make any statement such as I think I ought to make to my students for the purpose of explaining what my position really is, and why it was that I was led to sign an apology containing some statements which certainly I demurred very much to. It would perhaps have been better had I acted in some other way. I beg to point out that it is perfectly well known to me that those now acting in opposition to me are most anxious that such a tornado should be raised that it would be rendered difficult or impossible for me to address you. I am sure if you knew all the circumstances involved in this unfortunate matter I should have a considerable amount of sympathy. I should hope that you will not play in the hands of others to render it impossible for me to continue to do those duties which, of course, I am anxious to do in order to help you as much as I can. The time will come, I have no doubt, when all these facts of the case are known. Until that time I hope you will suspend your judgment."

EDINBURGH UNIVERSITY.

The Vacant Rectorship.—The Principal of Edinburgh University, after consultation with the Senatus Academicus, has come to the conclusion that the vacancy in the Rectorship caused by the lamented death of Lord Iddesleigh cannot legally be filled up till November next. A proposal was on foot to request His Royal Highness the Prince of Wales to accept the office, and Liberals and Conservatives were unanimous in the selection. It was thought that it would be a pleasing academic recognition of Her Majesty's Jubilee. Sir Francis Knollys has, however, sent the following message in advance:—"If such an honour were proposed to the Prince of Wales, though he would naturally feel highly flattered, he fears it would be difficult for him to accept it."

The late Lord Rector.—On receiving intelligence of the death of the Earl of Iddesleigh, the University Court adopted the following minute:—The Court desire to record their great sorrow that since their last meeting the sudden death of the Earl of Iddesleigh has deprived the University of his valuable services as Lord Rector, and this Court of its head. The Court, with the fresh recollection of his distinguished talents and his high character, join in the national lament over his loss. Alike at the Tercentenary celebration and during his whole connection with the University, Lord Iddesleigh was ever ready to further its interests, and to identify himself with the students both in their studies and in their recreations. His death, therefore, is deeply felt, and his memory will be long affectionately cherished by all connected with this University. The Court desire that a copy of this minute shall be sent, with this expression of their respectful sympathy, to the Countess of Iddesleigh and the members of the family of the late Earl.

Students' Representative Council.—The elections in connection with the Students' Representative Council, which has become an important element in Edinburgh University life, are in progress.

University Examiners.—The Court has appointed the following gentlemen to be additional Examiners in Medicine, as follows:—Dr. C. D. F. Phillips, London, in Materia Medica; Dr. D. Noël Paton, Edinburgh, in Physiology; Dr. G. Sims Woodhead, Edinburgh, in Pathology; Mr. W. Watson Cheyne, M.B., F.R.C.S., in Surgery; Dr. J. O. Affleck, Edinburgh, in Clinical Medicine. The additional Examiners in the other departments of Medicine were reappointed. The Court further authorised the opening of a class of Practical Botany in the winter session, to be conducted by the Assistant to the Professor, with his superintendence, the laboratory to be open daily, microscopes and re-agents being supplied by the Professor. The fee was fixed at £3 3s. The Court resolved to recognise Mr. Alexander Wood, teacher of Practical Materia Medica, Edinburgh, and Dr. Bruce, Lecturer on Pathology, Edinburgh, as teachers whose courses qualify for University graduation.

The Endowment Association.—The annual general meeting of the Association for the Better Endowment of Edinburgh University was held last Thursday, under the presidency of the Lord Provost. It was reported that four more competition bursaries had been arranged for. The Association had done good work, but the public required to be further stimulated, in order that the annual subscription list might remain sufficiently high. The Lord Provost announced the gratifying fact that the number of students attending the University continues to increase. The announcement of the early introduction of an Universities (Scotland) Bill was hailed with pleasure.

The Southern Counties Asylum Charges of the ex-Medical Assistant.—In the month of August last there appeared in the Glasgow newspapers copious extracts from correspondence published by Dr. Lennox, formerly Medical Assistant to the Southern Counties Asylum. From the correspondence it appeared that Dr. Lennox was appointed Medical Assistant on the nomination of Dr. Rutherford, at the end of 1885; that he occupied the position for about seven months, and enjoyed the entire confidence of Dr. Rutherford, the Superintendent; that on the 11th of June 1886, he wrote a long letter to Sir Alexander Jardine, chairman of the directors, to the Secretary of State for Scotland and the Secretary of the Board of Lunacy for Scotland, charging Dr. Rutherford with subversion of order in the house, and, also making grave charges as to the inferior quality and deficient quantity of the food supplies; that on the 18th June he was suspended by Dr. Rutherford, and on the 23rd dismissed by the directors; that an inquiry into his charges was commenced by the Board of Lunacy in Edinburgh in July; that he was allowed to appear by counsel at the inquiry. The Board of Lunacy and the Commissioners have now both issued their reports completely exonerating the Medical Superintendent, and setting forth that the conduct of Dr. Lennox, the Assistant, was subversive of discipline.

Ayr.—The Hospital.—Mr. Douglas Baird, Wellington Square, Ayr, has, it is stated, undertaken to defray the expense which the directors find will have to be incurred in the improvement of the drainage and other sanitary arrangements of the hospital, and the more satisfactory heating of the infectious wards.

Proposed Medical School for Dundee.—We have kept our readers *au courant* with the aspirations of certain influential authorities in Scotland to give a medical school to Dundee. These have now assumed a more definite shape, and "a proposal for a new medical school" to commemorate the Queen's Jubilee has been issued. In the introduction it is stated that "it has long been felt in Dundee that, with the Royal Infirmary on the one hand, and the facilities for graduation at St. Andrews on the other, the materials already exist for laying the foundation of a medical school." The movement was formally inaugurated by Prof. Gairdner, of Glasgow, in 1885. Subsequently Sir Andrew Clark, M.D., of London, in passing through Dundee, took the opportunity of urging in the strongest terms the foundation of a complete medical school as a duty which Dundee owed to herself. Since then, as our readers are aware, the whole subject has been much discussed, and public opinion in regard to it has been rapidly advancing.

Factory Appointments in Glasgow.—The appointment held by the late Dr. Ebenezer Watson in connection with the factories on the south side of Glasgow has been divided between Dr. A. K. Irvine, of Newton Terrace, and Dr. Brown, Belhaven House, Pollokshields.

Literature

RECENT WORKS ON THE NERVOUS SYSTEM.

I.—*A Manual of Diseases of the Nervous System.* Vol. I. By W. R. Gowers, M.D. London: J. & A. Churchill. 1886.

The present volume deals with Diseases of the Spinal Cord and Nerves, while Vol. II, which treats of Brain and General Nervous Diseases is in the press. What we have presently under review, is a copious work of 460 pages, illustrated profusely, and with considerable detail and variety. The principal features of nervous disease receive unstinted representation, and small and isolated paralyses are severally brought into focus, and accorded a careful notice. We think it right to direct particular attention to the liberal and very effective manner in which the book is illustrated, for the illustrations, which are in a rare degree, fresh and original, give the work a high distinction and value. At the outset the Author makes some very obvious remarks on the broad classification of nervous diseases into functional and organic, which has so long obtained. This, as he very properly remarks, is a faulty conception of what these terms embrace, for the term organic, is relative and elastic, in proportion as methods of investigation improve and identify more and more the minutiæ of disease. Dr. Gowers distinguishes a class of "Nutritional Diseases" from those that consist in a mere derangement of function, but here a difficulty obscures definition, nutrition is a function, and function is dependent on nutrition. This reservation has not been lost sight of in treating of the subject. Organic disease is considered for purposes of classification in respect of its visibility by naked eye, and microscopic methods; those which are only visible macroscopically when in large amount are classed with microscopic disease as structural, while coarse organic lesions come under the group of Organic Disease proper. The classification, therefore, is thus briefly stated:—

I. Organic Disease (of course organic disease). II. Structural Disease. III. Nutritional Disease. IV. Functional Disease. This classification is not pursued further, probably in view of its immature development; but it is worth ripening and experimenting with afterwards. Meanwhile, the diseases are treated in relation to site, and the first volume which for a brief space is occupied with General Symptomatology discusses in Part II Diseases of the Nerves; and in Part III, Diseases of the Spinal Cord. The method of arrangement is very satisfactory, there is no redundancy of expression, and the work throughout, is marked by originalty of design, clearness of exposition, and a large and practical grasp of the subject. To estimate it further, would be mere iteration. We commend it as a valuable treasure of neurological knowledge.

II.—*Paralysis, Cerebral, Bulbar and Spinal.* By H. Charlton Bastian, M D. London: H. K. Lewis. 1886.

Dr. Bastian's treatise is essentially a manual of diagnosis, and his style is pointed, even abrupt it may be considered; because of its directness and brevity of expression it involves conclusions not always at first sight obvious, and because of its dogmatism, it allows too little free play of criticism. The faults are rather in the style than in the matter, and for students they may be regarded as virtues; for dogmatism and directness especially, when teaching diagnosis are qualities which do not seem to thrive in an atmosphere of scientific enlightenment. The author does not accord a high place to experimental physiology, he admits that "experiments often sharpen the observation of the physician, and may open his eyes to signs or symptoms previously unnoticed, but they do little more." He is out and out a clinicist and pathologist. His method of arrangement, and his views on diagnosis, while sometimes original, are usually eminently practical. He scores a point in his observation that "from the point of view of symptomatology, the region affected is of much greater significance than the nature of the lesion." He has a masterly grip of his subject, and keeping the goal of diagnosis steadily in view, carefully and effectively arrays his forces, and leads up to it on clear and definite lines. The work is treated in four sections. I. Paralyses of Encephalic Origin. II. Paralyses of Bulbar Origin. III. Paralyses due to lesions of the Cranial Nerves; and IV. Paralyses of Spinal Origin. Clinical and pathological considerations determine the particular disposition of each section, and the method of study involved is natural and practical, rather than uniform and artificial. Varieties of printers' type are employed to give distinction and emphasis, but they are not happily selected, and rather a blot upon the book. It well deserves a place on the bookshelf of the student and practitioner, for it is the rich outcome of experience and is eminently practical.

III.—*Spasm in Chronic Nerve Disease.* By Seymour J. Sharkey, M.B., F.R.C.P. London: J. & A. Churchill. 1886.

Mr. Sharkey founded the Gulstonian lectures of 1886 on this subject, and has treated it with considerable detail and variety of interest. A large selection of brief, but intelligible clinical records, bearing more or less upon the subject, find a place in the lectures, and give them enhanced value, and many good and appropriate illustrations are interleaved. The subject is considered under (1) Spasm in connection with cerebral motor mechanisms. (2) In connection with spinal mechanisms. (3) Functional spasm. There is, perhaps unnecessary reference to, and reproduction of, facts already well established and widely known. The motor area of the cortex for example is here reproduced, as in every fresh book that appears, until it has become the best known of all the cerebral parts. The arrangement of motor fibres in the internal capsule, might have been more fully described, and with the aid of diagrams; for here we are on ground of more recent investigation, and more debatable character. These are objections mentioned by the way, but they are of slight importance in the light of the solid array of clinical and pathological data, which the author has placed in the archives of neurological medicine. The work is valuable, and has opened up comparatively unknown ground. It deserves an enduring place as complementary to the best books on nervous disease.

IV.—*Insanity Curable.* By George Moseley. London: J. & A. Churchill. 1886.

This fascinating title is sure to awaken scepticism; surely, insanity has all along been curable, and surely the grounds of its curability have not been brought to light suddenly in this phenomenal style. The sensational manner of this book's appearance is accentuated, when we further study the title page. "Mental Disorders and Nervous Affections of recent origin, or long standing. Their cause are now successfully treated by a new Especial Method." To take such liberties with the Queen's English, is bad enough, but to arrogate to oneself at this time of day, all the virtues implied in such a title is absurd. It is so utterly at variance with the usual modest and sensible methods of medical writers, as to savour of advertisement. The body of the work bears out one's disappointment with the author, who quotes from others, and strings together paragraphs which are neither clever, original, or applicable to the subject. He implies much, talks with an assumption of authority; but never descends from the clouds of omniscience, and we search in vain for his wonderful nostrum. It is a pity that such books should appear in the name of any member of our profession. What he knows, he has picked up from the writings of others. His ignorance of the subject is the most striking feature of a book which being intended as a popular guide, is all the more objectionable.

ANATOMY AND PHYSIOLOGY IN CHARACTER. (a)

This is a delightful book, witty and wise, clever in exposition, charming in style, readable and original. In the mass, its doctrines are not new, but they are displayed in such a garb as to suggest originality, as well as novelty, and in detail, the thesis is made out with many dashes of originality, a wealth of quotation and research, a rare force of argument and elegance of diction. The work is, the author says, the result of several years of close observation; and he apologises for the use of one or two clumsy epithets; this apology might be spared, for they are so rare exceptions as to mark out by contradistinction, his choice and happy literary faculty. The first chapter treats of Physiology in Human Affairs, describes mankind as a collection of nerve units, and life as a succession of nerve incidents. The author believes implicitly in heredity, puts brain first, and circumstances a long way after. He pertinently asks,

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(a) "Anatomy and Physiology in Character." By Furneaux Jordan, F.R.C.S. London: Kegan Paul, Trench & Co.

"Could any possible combination or succession of circumstances have enabled the third George to write Hamlet? Could any conceivable surroundings or antecedents have converted Shakspere into an obstinate or feeble witted monarch?" As students of character, he places Carlyle and George Eliot before Mill and Dickens. The second chapter takes up the "Origin and Nature of the Enquiry" and begins with a description of assaulted wives, as the author studied them in hospital. "They differed in some mysterious way from the women who were admitted for purely accidental injuries, they were not old and ugly, but as a rule, young and pretty."

Then follows an anatomical description, embodying shrewd and acute observations. The third chapter, describes the character of the Shrewish Women all round from every point of view. The fourth chapter, the character of the Shrewish Man; and the fifth and sixth chapters, their opposites. The seventh treats of the Anatomy of Shrewish and Non-Shrewish persons. The eighth of the Physiology of Shrewishness; and the book concludes with a note on Shrewishness and Non-Shrewishness in literature. Space forbids our enlarging further Few will accept *in toto* the author's views, many will think them too sweeping; but all will admit, his painstaking faculty and shrewdness. We commend the book as a most enjoyable, intellectual treat tor all educated classes, and for none more so, than for the medical profession, a treat rich in character studies, in shrewd observations and comments, and in happy generalisations.

Correspondence.

THE LAPAROTOMY EPIDEMIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Dr. Keith knows as well as anyone that success can only come of experience. His own phenomenal success in hysterectomy cannot place that operation in comparison with the minor one of removal of the uterine appendages for bleeding myoma, which is so confidently recommended by Mr. Lawson Tait. The beneficial results may be slower, and the plaudits less loud, but as a matter of safety the latter operation, when practicable, will be preferred by prudent surgeons. In face of the fifty per cent. mortality of Sir Spencer Wells in hysterectomy, we must be content to undergo the sarcasm that we remove the appendages because we dare not remove the uterine tumour. Sometimes these uterine tumours are so embedded in the pelvis that their removal is quite impossible, and they are often more disabling to the patient than when they mount freely into the abdominal cavity. Out of twenty-seven cases in which I have performed this operation only two have died. After one of them, sent to me by Dr. Chisholm, had fully recovered, her husband came to see her and to arrange about taking her home. A few hours after he left she sickened, and in a few more she died. The husband confessed to having given her four ounces of paradise sweetmeats, of which she must have consumed all but an ounce and a half; and at the post-mortem examination, which was conducted by Dr. Davies, we found a perforation of the duodenum, and the whole of the peel and many of the pips of an orange, as well as a number of grape skins, scattered freely about her peritoneal cavity. The second one, sent to me by Dr. Barnardo, died of septicæmia on the fourth day. The pathologist of the Royal Infirmary, who performed the autopsy, could find no cause for the collection of septic fluid except that the kidneys were fatty. I only knew after the operation had been performed that my colleague had had an infective patient with pyosalpinx in hospital for five weeks with a constant purulent discharge. That this discharge was infective was shown by the illness of the nurse in attendance, whose temperature suddenly rose to 103°, and by the death of Dr. Burton's patient, without operation, though not without consultation, two days after mine.

Neither of these cases proves the operation to be dangerous, and I, for one, am fully convinced of its utility in suitable cases. Patients with pyosalpinx, hæmatocele, and so on, are under a different category. Assuming that the operator is familiar with the manipulative details and management of these cases, the mortality chiefly depends upon the lateness of the stage at which the risk is undertaken. It is scarcely possible to say dogmatically of any case that it is too late, for remarkable recoveries after advanced peritonitis are common, and the question must be left to the patient and her friends. The outcry seems to be chiefly directed against the operation for chronic ovaritis and salpingitis with peritoneal adhesions, but Dr. Keith himself appears to have been driven to it, with satisfactory results as regards relief from pain. Still there is little immediate danger to life in these latter conditions, and if any one will formulate a rational method of relief which does not involve surgery I shall be delighted to try it, for I know none. Rest was thought of before 1887, and I believe regulated exercise, with rest only during the menstrual period, to be far more beneficial. Gin and morphia and chlorodyne, so far as I am aware, are the medicaments chiefly relied upon by those who denounce operation, but we want something less harmful and more useful than these. Dr. Burton informs you that I had nearly twice as many patients under my charge in 1885 as he and Dr. Lupton together, and that my percentage of removals of uterine appendages was greater than theirs. This is true, but I never stated anything to the contrary. He has inadvertently under-estimated his number of "castrations," and has altogether omitted his unfinished operations for pyosalpinx, which are entered as "pelvic abscess—exploratory incision."

Yours, &c.,

Liverpool, Jan. 30th. Francis Imlach.

HYDROPHOBIA OR TETANUS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The "case of hydrophobia" at St. Bartholomew's Hospital, under the care of Dr. Southey, reported in your current issue, has aroused deeply in my mind the inquiry, whether or not it was a case of tetanus following a wound. In reading this report, my mind reverted to the "inquiry into the reported poisonous nature of the arrows of the South Sea Islanders, in relation to the occurrence of three fatal cases of tetanus, after wounds by them on board H.M. ship *Pearl* in 1875, by Staff-Surgeon A. B. Messer, M.D., R.N., ("Report on the Health of the Navy, 1875." Appendix, p. 149).

The symptoms in the cases of arrow wounds in the *Pearl*, were like to those of Dr. Southey's case. Dr. Messer writes (*op. cit.*, pp. 157-8): ". . . On the day of injury there were no indications whatever of poisoning or other constitutional disturbance. . . . Beyond a little anorexia in one, and some pain and swelling about the wounds of other two, no decided signs of mischief appeared, either in the wounds, or constitutionally, in any of the others till the fifth day. Then want of sleep and uneasiness about the wounds began in one case. On the following day spasms began, in this case to radiate from the wound, and the disease might be considered established. At this time the same ominous want of sleep, and with pain and spasm near the wound, appeared in the second case. In the third case, stiffness of the jaw and pain in the wound were the signs which appeared first on the seventh day." ". . . Mr. Morgan relates cases where the spasms commenced in the muscles of the parts injured. This took place in two out of the three cases, and in them it then spread to most of the voluntary muscles. Severe spasms of the diaphragm were present towards the end in a great or less degree in all." "Death took place in the spasms writes in two, and by exhaustion in the other case." Dr. Messer (*op. cit.*, p. 152) of a general tendency towards tetanic writes symptoms:—"Other slighter cases of nervous or hysterical tetanus appeared at this time, and showed how powerful was the mental influence in inducing a nervous state closely allied to the real disease, and which we think goes far in support of the theory, that fear and mental emotion are predisposing causes of tetanus, if not actual producers of it, when they are associated with a wound under certain conditions of climate and hygiene."

There seems to be a natural tendency to an exalted and extreme action of those nerve centres and nerves, which are involved in tetanus. This disturbed nerve-energy may, it seems, evolve without wounds, certainly without "poisons;" but in the main, the great and fatal disturbance of normal tension or molecular nerve-action, is started on its course by the changes which a wound involves.

As in other diseases, or deviations of the system's normal rates, the tendency to tetanus, though greatest in the tropics, yet the tendency overlaps amongst the inhabitants of higher latitudes.

It has always appeared to me that the *de novo* evolution or autogeny in some instances, and the great tendency towards the evolution of tetanus in the tropics, from simple and slight wounds, have a great bearing on the natural history of cases of reputed hydrophobia. On the other hand, we have to remember that tetanic spasms in the frog will follow the hypodermic injection of strychnia, such spasms recurring for a period of many months, as the result of one such injection. (Dr. G. Harley in *Med. Times and Gaz*,, December 3rd, 1881, p. 653.)

Hypothetically granting that hydrophobia has followed and resulted from the molecular energies, or states, which belong to the salivary secretions of some animals at certain times, we are not by such an hypothesis, precluded from, at the same time, holding the other hypothesis, viz., that of the sometimes auto-genesis of tetanus, for cases of tetanus, undistinguishable from hydrophobia, have often been seen to follow simple wounds.

In this study, the phenomena presented by Nature, are broader, and have wider corelations, than either hypothesis will embrace.

A theory which shall embrace the whole of the phenomena will probably find its base in the facts, of the vast differences in power and influence on the vital being, of organic bodies, of the carbon and nitrogen compound—radical groups, of nearly isomeric composition, or of polymeric modifications.

It is admitted to be very important in Method, that we seek to corelate our cases and single facts, with the wide groups to which they are in Nature allied, and this consideration must be my excuse for the hypothetical and tentative remarks I have made.

Yours, &c.,

January 28th, 1887. M.D. EDIN.

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THE ACADEMY OF MEDICINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged by your inserting the following:—On December the 16th, 1886, I wrote asking the General Council of the Academy of Medicine in Ireland at what special or sectional meeting in January I could read a paper or an introduction to a discussion on important changes required in the governing and examining boards of the medical and surgical corporations in the teaching at the Dublin medical schools and hospitals, and in the treatment of the sick poor in our hospitals. On January the 12th, 1887, I received a reply from the President and Council of the Academy saying that the subject of my paper would properly come before the Sub-Section of State Medicine, and, that as the subject is an unusual one, it will be necessary to submit the paper before reading it to the Committee of the Sub-Section. I sent a reply refusing to submit my paper to supervision before reading it, as I could find no rule among the regulations of the Academy to that effect. On January the 14th I was informed that under a provision in rule 19, "any regulation of the Council shall have the force of a law until submitted to the next general meeting."

This is, I believe, the first occasion on which the Council of the Academy of Medicine (which is principally composed of Fellows and persons connected with the corporate and other institutes, whose imperfections I wished to have discussed) have arrogated to themselves such authority. It appears to me necessary that the Council of the Academy of Medicine in Ireland should, if possible, be restrained from exercising unjust and illiberal restrictions, and encroaching on individual rights and privileges, unless they wish to make it like the narrow-minded and self-interested medical and surgical corporations of the city, which have done less to advance the interests of medicine and surgery than any similar institutions in Great Britain.

I am, &c.,

J. P. DOYLE,
Physician and Surgeon.

69 Lower Mount Street, Dublin,
January 19, 1887.

VACCINIA AND VARIOLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is somewhat curious to note that the question as to whether vaccinia is or is not modified variola is still debated. For instance, in one of the medical journals recently, Dr. Fleming has put forth the view that they have not been shown to be related. For my part, I have long ago made up my mind that vaccinia is mitigated variola, having had the advantage of personally conversing on the subject with the late Mr. Ceely of Aylesbury, with Mr. Badcock, and also with Dr. Green of Birmingham. All of these most able authorities themselves inoculated small-pox on cows, and saw well-marked vaccine vesicles arise, which they used to carry on vaccination with, and they were very successful in protecting their patients from possible contagion of small-pox. Some time since I received a letter from M. Pasteur, in which that gentleman expressed his weighty opinion that vaccinia was variola mitigated by its passage through the bovine species. I see also that Dr. Pavy, in his Harveian Oration of 1886, thus expresses himself (p. 49) "It may now be regarded as an accepted conclusion that vaccine lymph is the virus of small-pox, modified by transmission through the cow." I cannot help thinking that Dr. Fleming would do the State a great service if he would recommence, as I proposed at the Medical Society of London (Jenner's Society) some years ago, a series of experiments in the inoculation of the dovine species with small-pox virus, and thus let the question be settled for all future generations.

I am, Sir, your obedient servant,

Jan. 20th, 1887. M. D.

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Obituary.

DEATH has been busy in the ranks of our profession in Ireland within the past week. Chief amongst the losses sustained has been the demise of Dr. Henry Kennedy, of Dublin, who was well known as one of the most diligent students and untiring readers in the profession, as well as a genial and upright gentleman. He took the degrees in Arts and Medicine of Dublin University in 1839, and became a Fellow of the College of Physician ten years later. He served as Physician to the House of Industry, and Sir Patrick Dun's Hospitals, and was well known as a clinical teacher. His writings on scarlatina, on fatty heart, and on the paralytic affections of childhood secured for him the reputation of a careful observer and accurate writer. His funeral was attended by the President and Fellows of the College of Physicians in official form. By his death, the physiciancy of the Whitworth Hospital, at Drumcondra, and of Simpson's Hospital, are rendered vacant.

Another noteworthy event is the death of Dr. Morgan O'Connell, of Kilmallock, one of the fathers of the profession in Ireland. Dr. O'Connell obtained his first qualification from the London College as far back as 1835, and became a Fellow of the Irish College of Surgeons in 1845. In early life he served in the British army as a surgeon. In 1830 he joined the British Legion, and proceeded to suppress the rebellion in Spain to dethrone Queen Isabella. He served in several engagements in Spain, and was presented by Queen Isabella with the gold medal and clasp of the Legion of Honour, bearing the inscription "Spain intends to show her gratitude." King Ferdinand conferred upon him the honour of Knight of the Order of St. Ferdinand. Dr. O'Connell left the army shortly after his return home from Spain, and settled down as medical practitioner in the town of Kilmallock. He had been medical officer of the workhouse and dispensary for only one year less than half a century, but was compelled by the deficiency of the law and the niggardliness of the guardians to continue in office long beyond his eightieth year of age.

Dr. Hanan, of Tallow, in the county Waterford, also died last week. He was even the senior of Dr. O'Connell, having qualified as L.R.C.S.I. in the year 1828, nearly sixty years ago. He, nevertheless, held the office of dispensary doctor up to his death, not daring to resign, as he knew that his guardians would refuse him the needful pension.

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DR. BRYANS, of Pettigo, has been called to the Commission of the Peace for the County Fermanagh.

Medical News and Pass Lists.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At a meeting of the College held on Thursday last, under the Presidency of Sir Wm. Jenner, Bart., the following business was gone through:—Communications were read from—1. The Royal College of Surgeons, inviting three Fellows to consider the question of the Queen's Jubilee (the President, Treasurer, and Registrar appointed). 2. Dr. Parker, with drugs from Japan, referred to Committee. 3. The Metropolitan Branch of the British Medical Association. 4. Medical Officers of Health.

Dr. Habershon, Sir E. Sieveking, Dr. Blandford, Dr. Sturges, and Dr. Morgan were elected on the Council.

The Council's report was adopted as follows:—The Council has had under its consideration the question referred to it by the College, viz., whether or not the "Certificate in Hygiene" granted by the College should have its title altered. Having consulted the recent Act of Parliament which makes a diploma registrable by the Medical Council, and having considered the title adopted generally by other bodies granting a testimonial of proficiency on this subject, the Council recommends that in future the title "Certificate in Hygiene" be changed to "Diploma in Public Health," and that, inasmuch as the two Colleges are now acting conjointly for examination purposes, except in the case of their honorary distinctions, that is to say, the Fellowship of either College, and the Membership of the College of Physicians, the Council recommends that the College of Surgeons be invited to associate their body with this College in the granting of the "Diploma of Public Health."

The following report of the Examiners was adopted:—The Examiners for the Licence beg leave to present their annual report to the College:—During the past year 465 candidates have presented themselves at the First Examination. Of these, 293 passed, and 172, or 36·9 per cent. were referred. At the Second Examination there have been 14 candidates, 9 of whom failed to pass. At the Third or Final Examination, 534 candidates were examined, and of these 340 were approved, and 194, or 36·3 per cent., were referred for further study. As regards the results of the examination conducted by the Conjoint Examining Board, the details of these, as also of those for the Licence of the College, have been printed in a tabular form, and are now laid before the College.

The quarterly report of the Finance Committee was also adopted.

HOUSE OF INDUSTRY HOSPITALS.

Dr. Thomas Donnelly has been appointed by the Board of Governors of the House of Industry Hospitals to be Assistant Physician of that institution, subject to the sanction of the North Dublin Guardians and of the Local Government Board being obtained to a change in the hour of his official duties as Dispensary Medical Officer, which will enable him to discharge the duty at the Hospitals. Dr. Donnelly is an M.D. of Dub. Univ., a Fellow of the College of Surgeons, and graduated as Senior Moderator in Experimental Physics.

While Dr. Donnelly's attainments fully justify his appointment by the Board of Governors, we feel, nevertheless, bound to express the opinion that it is very undesirable that an hospital physiciancy or surgeoncy shall be held along with a dispensary appointment.

An active and ambitious young man may be anxious to undertake the double office with full intention of doing the double duty, but it is scarcely possible that either office can be done justice to, and it has already been notorious that in Dublin the arrangement has worked badly. We should be sorry to stand in the way of any one's legitimate advancement, but we object to pluralities, and it is our duty to point out the objections thereto.

Medico-Psychological Association.—The next quarterly meeting of this Association will be held at Bethlem Hospital, St. George's Road, S.E., on Wednesday, 23rd February, at 4 o'clock, when it is proposed to discuss the question "Whether there is ever sufficient reason for the use of strong clothing and side-arm dresses." Dr. Percy Smith will afterwards read a communication on "The Results of an Epidemic of Typhoid Fever in the Insane." After the election of new members, the Association will dine together at the Holborn Restaurant at 7 p.m. Members intending to dine should notify the same to Dr. Paul, The Terrace, Camberwell.

The Stanley Expedition to Central Africa.—Before the intrepid explorer left these shores last week we were shown his medical equipment, which is very considerable. The medicine chests, which are unique in several particulars, were devised and manufactured by Messrs. Burroughs, Wellcome, & Co., of London, with the aid of Mr. Stanley's valuable suggestions. Some of them are of raw hide some of teak-wood, and others of iron. The average weight is 36 lbs., which is about half the usual load carried by an African porter. They can be easily carried on a long march by a white man by slinging it over one shoulder with the accompanying leather strap. In addition to the ordinary medicines, such as castor oil, turpentine, magnes. sulph., soda sulph., &c., there are many drugs in the soluble compressed form, which reduces quinine to about one quarter its ordinary bulk. These tablets dissolve in a glass of cold water in three minutes, and are even more soluble in the mouth or stomach.

Royal College of Physicians of London.—The following candidates having passed the necessary examinations were duly admitted Members of the College on January 27th:—

Maconachie, George A., M.D., Aberd.
Marston, Jeffrey A., M.D. St. And.
Reid, James, M.D. Aberdeen
Smith, Frederick John, M.B. Oxon.

The following were admitted Licentiates:—

Andrews, Archibald George
Ballance, John Des Carrières
Barlow, Charles
Barr, George Arthur
Barton, Edwin Alfred
Belson, George de Veulle
Blenkinsop, Alfred Percy
Bostock, Robert Ashton
Boxall, Frank
Bradbury, Harvey Kimmersley
Brodie, Fredk. Carden
Browne, Edward Granville
Bulstrode, Herbert Timbrell
Butler, Henry John
Calthrop, Lionel Claude
Calvert, John Telfer
Calvert, William Dobree
Clark, Brown
Connolly, Frank Glynn
Cosens, William Burrough
Cox, Alfred Harold Lissant
Crook, Herbert Evelyn
Cross, Robert George
Dalgleish, John William
Debenham, Horace Allen
Downing, William
Downman, Charles Frederick
Drinkwater, Charles
Duncan, Horace
Duncker, William Reinhold
Edye, John Simpson
Evelyn, William Arthur
FitzGerald, Gerald Eustace
Fraser, Paul Wilkes
Furnivall, Bryan
Garrould, Walter Robert
Hall, Herbert Strange
Haslip, George Ernest
Helsham, Hugh Paul
Holloway, Samuel Frederick
Husbands, Harold Wessen
Iredale, Thomas
Jarvis, William Charles
Jeaffreson, John Leslie
Johnson, John George
Joly, Joseph Antoine Maurice
Jones, John Owen
Kitson, Francis Parsons
Knaggs, Francis Henry
Lansdale, William
Loxton, William Arthur
McKague, William Henry
McShane, George
Mann, Harold Edward
Martin, Frederick George
Maxwell, Matthew
Miller, Frederick Richard
Moore, James
Morgan, George Frederick
Morgan, William Vaughan
Mould, William Thomas
Moxham, Marcus Camplin
Nihill, John Edward
Ord, George William
Pedley, George Aston
Peeke, Harold Samuel
Pepler, William Herbert
Pinniger, Charles Lever
Powell, Edgar Elkins
Quiller, Charles Turner
Roalfe-Cox, Walter John
Rosenau, Albert
Sharman, John Schütze
Stott, Hugh
Strickland, Percy Charles
Thane, Edgar Herbert
Thompson, Stephen Robert
Trow, Charles
Tweed, Edward Reginald
Vidler, Albert Edward
Wale, George
Walker, Alfred William
Wheeler, Humphry John
Wilbe, Richard Haydock Wiffin
Wilson, William
Wreford, John

Royal College of Surgeons in Ireland.—The following have been admitted Fellows of the College:—

Ashbury, Alfred, A.M.D.
McMullen, James, A.M.D.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22·8 per 1,000 of their population, and were—Birkenhead 18, Birmingham 23, Blackburn 24, Bolton 20, Bradford 20, Brighton 15, Bristol 25, Cardiff 24, Derby 15, Dublin 32, Edinburgh 23, Glasgow 27, Halifax 26, Huddersfield 24, Hull 21, Leeds 28, Leicester 19, Liverpool 26, London 21, Manchester 30, Newcastle-on-Tyne 26, Norwich 15, Nottingham 22, Oldham 19, Plymouth 33, Portsmouth 23, Preston 32, Salford 19, Sheffield 19, Sunderland 22, Wolverhampton 25. The highest annual death-rates in these towns last week were—From measles, 1·3 in Newcastle-upon-Tyne and in Wolverhampton, 1·4 in Liverpool, 3·0 in Leeds, and 4·1 in Huddersfield; from whooping-cough, 1·4 in Leeds, 1·5 in Manchester, and 1·7 in Norwich and in Huddersfield; from scarlet fever, 1·1 in Norwich, 1·8 in Sheffield, and 2·0 in Plymouth; and from "fever," 1·0 in Cardiff. The 32 deaths from diphtheria included 13 in London, 8 in Glasgow, and 2 each in Portsmouth, Liverpool, Manchester, and Preston.

Notices to Correspondents, Short Letters, &c.

DR. W. H. P.—Thanks for local journal received. The practice which was so stoutly objected to has since been adopted and carried out with great vigour by the contemporary named. The same may be said of several innovations first originated by us, We do not object, but the copies might be acknowledged with some show of etiquette.

MR. W. E. GEDDES.—Our remarks were intended solely to apply to extra-professional advertising such as is unfortunately adopted by some firms in the lay press. Our caution was intended for and is applicable in this connection only; it had no reference to your extract, which we know to be a very excellent therapeutic agent.

A CORRESPONDENT has called our attention to an advertisement for certain pills which is posted up in the windows of a shop in a street leading off the Strand. There are two categories of pills—the A and the B pills, the first for *un*married and the second for married women. The salient point lies in the caution which follows:—N.B. Unmarried women are cautioned against taking the Pills B, as they are liable to cause miscarriage. The object is tolerably clear, but so specious is the wording that it is not easy to see how the law could take cognisance of the intention. We shall, nevertheless, call the attention of the authorities to the *affiche* in question.

COSMOGONIST.—The late Frank Buckland ascribed the puckered "crow's foot" features of the peasantry near Peterhead to the bleak climate of that place, and to the fact that they are obliged to pucker up their eyes to keep out the snow in winter and the dust in summer.

INQUIRER.—Yes; we believe that the herring is one of the most prolific of salt-water fishes. The annual take of them is prodigious. About a million of barrels, representing 800,000,000 fish, are taken annually in Scotland. Probably the same "take" is made on the coasts of Ireland, France, Holland, and Norway, and this being so, some 2,400,000,000 herring must be annually taken by these four nations. Cod and ling, gulls and gannets, eat up as many more, and from this you can only come to the conclusion that your surmise is not far out. The late Frank Buckland believed that "a hundred million soles are yearly sold in the London market alone."

A NOVEL CAUSE FOR ACTION.

IN our last we referred to an action then pending against the proprietors of the Holborn Restaurant for damage said to have been sustained by a Mr. Brett, through swallowing a needle and thread dished up with spinach. The trial, has now concluded, and while sympathising with the gentleman referred to, in the mishap that befell him, we are glad to find the proprietors of this establishment were able to show that the accident could not have happened as the plaintiff thought, and the evidence adduced was conclusive to both judge and jury.

PROFESSOR MAPOTHER.—We will make the necessary correction when the proceedings of the society come to hand.

A DOUBTER.—We think the noble lord in question was quite justified in going at once to Paris, after being bitten last week by a fox, and placing himself under Pasteur's care. Though, as we have before contended, it is too early yet to pronounce definitely on Pasteur's discovery, yet there has been sufficient evidence of its value in some cases as to warrant any one bitten to resort to treatment. Had this remedy been available in the days of old, when one of the Dukes of Richmond was at the time Governor-General of Canada, it is possible his life might have been saved by it. He, too, was bitten by a tame vixen fox, and died soon afterwards, in horrible agony, of this bite.

PHYSIOLOGIST.—The relative weight of the brain does not necessarily suggest greater sagacity in its owner. It merely implies greater cultivation of it on his part, and it is a mistake to say that man takes in either case the highest place. For, although the weight of the brain of the whale is only 1-3300, that of the elephant 1-500, of the dog 1-250, man is surpassed by the song birds and some other creatures. The weight of the former's brain reaches 1-27; it reaches respectively 1-12 and 1-27 in the titmouse and the sparrow, and it amounts in some American apes to as much as 1-28 to 1-18 of the weight of the body.

F.R.C.S.—Mr. Fitzroy Benham, of West Kensington, is, we understand, to be the originator of the "Jubilee Hospital Scheme," referred to in our last issue. Whoever concocted the advertisement of it that appeared in a contemporary ought to bring an action against the pedagogue who taught !! him grammar. The same advertisement was sent to this journal, but was corrected by our publisher before insertion.

SIR SPENCER WELLS, Bart., Sir Wm. MacCormac, Dr. Pavy, Dr. Langdon Down, Dr. Harley, Dr. Routh, Dr. Sansom, Mr. Lane, and Mr. Henry Lee are thanked for their communications.

A HATER OF SHAMS will find a reply to his query under the signature of another correspondent, "F.R.C.S.," who asks the same question. We cannot revert to the subject at present, having fully expressed our views so recently as January 19th, which further inquiries have failed to modify.

AN EDINBURGH STUDENT is thanked for two Edinburgh newspapers containing references to "The Professorial Squabble." Our authorised Edinburgh correspondent had, however, anticipated his note.

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Meetings of the Societies.

WEDNESDAY, FEBRUARY 2ND.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown. Dr. Gibbons: Case of Unilateral Galactorrhœa. Annual Meeting—Election of Officers and Council. The President (Dr. Potter) will deliver the Annual Address.

SOCIETY OF ARTS.—At 8 p.m., Dr. Alfred Carpenter: Sewage Irrigation.

THURSDAY, FEBRUARY 3RD.

ACADEMY OF MEDICINE IN IRELAND.—At 8.30 p.m., the Sub Section of State Medicine will meet in the College of Physicians. Business:—Address by the Chairman (Dr. J. W. Moore): The Present and the Future of State Medicine. Sir. C. A. Cameron, F.R.C.S.: On the Clearance of an Unhealthy Area without Expense to the Ratepayers.—The Obstetrical Section will meet on Friday at the College of Physicians.

ROYAL INSTITUTION OF GREAT BRITAIN.—At 3 p.m., Prof. A. W. Rücker: Molecular Forces.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Mr. G. Buckston Browne: The Position and the Value of the Operation of Internal Urethrotomy. Sir W. MacCormac: The Supra-Pubic Operation in its application to Stone in Children.

FRIDAY, FEBRUARY 4TH.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Living Specimens:—Mr. Keetley: (1) A Case of Arterio-venous Aneurysm of Cavernous Sinus (?) after Treatment by Compression; (2) A Case of Cholecystotomy. Card Specimens:—Mr. H. Percy Dunn: (1) A Large Intussusception from a Child; (2) Tuberculosis of the Spleen from a Child of three months; (3) Extensive Rupture of the Duodenum following a Kick from a Horse. Papers:—Dr. Thudichum: On the Nature and Operative Treatment of Hypertrophies and Tumours of the Nasal and Pharyngeal Cavity. Dr. Campbell Pope (for Dr. Suckling): A Case of Acute Multiple Neuritis following Diphtheria, and one of Unilateral Progressive Facial Atrophy.

MONDAY, FEBRUARY 7TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Casual Communications by Messrs. A. S. Underwood, E. G. Betts, Storer Bennett, C. D. Davis, J. Ackery, W. H. Coffin, L. Matheson, C. Robbins and Willoughby Weiss. President's Inaugural Address.

Vacancies.

St. Bartholomew's Hospital.—Assistant Physician. Honorary. Applications to the Clerk on or before Tuesday, the 8th February.

Hull and Sculcoates Dispensary.—House-Surgeon. Salary, £150 per annum, with house (unfurnished), coals, and gas. Written applications, with testimonials, &c., must be forwarded on or before February 1st to the Honorary Secretary.

Norfolk and Norwich Hospital, Norwich.—Assistant to House-Surgeon. Board, lodging, and washing provided, but no salary. Applications, with testimonials, to be sent in to the House-Surgeon, on or before Feb. 3rd.

Eye, Ear, and Throat Hospital for Shropshire and Wales, Shrewsbury. —Surgeon. Honorarium, £150 per annum for three years Applications and testimonials to be sent in on or before Feb. 8th to the Secretary.

Liverpool Northern Hospital.—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance in the house. Applications, with testimonials, to be addressed to the Chairman of the Committee not later than Feb. 7th.

Appointments

DRANE, E., L.R.C.P., M.R.C.S., House-Surgeon to the Royal Berks Hospital.

GAYE, H. S., M.D St.And., M.R.C.S., Consulting-Surgeon to the Newton Cottage Hospital and Dispensary.

GREENE, G. E. J., L.R.C S.I., L.K.Q.C.P.I., Medical Officer for Ferns Dispensary, Enniscorthy Union.

LITTLE, A. N., M.R.C.S., L.S.A., Third Assistant Medical Officer to the Worcester County and City Lunatic Asylum.

MORRIS, E., M.R.C.S., L.S.A., Medical Officer for the Fernhurst District of the Midhurst Union.

SHAW, L. E., M.D., M.R.C P., Medical Registrar and Demonstrator of Practical Medicine to Guy's Hospital.

SOUTHERN, J, M.R C.S., L.S.A., Medical Officer for the Ludlow District of the Ludlow Union.

TREDINNICK, E., M.R.C.S., L.R.C.P.Ed., Medical Officer for the Stokesay District of the Ludlow Union.

WATSON, H. O., L.R.C.P.Ed., L.F.P S.Glas., Medical Officer for the Clee Hill District of the Ludlow Union.

Births.

BALDING.—Jan. 24, at Dane House, St. Albans, the widow of Mortimer Balding, M.D. Cantab. (who died on Nov. 23rd, 1886), of a son.

JOBSON.—Jan. 26, at Keillour House, Perth, the wife of Brigade-Surgeon Jobson, M.D., of a son.

O'CONNOR.—Jan 22, at Clane, county Kildare, the wife of Dr. C. J. O'Connor, of a son.

Marriages.

JESSOP—ROGERS.—Jan. 27, at St. Pancras Parish Church, Edward Jessop, M.R.C.S., L.R.C.P., of Bridgegate, Retford, to Ada, youngest daughter of Thomas Arnold Rogers, of 23 Endsleigh Street, London, W.C.

SIMON—WILLANS.—Jan. 26, at Christ Church, Lancaster Gate, Robert M. Simon, M.B., M.R.C.P., of Edgbaston, Birmingham, to Emily Maud, younger daughter of William Henry Willnas, Esq., of Kensington, and High Clyffe, Seaton, Devon.

Deaths.

BROWN.—Jan. 20, at his residence, 25 Dublin Street, Edinburgh, William Brown, F.R.C.S.Ed., aged 90.

CHESSALL.—Jan 19, at his residence, Horley, Surrey, William Chessall, M.D., aged 56.

FINLAY.—Jan. 27, Dr. Alexander Finlay, of Swanlinbar.

KENNEDY.—Jan. 24, at his residence, 8 Rutland Square, Henry Kennedy, M.B., F.K.Q.C.P., aged 75.

O'CONNELL.—Jan. 22, Dr. O'Connell, of Kilmallock.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, FEBRUARY 9, 1887. [No. 6.

THE

Lettsomian Lectures

ON

SOME OF THE MENTAL AFFECTIONS OF CHILDHOOD AND YOUTH. (a)

By J. LANGDON DOWN, M.D. Lond., F.R.C.P.,
Senior Physician to the London Hospital.

ABSTRACT OF LECTURE III.

(Concluded from page 92.)

THE treatment of the various phases of feeble-mindedness resolves itself into medical and physical, and training, both moral and intellectual. The importance of commencing this betimes cannot be too much insisted on. Early training is of importance in preventing the growth of bad habits which become engrafted in the child. Constantly one meets with children who grow up a trouble to themselves and to those around them, from the injudicious treatment of some ignorant nurse who tyrannises over the family by her supposed essential relation to the child. Much time is often required to undo the evil—even if it be capable of being counteracted. There are two great hindrances to the early and successful training of feeble-minded children arising from misconceptions on the part of many members of the medical profession. It is constantly said to the anxious parents of these children, "Do not be troubled, the child will grow out of it; wait till he reaches seven years," or, if the child has reached that age, then wait till he has reached fourteen. I know nothing of cataclysmal improvements, such as are here indicated. The opinion and advice have no bases in experience. The septennial periods here referred to are periods of anxiety and peril; they are not periods of sudden leaps from mental feebleness to mental vigour; they are, on the contrary, developmental crises full of danger, periods when wreck of what mental power exists is liable to take place.

The other great mistake in the medical advice which is often given is the insistance to the mother that her child should not mix or be trained with children like himself, but with more intelligent children. Now, flattering as this may be to the parents, it is thoroughly baneful to the interest of the feeble-minded little one. The most successful training is effected with the child's equals; in this way a healthy emulation is established. Intelligent children will not take part in the amusements and games of feeble-minded ones. Moreover, there is no community of feeling or of interest. The outcome of an attempt to train the feeble-minded child with others more intelligent than himself is infallibly to make his life *solitary* and to accentuate the condition which it is of the greatest importance to correct. I have seen the relative of a nobleman, living in all the luxury of a well-appointed country house, so put aside by her sisters, junior as well as senior, that she never ventured on a remark, and at length lost speech. I have seen the same girl transferred to a class of children like herself, pass from monosyllables to thoroughly conversational language amid the sympathy and companionship of her compeers. Mothers of feeble-minded children invariably think their children more intelligent than any others of a like category, and they only need the bias of medical opinion to put off proper and effective aid until it is too late. Being afraid of their association with others of the same class, the parents either send them to schools where their life is made wretched by teasing, and where they fall hopelessly behind, without the benefit of individual skill, or the helpfulness of collective emulation; or the boy is relegated to a country vicarage or Welsh farm, without any of the appliances or agencies which can develope his best possibilities. The first thing to be done is to rescue the feeble one from this *solitary* life, to give him the companionship of his peers, to place him in a condition where all the machinery shall move for his benefit, and where he shall be surrounded by influences of art and nature calculated to make his life joyous, to arouse his observation, and quicken his power of thought. No one who can speak from experience in the matter would hesitate in saying that the companionship of their equals in intellectual power provides just the attrition which is desirable,—that the association with their superiors condemns them to a life of isolation which renders nugatory all efforts for their improvement. The fear that the association of a feeble-minded child with feeble-minded children will exercise an injurious effect upon the growth of intelligence is incorrect and not based upon experience.

Dr. Ireland has very well expressed that "imbecile children are no more injured by the presence of others of inferior intelligence than ordinary boys and girls are made childish by the appearance of a baby in the house,—that it is often, indeed, a great advantage for children to get rid of the uniform and hopeless inferiority in which they have hitherto lived, and to find that they have equals with whom they can interchange their simple ideas, and who give them a ready sympathy, and even to find that they have inferiors."

Those who have witnessed the transformation in children who have been removed from squalid cottages to a well-regulated institution, or have seen their joyous return from luxurious homes to their companions and their training, will be able to realise how truthful is a mother's account of her boy that, "When putting him to bed the last night he was smiles all over, saying, 'Going back to school to-morrow, mother,' and he packed his own bag before I could get to him in the morning, and could hardly finish breakfast, he was in such a hurry to be off, and went away all smiles and delight."

It must always be kept in mind that the basis of all treatment should be *medical*. Medical, I mean, in an enlarged sense. Success can only be secured by maintaining the patient in the highest possible health. This is very well indicated by the intellectual torpor which follows or accompanies declension of health, and the lessened intellectual vigour which is met with in cold weather. I have referred to the hibernation which occurs among many feeble-minded children, and which has led me to notice that their intellectual vigour is *directly* as their external temperature. The pallor of the cineritious portions of their brains, which is so frequently met with, is suggestive of the importance of vigorously maintaining their nutritive life. A very liberal dietary is of great importance. It should contain a fair quantity of nitrogenous elements, and be rich also in phosphatic and oleaginous constituents. Green vegetables are very essential, as in their absence there is a great tendency to become scorbutic. Care should be taken that farinaceous food, as represented by the so-called corn flours, should give way to the more plastic elements of nutrition found in semolina, entire wheat flour, or macaroni. Not only must the diet be sufficient in amount and good in quality, it should be exhibited in a form suited to their power of mastication. Their bedrooms and sitting-rooms should be spacious and well ventilated, and especially well warmed.

(a) Delivered before the Medical Society of London, Monday, Jan. 31st, 1887

The skin should be kept in healthy function by frequent sponge and other baths, not only for the sake of the individual health, but for the health and comfort of their associates. The exhalation from the skin of feeble-minded children is something *sui generis*. It is of great importance that their residence should be on gravel soil, and with well-made walks, that no opportunity may be lost for outdoor exercise. Warm clothing is essential, to prevent as much as possible the disastrous effects of climatic changes. I have before referred to the relative frequency of phthisis to the ordinary mortality.

Simple automatic movements, which I have referred to as being so common with the feeble-minded, should be replaced by others which are the product of will. We have to commence with very simple movements, gradually making them more complex. The want of co-ordination in the muscular system is very characteristic of the feeble-minded, and it is only by judicious physical training that the mutiny of the muscles can be overcome, and that purposeless acts can be converted into voluntary efforts suited for the wants of daily life. This training has to be carried out in great detail so that every voluntary muscle and every system of muscles may be called eventually into action. In this way the various acts of prehension, locomotion, and mastication are taught, the tongue becomes a willing agent, and the lips learn to retain the saliva which before gave our patient a repulsive look. I cannot enforce too strongly that little progress is made in speech until we first attain co-ordinated movements in their limbs. Finger lessons are to precede tongue lessons. I always remember the pinioned Frenchman who entreated that his arms might be freed because he wanted to speak. Unless we succeed in unpinioning the arms of our patients they do not speak. It is to be remembered too that we cannot bring into harmonious relation the muscles and the will without improving the physical quality of the brain and the other nervous centres. By these means, too, we shall have placed our patient into practical relation with the external world and initiated reasoning power.

The *moral* training is of great importance. He has to be taught, while his physical and mental powers are being developed by hygienic and physiological processes, to subordinate his will to that of another. He has to learn obedience; that right-doing brings pleasure, and that wrong-doing is followed by its deprivation. The affective faculties should be so cultivated that the deprivation of the love of the teacher should be the greatest punishment, and its manifestation the highest reward. In this way indications of untruthfulness, selfishness, obstinacy, sensuality, theft, and unkindness to companions are checked. Corporeal punishment should be strictly forbidden. The tact of the teacher will be called into exercise in devising the suitable reward or punishment. I have seen a girl exhibiting violent obstinacy melted into contrition and obedience by the threat of the teacher that she would wipe from her face the kisses she had given her the previous day. In no case should the punishment interfere with the hygienic treatment. Nothing is worse than the deprivation of food for an offence. I have seen a case of violent and uncontrollable temper reduced to calm obedience by the administration of a basin of bread and milk. The moral delinquency was the result of mental excitement, the outcome of defective nutrition.

The *intellectual* training must be based on a cultivation of the senses. They should be taught the qualities of form and relation of objects by their sense of touch; to appreciate colour, size, shape, and relation by sight; to understand the varieties of sound when addressed to the ear; the qualities of objects by their taste and smell.

It is desirable, however, to supplement the house and school by gardening and farming operations; by the lathe, the fretwork machine, the carpenter's bench, and, for the more advanced in education, the printer's shop. For girls, Kindergarten occupations and the various elegancies of needlework may be the outcome of persevering endeavours, while music and dancing may for all alternate with dramatic entertainments, which are most useful in appealing both to the eye and the ear. Care should be taken that the physical should interchange with the intellectual training. It is of the greatest importance that the teacher should keep clearly in view that his primary object is to make the pupil self-helpful, and, as far as possible, a useful member of the community; in this way more is done than by any other means. Mere *memoriter* knowledge is of little value; everything which makes him practically useful, makes him proportionately happy.

But I am warned that my allotted time has expired. Methinks medicine of these later days, which has signalised her march by numerous victories, has had no more beneficent result than has been achieved by the enthusiasm of such men as Howe, Seguin, Wilbur, Knight, and Conolly of the past, and by those still living who are followers, it may be at a reverential distance, in the work of rescuing from oblivion and neglect a class who appeal to our tenderest sympathies and our most affectionate regards.

NOTES FROM THE

HISTORY OF MEDICINE AND OF MEDICAL OPINION

FROM THE EARLIEST TIMES.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Hon. Physician to H M. the Queen.

(*Conclusion.*)

The word science is used mainly in the sense of information as an equivalent to a body of ascertained truths, as having to do with doctrines. The word art is used in the sense of practical knowledge and applied power. The relation which they severally bear to practical medicine has been thus compared and contrasted by the late Dr. John Brown, namely:—

Art.	Science .
Looks to symptoms and occasions.	Looks to essence and cause.
Is therapeutic and prognostic.	Is diagnostic.
Has a method.	Has a system.
Is ante-mortem.	Is post-mortem.
Looks to function and structure.	Looks *vice-versa.*
Runs for the stomach pump.	Studies the phenomena of poisoning.
Submits to be ignorant of much.	Submits to be ignorant of nothing.
Acts.	Speaks.
Invents.	Discusses.
Is founded on experience.	Is antecedent to experience.
Has rules.	Has laws.
Is strong in organic life, and dwells in the *non-ego.*	Is strong in animal life, and dwells in the *ego.*
Apprehends.	Comprehends.
Makes knowledge a means.	Makes knowledge an end.
Is effect.	Is cause.
Is man *acting* on nature.	Is nature *speaking* to man.

Wisdom uses both, and is stereoscopic, discussing solidly as well as surface, and seeing both sides, its vision being the *unum quid* of two images (Lock and Sydenham, pp. 196-200).

A review of the history of medicine, as shown in the preceding summary, indicates that, among others, the following theories regarding disease have successively prevailed, and in turn been abandoned during the period of time over which the remarks extend, namely: —

1. In ancient Egypt diseases were ascribed to the moon and to the sun.
2. In ancient Greece to Divine wrath.
3. Subsequently, to atoms and elements.
4. To "Nature" and epidemic constitution of the season.
5. To coction of the humors (Fermentation ?)
6. That experience alone was necessary in medicine (Empirics).
7. That, in addition, reasoning and analogy were no less so (Dogmatists).

8. That drugs were inefficient.

9. That disease was due to obstructed pores and irregular distribution of atoms.

10. That as diseases differ, arising from the "constrictum" or the "laxum," so must their treatment (Methodists).

11. That health, and also disease depended upon the *pneuma* (nervous influences?)

12. That disease depended upon the state of the fluids and temperaments (Humoralists).

13. That treatment was to be conducted on the principle of "similia similibus" (Homœopathy).

14. That drugs were to be given in "geometrical proportions."

15. Clinical observation was trusted to rather than theory.

16. Medical theories were more attended to than experience.

17. Wounds were treated on the "moist" method.

18. Wounds were treated on the "dry" method.

19. Reasoning on abstract questions, in the absence of facts, prevailed.

20. A connection between the human body and the planets was held to exist.

21. Disease was assigned to the veins.

22. Noxious humors were believed to flow to diseased parts.

23. Disease was considered to be caused by the metastasis of noxious humors.

24. They were considered to depend upon a subtraction or minus.

25. Their causes were sought for in the planets.

26. Plague was attributed to the conjunction of Saturn, Jupiter, and Mars.

27. Plague was attributed to a putrid condition of the blood (blood-poisoning?).

28. Functions and disease were again assigned to the veins.

29. Treatment was conducted on the theory of "revulsion."

30. Treatment was conducted on the theory of "derivation."

31. A knowledge of disease was deemed unnecessary; "Natura medicatrix" cures.

32. The body was deemed to be affected by certain "entities," and dominated by an "archæus."

33. The laws of living body were explained by the laws of chemistry.

34. The pulse was looked upon as a preferable diagnostic to the urine.

35. The "superstition of numbers," otherwise critical days, according to Plato was reintroduced into medicine.

36. That an *archæus* produced fermentation in the blood, whence arose the "aura vitalis."

37. The self generation of poison in wounds was accepted as fact.

38. Plague was assigned to "some local corruption of the air."

39. One set of diseases were assigned to "acidity," another set to "alkalinity" of the humors.

40. The question of "inborn poisons" and of "specific diseases" therefrom, was discussed.

41. Disease was assigned to "an effort of nature to emove some noxious cause" (zymotic?).

42. Certain diseases were deemed to be "specific" in their nature.

43. A return to clinical observation instead of theory was welcomed.

44. Vital functions were explained by the laws of hydrostatics and hydraulics.

45. The "anima" of the Vitalists resembled the "archæus" mentioned above.

46. In man, animal life was assigned to the soul; in animals, to mechanical laws.

47. The theory "of nervous influence replaced that of the anima."

48. That of "fluids" and "solids," as seats of disease, replaced the theory of "strictum and laxum."

49. That of the "humors" was replaced by the theory of "solidism."

50. Out of the humoral and mechanical theories a third arose, combining both these.

51. The latter theory was succeeded by that of "irritability" and "sensibility."

52. It by the doctrine of the "semi-animists."

53. It by the theory of "vis medicatrix naturæ."

54. It by the "vital action of parts, more especially of the capillary arteries."

55. It by "a system of rational empiricism."

56. It by the theory of "excitability," "sthenic," and "asthenic diseases."

57. At the same time homœopathy with its potentiality or dynamitisation of drugs.

58. The doctrines of the Humoralists, Solidists, and Vitalists were combined to form a fourth.

59. The delusive doctrine of "irritability" was removed.

60. The value of drugs was recognised without seeking for occult causes.

61. The "nervous liquor" was deemed identical with the luminous ether.

62. Clinical teaching became a requisite of medical education.

63. Actual knowledge of medicine was acknowledged not to increase in proportion to experience, and accumulation of experience.

64. It was acknowledged that successive systems of treatment ran through their respective periods of "expectation, success, and disappointment."

65. Little value was placed upon theory as compared with observation.

66. The homœopathic doctrine for a time languished, to spring up again.

67. That of "animal magnetism" also spread.

68. "Profound investigation" was mixed up with "fanciful mysticism."

69. It was acknowledged that in medicine "the benefit was rather in anticipation than in existence."

70. Hypotheses were used as a means of research.

71. Physiology and anatomy supplied a basis in medicine.

72. Fevers were assigned to "irritation" of the intestinal canal. This theory was soon "exploded," to recur after a brief interval.

73. Certain diseases were assigned to a "zymotic" origin (the fermentation theory of previous periods).

74. The doctrine of "specific poisons" recurred.

75. As also that of special organisms, microbes, &c., causative of diseases.

76. Mesmerism was replaced by "hypnotism," &c.

77. Homœopathy "advanced as it had never done before."

78. Hydropathic establishments multiplied.

79. "A scientific method" was introduced into the investigation and treatment of disease.

The history of medicine, a brief summary of which has been given in the preceding paragraphs, presents to the thoughtful student much to contemplate. A few such points may be alluded to. In the most ancient times to which history extends, natural religion led the people to ascribe diseases to the emblems of Divinity, then to Divinity itself. So with the introduction of the doctrine of "atoms" in philosophy, that doctrine was applied to medicine. Then followed the theories of nature, the elements and seasons. At a very early period particular conditions of the fluids or "humors" was deemed to occasion disease; under the several theories of "coction," fermentation, and zymosis, the same idea has at intervals recurred, and at the present time prevails. The doctrine of atoms was replaced by that of "obstruction," it in turn by that of constriction and laxity, pneuma, humors, and temperaments. Out of these the doctrine of *similia similibus* arose. It was succeeded by the mathematical school, and by a recurrence to the influence of the planets. With the advance of anatomical knowledge disease was ascribed to the circulatory system, a doctrine which was in turn succeeded by various theories in regard to the humors; but the influence of the planets still dominated the medical profession, notwithstanding all such "advances." The theories of blood-poisoning, and the relation of disease to the state of the blood vessels again came into play. After them those of "entities" of disease and of a dominant archæus. Again the theory of fermentation arose; with it were associated those of "poisons" and of corrupted air. As chemistry became established, its doctrines were applied to medicine, diseases being assigned to acidity or alkalinity as the case might be. Then there was a reversion to the several theories of an archæus, and with it reference to mechanical laws, to "strictum and laxum," to irritability and sensibility, and after a time to the "vis medicatrix naturæ." With the advancing knowledge of the mechanism of the circulation, disease was assigned at one time to the veins, at another to the capillary arteries; after which all the above named theories were arranged and combined in various ways, other theories arising out of those combinations, profound investigation being mixed up with fanciful mysticism. Once again were the theories of "poisons," to some of which was assigned a zymotic origin, at the same time homœopathy, mesmerism, &c., &c., began to spread more than they had hitherto done. Fevers were attributed to intestinal irritation, a theory which was speedily superseded, but only to recur. With the advance of microscopic knowledge of organisms, the theory of microbes, bacteria, &c., as causative agents of disease arose, and with that theory, "a scientific method of investigation," &c., was introduced into medicine, and for the time being continues, its great practical utility, like that of a good many other methods alluded to in the above enumeration, being—in the future.

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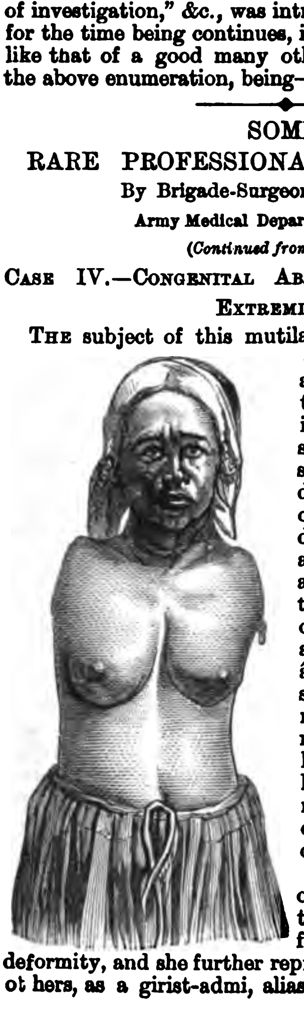
SOME
RARE PROFESSIONAL EXPERIENCES.

By Brigade-Surgeon W. CURRAN,

Army Medical Department (Retired.)

(Continued from page 47.)

CASE IV.—CONGENITAL ABSENCE OF BOTH UPPER EXTREMITIES.

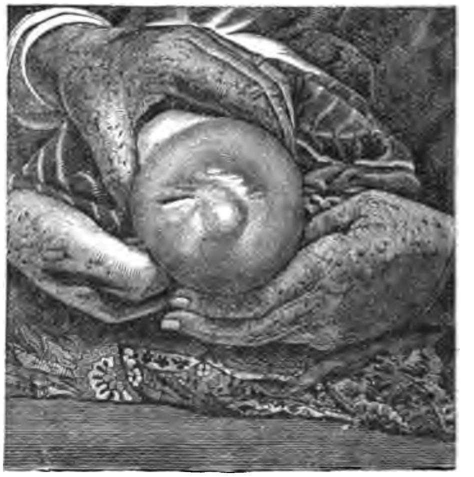


THE subject of this mutilation was a Hindu woman of 40, whom I met in 1861 at Shabjehanpore, and her then appearance is well illustrated in the figure subjoined herewith. A slight fleshy protuberance depends from the cicatrix of the humerus and shoulder-joint on the left side, and she informed me that a somewhat similar projection existed up to the age of ten on her right side also. It then dropped off âp-se, sahib (that is to say, spontaneously), she assured me, and this "survival" now measures one inch and a-half in length. It has a hardish, gristly feel, and may be regarded as the arm of a fœtus of three months of age.

She told me that she had one brother and three sisters, all of whom were free from this, or other forms of deformity, and she further represented herself, to me and others, as a girist-admi, alias, a villager or respectable married woman. I learnt subsequently, however that this statement did not accurately describe her condition, and that, like Edwin James's ballet-girl, she hopped on one leg and then on the other, and, that in short, she got her living, on occasion, between the two. (*a*) However that be, I was assured that when this saltatory device failed her, she picked up pice (small coins), in the bazaar and coram publico, with her toes. She either stuffed these, more simiorum, into her mouth, or shot them deftly over her left shoulder into a porringer that was held by a confederate behind her, and when this "business" slackened, she held—but in this instance only before a more select or aristocratic audience—a bottle at arm's length in front of her person, into which she ejected, for a consideration, the contents of her bladder. Whether a miss would be as bad as a mile in her case, or in this instance, I am now unable to say, but I know that considerable sums of money changed hands on these occasions, and the situation is otherwise and obviously one that admits of being more readily conceived than accurately described in these pages.

CASE V.—NATURE'S HANDYWORK.

A girl, age about six years, was seen by me in the Killarney Workhouse in 1872, whose leg had, I was assured on the spot, fallen off spontaneously, at the upper third or thereabouts, as a consequence of a localised mortification, the result of fever. She had, the good sister in charge of her informed me, suffered some three years previously or so, from an attack of fever—the form of which I could not ascertain—that greatly depressed her. While slowly recovering from this, she was suddenly seized with acute pain in the left leg, which swelled greatly, and soon assumed a purplish colour, as if, my informant added, she, the child, had drawn a red stocking over it. The part soon became gangrenous and offensive, and there can, I think, be no doubt about its embolic causation or origin. However that may be the surgeon of the house did not consider it safe to interfere—so I was told—and meanwhile, a line of demarcation having become established a little below the tuberosity of the tibia, the bones lost their vitality, and finally gave way one night. This process did not entail any conscious suffering or effort on the subject of it. The leg was, of course, found lying beside her in bed by the nurse of the day, and there was no bleeding at any time, either before this event or after it.



What remained of the skin and other structures was trimmed and brought into apposition by sutures and other suitable appliances, and the subjoined illustration —from a photograph that was taken under some difficulty by a local artist—fairly represents the present ('72) ap-

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(*a*) Quomodo autem opus suum sexuale peregit, non audeo dicere, lector benevole, tantum incredibilitatis, forsan quoque et ludibrii, ei inest. Sed fortuito audivi eam, membrum virile, sinistri in digitibus pedis, amplexam, id,—heu! nefandum—in genitalia sua, ita inseruisse!

pearance and outline of this stump. When last seen by me she appeared to be in good health, and in a cheerful contented frame of mind. She flinched, however, when pressure was made on the part, and the projecting end of the tibia was, to my mind, insufficiently covered with skin.

It is not improbable that she may hereafter suffer from—if she has not done so already—a painful stump or a superficial neuralgia. Let us hope, however, that such has not been the case, and if you desire, gentle reader, to look up the literature of this kind of lesion, as well as to study the rude surgery of a bygone era, I would respectfully ask you to turn to my paper "On Natural Amputation and Spontaneous Fracture," that appeared in the *Lancet* of August 9th, 1873, pp. 189-222, &c., as well as to the following:—Article, "Amputation," in Lane's ed. of "Cooper's Dictionary," vol. i, p. 56, &c.; "Londiniana," by Edward Wedlake Brayley, vol. iii, pp. 68-72; "Letters on the Manners, &c., of the N. A. Indians," by Geo. Catlin, vol. i, p. 172; "The History of Friedrick II of Prussia," (a) by Thomas Carlyle; "A New Voyage round the World," by Capt. Wm. Dampier, vol. ii, pp. 77-8; "The Indian Annals of Medical Science" for July, 1873, p. 100; "Scott's Tales of a Grandfather," ch. xiv., p. 52; and Southey's "Doctor" (Longman's ed.), pp. 303 and 322.

Case VI.—"A Rude Awakening indeed, my Masters."

M. A., æt. 20, the subject of the curious recto-vaginal injury here contemplated, sustained this under the strange, if not unique, conditions set forth below. It appears that while she was carrying a bundle of clothes, which prevented her from seeing objects in front of her, she had occasion to pass over a style, at the opposite side of which a goat was lying. Irish girls of her class do not, I believe, usually wear drawers or other protection between the chemise and the trunk, and the great apertures of the body were in her case, or in this instance, fully exposed by the effort this ascent entailed. While in this enforced attitude, the goat, which was probably frightened by her approach, suddenly started up, and in doing so, thrust his horn forcibly through her anus, for about two or more inches up her rectum. Forcing it thence through the bowel and its coverings into the vagina, just above the hymen he withdrew it, as she flinched and fell back, by way of this passage, and in doing so produced a wound that included the lower part of the rectum and vagina, as well as the sphincter ani, the fourchette, and the perinæum. This wound bled freely, and caused excruciating pain. The subject of it fainted away from hæmorrhage and shock on the spot, and had to be carried in an unconscious state to bed.

Such is the modesty of my countrywomen, or so remote was the residence of this poor sufferer, that medical aid was not immediately sought for or procured in her case, and when seen three days afterwards by my informant, Dr. Hayes of Tralee, she was found to be in a highly feverish state. The pulse stood at 120, the skin was hot and burning, and the stomach was very irritable. The abdomen was tender and tympanitic, the intellect was slightly clouded, and needless to add, the tissues of the perinæum and vagina were greatly tumefied. Some antiphlogistic treatment, combined with local applications, having reduced the fever and relaxed the swelling, the edges of the wound were renovated and brought together with three deep and four superficial wire sutures. Rest in the recumbent position was enjoined, and opium was exhibited to control the bowels. She did well in due course, and after a small fistula that supervened had been closed by means of nitrate of silver, and with the exception that the perinæum was somewhat shorter than it ought to be, while there was some puckering between it and the anus, there was no other disfigurement or deformity. What her subsequent history is or was I am now unable to say, but let us hope it is or was a satisfactory one; and this, gentle reader, is about the rudest awakening of its kind I have ever read or heard of.

(a) First edition I think.

Foreign Department.

SALOL IN ARTICULAR RHEUMATISM.

By Professor HERRLICH, of Berlin.

An address on salol and its employment in articular rheumatism and other acute febrile diseases was delivered before the Berlin Medical Society on Jan. 10th by Dr. Herrlich. He first referred to the investigations made by Nencki and Sahli into its composition and therapeutical effects. According to these observers it is a salicylate of phenic ether, resembling fat in its behaviour in the system in being decomposed by the pancreatic ferments into free acid and alcohol—salicylic acid and phenol. Salol is a colourless crystalline body with a weak aromatic odour, is almost tasteless, and practically insoluble in water. It never produces nausea, like salicylate of soda, and is more readily taken. Sahli treated nearly all the cases of articular rheumatism in the poliklinik with it in daily doses of 6 to 8 grammes in individual doses of 2 grms. each. It was always well borne in these doses. A strong salicylic acid reaction was found in the urine two hours after the first dose. There was no fear of carbolic urine appearing after the doses given. The drug contained 40 per cent. of phenol and 60 per cent. of salicylic acid. There was no doubt that the antipyretic action was due mainly to the phenol. Singing in the ears was not always avoided, nor were endocarditic complications.

In addition to the good effects in acute and subacute articular rheumatism, a prompt action was observed in several cases of neuralgia in which salicin had proved inert, and also in *erythema nodosum* and *multiforme*, urticaria, and peliosis. In phthisis Sahli recommends it in doses of only 0·5 grm. It is useful in all cases of diabetes.

Further indication for its employment on account of the local antiseptic action of both its constituents as set free in the duodenum were noticed. It is highly probable that it acts antiseptically in the intestinal canal, and it will therefore probably prove useful in intestinal catarrh, typhoid, and cholera.

Syphilitic and other ulcers were rapidly healed by being painted several times a day with salol in powder. It was also found useful in ozæna and otorrhœa, and a 3 per cent. solution formed an agreeable antiseptic mouth wash.

Herrlich had used it in 25 cases of acute articular rheumatism, in a series of cases of chronic rheumatism, and in some cases of muscular rheumatism, lumbago, &c. It showed itself of decided benefit in the acute form. He could not say what part the carbolic acid played; in any case, the action was so rapid and striking that 6 grammes of salicylic acid did not correspond to it, so that it might be assumed that the carbolic acid played a part in the rapid improvement. Relapses and endocarditic complications were uninfluenced by it.

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PAROXYSMAL HÆMOGLOBINURIA.

By Dr. BAMBERGER, of Vienna.

Before the Royal Society of Physicians of Vienna, on 4th December, 1886, Herr Hofrat von Bamberger read a paper on Paroxysmal Hæmoglobinuria. After speaking of those cases of hæmoglobinuria that follow the introduction of mineral acids, glycerine, and other substances, and that accompanying the serious infective diseases, he went on to speak of it as occurring in healthy individuals who have been exposed to a severe chill, or who have made forced bodily exertions. The individuals become feverish, and are seized with a feeling of chilliness, or even a shake; finally, heat follows, and more rarely perspiration; often gastric symptoms and head-aches follow. The urine appears bloody, and shows, when tested by the spectroscope, the absorption stripes in yellow and green; nevertheless, it contains none, or only a few blood corpuscles; some hours after, a day at the latest, it has attained its normal qualities again. The whole complex of symptoms reappear on repetition of the cause. As an illustration Bamberger presented a coachman, æt. 45, who for two years got an attack; each time he had sat on the box in cold weather. During the interval between the attacks his urine contained no albumen; further chemical analysis was proceeded with in Professor Ludwig's laboratory. The patient showed a light jaundice colour. The appearance of jaundice in several cases proves, as the speaker claimed, that bilerubin can be formed either in the blood or in the tissues out of hæmoglobin.

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Clinical Records.

LIVERPOOL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.

Case of Abscess of the Lung—Operation. (a)

By **Bernard Blower**, L.R.C.P. Lond., M.R.C.S.,
Stipendiary Assistant Physician to the Hospital.

The patient, J. L., æt. 36, a carter, was admitted into the Chest Hospital on Feb. 23, 1886. He had always, until the present illness, been a healthy man, but very intemperate. He complained of pain in the left side of the chest and shortness of breath, with slight cough. He stated that about two months previously he got a severe wetting, and was obliged to sit all day in his wet clothes, and on arriving home he was seized with severe pain in the left side of his chest, and had a shivering fit, and the following morning, although he had another shiver, went to his work and continued working for a fortnight, but at the end of this time was obliged to give up. I think he was able to continue working so long by keeping himself constantly under the influence of stimulants, in fact he was slightly drunk when he came into hospital. He was admitted under the care of Dr. Samuels. On examination scarcely any movement could be discovered in the left side of the chest, there was wooden dulness all over on percussion, anteriorly and posteriorly; the breath sounds were tubular throughout, and the vocal resonance and fremitus increased. The cardiac impulse was raised about an inch in position, but the heart sounds were normal. The right lung was healthy, except that the breath sounds were exaggerated. He had very little cough and hardly any expectoration. His temperature on the night of admission was 100°, the following morning 98·2°. Blisters were ordered to his chest together with other treatment. Four days after his admission his temperature rose to 103·8° at night, but fell to 99° in the morning. He had no rigor. Shortly after this he began to have night sweats, and his expectoration became more free and had a slightly fœtid odour, he was therefore ordered an antiseptic inhalation. These symptoms gradually increased, although no difference could be discovered in the physical signs of the lung, until about a month after admission into hospital, when there appeared to be a slight difference in the percussion note posteriorly, it being of a less wooden character, and the tubular breath sounds could not be heard over a limited area, and vocal resonance was also absent. At the wish of Dr. Samuels I introduced an aspirator needle between the sixth and seventh ribs, about the post axillary line, this being about the centre of the area before mentioned, and drew off about ʒij of fœtid pus, after which no more could be obtained, even though a return stream of carbolic solution, 1 in 40, was sent in to clear the needle. The following morning a considerable amount of swelling was found to have taken place around the site of the puncture, and distinct fluctuation could be felt. We, therefore, decided to make an incision between the ribs into the pleural cavity. This was accomplished with considerable difficulty, as the ribs were about three inches from the surface of the skin, the cellular tissue being swollen with exuded pus. I made an opening about 1¼ inches long between the sixth and seventh ribs, and about ʒiij of pus came out. The cavity was washed out, and a small drainage tube inserted. The temperature, which had been 104° the previous night, fell to 102·2° that evening, and the patient complained of very little pain. He went on well for nine or ten days, his temperature becoming almost normal, &c., but at the end of this time it was noticed that all the fluid injected in washing out the cavity could not be drawn off again, the temperature also rose higher at night, and although the patient could lie comfortably for some time upon his left side, yet when he turned over on to his right side, he was immediately attacked with violent dyspnœa and cough, and expectorated a quantity of fœtid phlegm. It was, therefore, decided to resect a portion of the rib, and open up the abscess cavity thoroughly. At this time it was thought to be a localised accumulation of pus in the pleural cavity communicating with a bronchial tube. The following day he was put under the A, C, E inhalation mixture, and Mr. Henry Samuels, Honorary Surgeon to the Hospital, made an incision a little below the original one, down the seventh rib, the periosteum of which was stripped off, and about two inches of the rib removed. The intercostal artery was divided, but was secured without any trouble. At the bottom of the wound was found a tough membrane, through which distinct fluctuation could be felt. The incision through this required to be made deeper than was anticipated, being through about ¾ of an inch of thickened pleura; the parietal and viseral layers of which were quite adherent. The incision opened up a large abscess cavity, about the size of an orange, from which a quantity of fœtid pus came out. Of course it was now very evident that this was an abscess in the substance of the lung, and not what it had been thought to be. The cavity was washed out with a solution of perchloride of mercury, 1 in 500, and two drainage tubes inserted, each about four inches in length reaching to the bottom of the cavity, and the wound dressed. The patient went on well for a fortnight; the abscess cavity contracted, although the discharge continued free, and the drainage tubes were kept well down to the bottom; the cough and expectoration became less; the night sweats decreased; and he gained a little flesh, in fact he appeared to be doing so well that he was very anxious to sit up. But on the evening of the fourteenth day he was suddenly seized with an epileptiform attack, which lasted about half an hour, and when he recovered consciousness he had complete paralysis of the right arm. The next morning he had quite recovered his senses and could speak distinctly, although he was much depressed. There was no rigor or high temperature previous to the attack. He remained in much the same condition for about six days, and then had another attack, after which he never became conscious, and was completely paralysed, and died five days afterwards. He never had any spasm or twitching of any muscles except in the epileptiform attacks. His temperature at the time of death was 105°.

Post-Mortem Appearances.—The left lung was collapsed and situated chiefly at the upper and posterior part of the thorax, and was there firmly adherent to the walls. The large abscess cavity showed fairly healthy granulations, and was reduced considerably in size from what it had been at the time of operation. In the upper part of the lung were a number of small secondary abscesses. The pleura was immensely thickened, and through its substance passed a sinus joining the original incision with the abscess cavity. The right lung was healthy. The cardiac valves normal. In the substance of the left hemisphere of the brain were found in all five abscesses, varying in size from a hazel nut to a walnut, and the left lateral ventricle was full of pus owing to the bursting into it of one of the abscesses. The cerebral membranes were normal. All the other organs in the body were healthy, with the exception of the liver, which showed signs of commencing cirrhotic change. There were no other secondary abscesses.

Remarks.—I have no doubt that the disease originated in pneumonia, and that this gave rise to the abscess which, from its close proximity to the pleuræ, caused inflammation of that membrane, and adhesions chiefly around the site of the abscess. That the abscess burst into the pleural cavity at this point, and that this was what was opened at the first operation. After a time the cavity began to granulate and contract, and the passage from the abscess to the external wound became almost closed, and thus allowed fluid to be forced in, but not withdrawn. There can be no doubt that the cerebral abscesses were of embolic origin, but what I consider to be the interesting point in the case is, why should they only occur in the brain. This, I believe, is usually the case with all abscesses in connection with the lungs and pleuræ. Of course the brain is more in the course of the direct blood-stream from the heart, but this is also the case with infective abscesses in other parts of the body, which give rise to secondary abscesses in other organs, such as the liver, &c., and in this case particularly, where eleven days elapsed from the first epileptiform attack to the time of death, there was plenty of time for abscesses to form in other organs if the necessary emboli had been carried to them.

(a) Read before the Liverpool Medical Institution, Jan. 20, 1887.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Pathological Section.

Meeting held Friday, Jan. 14, 1887.
The President, Dr. Walter G. Smith, in the Chair.

ASPERGILLUS NIGRICANS.

Mr. Story exhibited and described microscopic specimens of aspergillus nigricans, which he had removed from the meatus of three individuals suffering from deafness and inflammation of the external ears. Mr. Greenwood Pim had seen two of the specimens and corroborated the diagnosis. Mr. Story exhibited also a fourth fungus of an undetermined character, but most probably also one of the aspergillus tribe. He gave a brief *résumé* of the literature of the subject of otomycosis, and stated his conviction that the fungi were the cause and not the consequence of the ear disease—a view which had been advocated by some of the writers on the subject.

The President said he had seen a few cases of aural fungi. One of these was that of a gentleman who consulted him about a year ago for very intense pain in his left ear. He found the meatus partly blocked up with white cottony material. A brother of that gentleman was at the same time being attended by Mr. Swanzy for otomycosis, which was contracted by lying on hay or damp vegetable matter in the summer time, and he (the President) asked Mr. Swanzy to see his case. It was impossible to resist the evidence that the fungus was the direct cause of the disease. The invasion by it of the deeper tissues had been conclusively proved. He would ask Mr. Story whether, in any of his cases, he had noticed a special cause which led to the production of the fungus, such as dealing with yeast or any contact with vegetable decomposing matter. The aspergillus, he believed, was not confined to the ear, but also occasionally found in the bronchial membranes.

Dr. Mapother mentioned that in the year 1880 he himself had an acute attack of this otomycosis. He had never suffered, either before or since, from any aural disease. One night he went to bed in a house in the suburbs of Dublin with his hearing perfect; and the following morning he arose almost completely deaf. He bore the affection for one day, and on the next consulted Mr. Swanzy, who, partly by means of forceps and partly by syringing, removed a quantity of white cottony material from his ears. Besides the deafness, the only sensations he had were stuffing and a sort of ramming, as if something like cotton wool was being pushed into both ears. The material removed from his ears was examined by himself and his friend, the late Dr. Richardson, and they both came to the conclusion that it contained aspergillus. Which of the seven or eight different forms it was he could not say; but as well as he remembered, it was like the first form described by Mr. Story The growth was named from its resemblance to the aspergillus, or holy-water sprinkler used in the Roman Catholic Church. After the extraction of the fungi from his ears, a week's washing with sulphurous acid lotion, they disappeared and never grew again. He had observed that the wall paper of the room, next to which he slept, was extremely damp and almost competely separated from the wall by the dampness; and he believed that it was that which produced the fungi. Since the wall had become dry no similar attack of mycosis had occurred to any one else occupying the room.

Mr. Story, in reply, said he remembered having, as a patient suffering from this disease, a farmer who, after sitting up all night with a sick cow, had stuffing and pain in his ears next morning, which were found to be caused by aspergillus.

DERMOID TUMOUR GROWING FROM THE CORNEO-SCLERAL MARGIN OF THE LEFT EYE.

Mr. Story exhibited a dermoir tumour growing from the corneo-scleral margin of the left eye of a middle-aged man. The tumour was of a pinkish-yellow colour, and had one long hair growing out of its centre. No other hairs could be detected, even with a magnifying glass. The tumour had existed ever since the man's birth, and remained quiescent until two months ago, when it began to grow over the surface of the cornea. It was a flat sessile growth, of a circular shape, about 4min. in diameter, half corneal, half scleral. In his opinion, it was to be regarded as a dermoid growth.

ŒDEMA GLOTTIDIS.

Dr. Christopher Nixon exhibited the larynx and trachea of a patient who had died under his care of what it is the custom to call œdema glottidis, occurring in the course of Bright's disease.

Mr. Doyle, in commenting upon the communication, gave the clinical history of a case of Bright's disease which had been under his treatment.

The President observed that whether or not the disputed point was conceded that in Bright's disease the large smooth kidney might, in process of time, change to the small contracted kidney, there was no difficulty in assuming that other cases might occur in which that change did not happen. Whether it might happen or not, it need not happen. He would have no difficulty in accepting a history of any number of years' duration of Bright's disease, and yet in finding a large smooth kidney after death. He did not think any one maintained that the large smooth kidney necessarily turned into the small kidney. The point in dispute was whether the small kidney ever represented a large kidney which had undergone atrophic change. But that a large kidney might remain so far an indefinite time was no subject of wonder. Had there not been cases of a much longer duration of the disease than four years in which the post-mortem showed a kidney of a large type?

Dr. Nixon, in reply, said the point to which the President had referred was a very important one. He had adverted to the fact of the kidneys in this case remaining large and white for so long a time, notwithstanding that it was held by competent observers that the small red kidney was to be regarded as a stage or form of kidney in Bright's disease which all other forms of kidney in that disease had a tendency to assume. Starting with the idea that there was, first of all, a certain amount of inflammatory change which led to exudation, the next stage would be a proliferation of the connective tissue in the neighbourhood of that; and consequently the result should necessarily be the large white kidney passing into the atrophic form of the disease. There were two essentially distinct diseases—that is, if, as was the case in most instances, they had an atrophic change occurring in a large white kidney, it was quite a different process and different form of disease from primary atrophy of the kidney. For instance, if they examined a large white kidney which had undergone an atrophic stage they would find that it did not present the distinctly red glandular appearance of the primarily sclerotic kidney. The cortical substance was not atrophied to the same extent, and they had not the same amount of connective tissue developed in it as in the primarily sclerotic kidney. The forms of Bright's disease of the kidney which were usually met with were, first, the large white kidney; secondly, the atrophied condition of that large white kidney; thirdly, the primarily sclerotic, or red glandular kidney of Todd; and lastly, a fibroid condition of the kidney which occurred as consequential to certain diseases of the genito-urinary tract, such as old prostatic disease, accompanied with stricture. The evidence did not show that the different forms of kidney that they met with in the disease in question, especially the red glandular kidney, were stages of the one process. An important point alluded to by Wilkinson was that 40 per cent. of the cases of small red kidney had not been attended with dropsy; whereas it had been proved by statistics that in 92 per cent. of the cases of large white kidney dropsy had been a prominent symptom. If the small red kidney were an advanced stage of the large white kidney, it had never been explained why it had passed the primary stage without the occurrence of dropsy. He thought the arguments were strongly in favour of the view that there were three primary forms of Bright's disease—viz., first, the large white kidney which, no doubt, in a certain proportion of cases, underwent atrophy; secondly, the primary sclerotic kidney with a character of intestinal nephritis: and lastly, the form of nephritis that was consequential upon prostatic or urethral disease. As to Mr. Doyle's question, the specimen had been in spirit since the 6th of January, and now presented a much more shrivelled appearance than when it was originally examined.

The Section then adjourned.

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LIVERPOOL MEDICAL INSTITUTION.

The seventh ordinary meeting of the session was held on Jan. 20th,

The President, Dr. **Nevins**, in the chair.

Dr. **Barron** showed a case of fatty heart in which the coronary arteries were gravely implicated.

TWO CASES OF CEREBRO-SPINAL MENINGITIS.

Dr. **Davidson** showed the spinal cord and medulla from two cases of cerebro-spinal fever. In one the whole of the spinal cord was covered with semi-organised lymph. In the other the inflammatory exudation extended over the whole of the cerebellum and pons, and the upper part of the spinal cord. Under a microscope was shown a stained preparation of the exudation, which was seen to be crowded with a short thick bacillus, not hitherto described. The first case was a young man admitted into the Royal Infirmary in Nov. 1885, with headache, delirium, high temperature, and great pain and tenderness in the back of head and neck. The limbs were stiff, and movement brought on pains in the back. Paralysis of the legs and bladder and hyperæsthesia followed. He died about the 19th day of the disease with serious pulmonary complications. The second case was a young man (Oct. 1886) with very similar symptoms. He had an extensive herpetic eruption on the mouth and cheek. He died suddenly on the 31st of the disease from respiratory paralysis. Dr. Davidson stated that he had treated about half a dozen cases of this disease during the last two years in the Royal Infirmary. The other cases recovered. In none of them was an eruption noted.

Dr. **Robertson** stated that he had treated eight or nine cases of cerebro-spinal fever in the workhouse infirmary during the last few years.

CASE OF ATAXIC PARAPLEGIA.

Dr. **Davidson** showed a man suffering from ataxic paraplegia. He was a bricklayer, æt. 33, who had syphilis twelve years ago, and was much given to sexual excesses. His illness began eight months ago with seminal emissions, occurring in the daytime, after exertion. Then numbness and loss of power in the feet came on. When first admitted into the Royal Infirmary last summer, his symptoms were partial loss of power in the legs, without loss of sensibility, slight weakness of bladder, speech slightly affected. The knee reflex and other reflexes of the lower limbs were decidedly exaggerated. There was increased sensibility to the hot sponge at the lower part of the spinal column. Since then the ataxic symptoms, which were slight at the time of his admission, had become much more evident, and rigidity of the muscles of the leg had become well marked. Also he had paralysis of the diaphragm. The patient, who was a strong-looking man, walked with some difficulty, the muscles of the legs being stiffly contracted and the heels drawn up from the ground. With his eyes closed he staggered and swayed about. Dr. Davidson pointed out that in this disease the symptoms of locomotor ataxy and spastic paralysis were combined; but that "ataxic paraplegia" was easily distinguishable from locomotor ataxia by the slighter amount of inco-ordination, the absence of the lightning pains, and the exaggerated knee reflex.

Dr. **Blower** brought under the notice of the Society a

CASE OF ABSCESS OF LUNG WITH OPERATION,

which will be found at page 118, under "Clinical Records."

Dr. **Rawdon** related a case of unusual congenital deformity of the nose.

Dr. **Alexander** read a paper on some points in the

PATHOLOGY AND TREATMENT OF CARIES OF THE VERTEBRÆ.

He had made post-mortem examinations in 53 cases, and the paper was founded upon the lessons to be learned from the specimens of spines thus obtained, many of which were exhibited. Of these cases 5 were affected by cervical caries, 21 by dorsal caries, 20 by lumbar caries, and 8 by caries at the dorso-lumbar junction. The causes of the disease were the writer believed, either traumatic or pyæmic, and several cases were cited to illustrate these two modes of origin. He did not believe much in hereditary predisposition, and pointed out by examples how dental caries, scalp eruptions, ear disease, and eruptive fevers constituted efficient causes in apparently spontaneous cases. The different pathological processes by which a cure of caries of the vertebræ occurred were next discussed. He believed that a sound cure by complete bony anchylosis of the bodies of the vertebræ was a comparatively rare event, much rarer than surgeons and pathologists now believed. The spines in several cases believed to be cured for half a lifetime, were shown, where large cheesy abscesses were found at the post-mortem. Anchylosis with acute angular curvature was almost as bad as no union, most of these cases dying at or before puberty from interference with the functions of the internal viscera. In all cases anchylosis began between the pedicles and between the articular processes as a result of increased pressure and of inflammatory action at these points. Thence anchylosis spreads backwards to the laminæ and forwards between the bodies after the diseased parts had been removed. Numerous specimens were exhibited to illustrate the parts that became anchylosed. A paper was promised to describe the mode of treatment most likely to be successful as indicated by a study of the pathology of the disease.

Mr. R. N. **Pughe** was glad to hear Dr. Alexander attach so much more importance to direct or immediate causes, *i.e.*, traumatic or pyæmic, of spinal caries and similar diseases of bone than to remote or ancestral causes. He held that the latter had little if any effect as a cause of these diseases, but more on their course. The initial lesion in most cases is distinctly traumatic in its origin. Subsequently in so-called strumous cases other bones become similarly affected or other tissues attacked. But he considered these secondary lesions to be evidences of chronic pyæmia, and not of any special tubercular disease. In fact, every variety may be seen, from rapidly fatal pyæmia following acute periostitis in a child (with or without septic pneumonia, meningitis, or other complications) to the most chronic form of scrofula. In some acute cases we find the symptoms subside and the disease taking upon itself a chronic course in the form of lesions exactly resembling those found in an ordinary case of scrofula; the difference being that in the latter the course of the disease has been chronic from the first. He saw no reason whatever for calling rarefying osteitis tubercular, its characteristics, tendency to caseation, &c., being due to the conditions under which the inflammatory action takes place, and the tissue-bone, which is attacked. This greater frequency of these bone diseases in children may be accounted for by the fact that in the growing part of the bones (subperiosteal tissues, along the epiphyseal lines, and under the joint cartilages), what may be called a natural hyperæmia exists. Here traumatic causes easily upset the balance of circulation, and bring on inflammatory action. Anyhow, it is on these, the growing parts of the bone, that bone and joint diseases in children almost invariably commence.

Mr. **Paul** also spoke, after which Dr. Alexander replied.

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EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, February 2nd.

The President, Prof. **Grainger Stewart**, in the chair.

A large number of patients and specimens illustrative of

THE TREATMENT OF EMPYEMA

were exhibited, in anticipation of a paper on that subject by Dr. William Russell. Ultimately the paper was deferred to a special meeting, to be afterwards announced, as the hour was too far advanced when Dr. Russell was called.

Dr. Affleck, in conjunction with Mr. Cotterill, showed a case of empyema, cured by resection of five ribs. In September, 1885, the patient, a woman in middle life, had suffered from pleurisy with effusion, for which she was tapped. In June, 1886, she was admitted to Dr. Affleck's ward in a very low state of health, with more than one sinus, discharging pus, in connection with the left pleural cavity. She also expectorated large quantities of pus. There was an additional history of recent scarlatina, erysipelas, and pneumonia. After having her general tone raised, she was transferred to Mr. Annandale's wards, where Mr. Cotterill operated, in August, 1886, with the most perfect success. Dr. Affleck thought the operation specially indicated, on account of the absence of phthisical history, and because of the evident bad effects of the continual drain on the patient's system.

Dr. William Russell showed a case of cured empyema in a very young child, obtained by simple drainage and irrigation without resection.

Mr. John Duncan exhibited two similar cases. In the first he had resected eight ribs, from the third downwards. The operation was successful, though the result was delayed somewhat by the formation of an abscess in connection with the disturbed bones. A fresh portion of bone was removed, and the patient made a good recovery. In the second case, he merely resected one rib and inserted two drainage tubes. If the drainage tube were inserted into an opening made by simple incision without resection, he had found that considerable pain was apt to occur, owing to pressure. This pressure was sometimes so marked as to lead to grooving on the opposing borders of the two ribs. This difficulty was overcome by the resection of a small portion from one rib.

Mr. Francis Caird showed a child on whom the drainage system had first been tried, with the result that a troublesome sinus was left. Resection of a rib was then instituted, and the patient did well. Mr. Duncan's difficulty could be largely overcome by the use of a metal instead of an india-rubber tube.

Dr. Sims Woodhead exhibited part of the chest wall, pleural sac, and lung of a patient who had died of empyema. The abscess cavity reached upwards right behind the clavicle. Between the two adherent layers of pleura there was a septum of tubercular new formation, bounded on each side by a layer of fatty tissue.

DEATH THROUGH SWALLOWING AMMONIA.

Dr. Littlejohn exhibited the larynx, œsophagus, stomach, and intestine of a man who had died from the effects of swallowing, in mistake, 2¼ oz. of Bowes' liniment. The signs were those characteristic of irritant poisoning. It was doubtless known that the irritant property of that popular liniment was due to ammonia.

CASES OF SUDDEN DEATH.

Dr. Littlejohn drew attention to the comparative frequency of sudden death from cardiac disease, in which no distinct explanation could be obtained, apart from incompetence of the aortic valves. He showed three preparations obtained from cases which had occurred lately in his practice, where evident signs of atheroma existed, though in two of the instances the aortic valves did not appear egregiously incompetent.

AFFECTIONS OF STUMPS.

Mr. H. A. Thomson showed two stumps, where peculiar changes had occurred. In the first, there were evident signs of regeneration of the nerves below the point of section. The second, of which he had made frozen sections, showed the effect of growth of bone in the stump of a child. The stump had become typical conical.

MULTIPLE SEBACEOUS TUMOURS.

Dr. P. Maclaren showed a lad over whose head and body were almost universally scattered multiple tumours, varying in size and consistence. At first, he fancied it a case of *molluscum fibrosum*, but on section of the masses found they contained sebaceous material. Cases of so widely spread affection were extremely rare.

COMPOUND COMMINUTED FRACTURE OF UPPER AND LOWER JAWS.

Dr. Cotterill showed a patient who had made a marvellous recovery from a compound comminuted fracture of the upper and lower jaws. The angular process of the superior maxillary was splintered, the malar bone was shattered, the superior maxillary was broken transversely across, the hard palate was divided from front to back, the inferior maxillary bone was broken close to the junction of the ascending and the horizontal ramus, while several minor disturbances were present. Whatever bone appeared to have any connections was left, while the completely separated splinters were removed, and the parts brought into suitable apposition. The patient made a good recovery.

Professor Annandale then read a paper on

INTERNAL DERANGEMENTS OF THE KNEE-JOINT.

He detailed the result of eight operations. In the first four he had operated with perfectly successful results for detachment of one or other semi-lunar cartilage. He made an incision parallel to the head of the tibia, from the ligamentum patellæ, outwards or inwards according to the side, tied all bleeding vessels, and then cut into the joint in the same direction. He caught hold of the loose cartilage, drew it forward and stitched it to the periosteum. He believes that the internal cartilage was most frequently affected, and this often as the result of sudden strain or similar accident. He strongly advocated operation. The next three operations were for tumours, two fatty and one myelo-sarcomatous. In these the operation was similarly conducted, the tumour caught hold of and its pedicle stitched to the periosteum and either left, if small, or removed, if too large. In the last case he found a small outgrowth of bone from the end of the femur, such as occurs in chronic rheumatic arthritis. It measured a half-inch by a quarter-inch. This he removed successfully also. Mr. Annandale, further, gave details of similar results obtained in operation for dislocation of the fibro-cartilage of the sub-maxillary articulation.

Professor Grainger Stewart thought the paper most suggestive, and displayed much of that felicitous precision which characterised Mr. Annandale's operative undertakings.

Dr. Hadden thought more attention should be bestowed on manipulative interference in such cases. He referred to the triumphs obtained by bone-setters. There was reason in the method, and it should be thoroughly understood by authorised surgeons.

Mr. John Duncan feared that, in not a few instances considerable harm had followed the indiscriminate use of manipulative interference. He thought Mr, Annandale's paper one of much value. In a number of cases mechanical supports were often sufficient to correct the tendency to locking of the joint, and some patients naturally preferred this to operation. In cases which were really serious he had noticed a distinctly "tender spot" midway between the ligamentum patellæ and the internal lateral ligament.

Mr. Cotterill thought the characteristic symptom of locking of the joint was probably explicable by the fact that, in such cases, the semilunar cartilage, which normally had some movement, was too free, and when the knee was bent, slipped too far, and so was caught as the leg returned to extension.

Dr. Scott Lang referred to a paper published by himself in the *Edinburgh Medical Journal*, in which he had endeavoured to explain the mechanism by which locking was caused, and the *rationale* of its reduction.

Dr. Caverhill approved of an attempt at manipulative cure.

Mr. Annandale spoke highly of the work of Dr. Scott Lang. He did not approve of mechanical supports. Too much use was made of these in the South.

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The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 36, Bombay 21, Madras 41, Paris 26 Brussels 23, Amsterdam 24, Rotterdam 27, The Hague 23, Copenhagen 24, Stockholm 15, Christiania 23, St. Petersburg 29, Berlin 23, Hamburg 33, Dresden 23, Breslau 29, Munich 19, Vienna 26, Prague 30, Buda-Pesth 35, Trieste 37, Rome 33, Venice 34, Cairo 45, Alexandria 34, New York 29 Brooklyn 20, Philadelphia 22, and Baltimore 19.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 9, 1887.

TYPES OF PURPURA.

In the current number of Dr. Richardson's *Asclepiad* the place of honour is held by an article which is likely to call forth a considerable amount of discussion concerning the views therein enunciated on the subject of scorbutic disease. Under this common heading there are included, Dr. Richardson contends, three distinct and separate diseases, which he denominates "types of purpura," "each having a distinct pathology, etiology, diagnosis, and prognosis, and each requiring a distinct treatment." These three affections are classified as—(1) the aqueous; (2) the saline; and (3) the vascular. In patients suffering from the aqueous type the characteristic feature is extreme fluidity of the blood, due to excess of water; they are often of good muscular physique, and an eruption is usually though not always developed, the exciting causes being numerous and varied. Such persons often go through life with comfort and apparent health; bleeding when it occurs is easily arrested, and recovery from loss of blood rapidly ensues, though Dr. Richardson doubts if ever the quality of the circulating fluid is ever quite natural. The disease is eminently hereditary, and its remote origin is associated by the author with the central nervous system.

In the second group of cases, "saline purpura," the salts of the blood are largely in excess, and hold the fibrine in undue solution, a condition variously induced, and markedly so as a consequence of long subsistence in cold regions on salted provisions, as was experienced by sufferers during the earlier Arctic explorations. Alcoholic indulgence is also a cause of the disease, and prolonged use of chloral, the decomposition of this drug leading to accumulation of formate of sodium in the blood. Dr. Richardson says he has met with four cases of saline purpura induced in this manner. The old-school "scorbutics" he considers to have been all examples of this type of purpura, which he regards as non-hereditary, and as being the consequence of improper diet or of a toxic habit. The eruption is a sharply-marked *macula*, more distinct than is that of the aqueous type, and occurring spontaneously, *i.e.*, without injury. The eruption here, too, may, however, be absent, but there is always a tendency to exudation of blood.

"Vascular purpura," the third type of the affection, is attended with a marked disposition to eruption, which is easily excited by the smallest physical injury, and which assumes the form of a large amount of discoloration, and some degree of swelling. Its subjects are very frequently young children, and it is not strongly hereditary. Those who suffer from it are often fat and well nourished, but as a rule present some deformity of body, such as spinal curvature, distorted limbs, or ill-developed chest. The blood is normal in its characters, but the vessels of the minute circulation undergo changes in which lie the causes of the affection, and which are in some way related to the innervation of the parts. In this connection Dr. Richardson offers a very lucid explanation, illustrated by very interesting cases in his own practice of the occurrence of so-called "stigmata," and next discusses the diagnosis of the types of purpura previously described by him.

Special interest will naturally attach to the author's recommendations as to treatment, and the essay in this respect is enriched with full and valuable details. The principle to be followed in the attempt to cure the aqueous form of the disease is clearly indicated in the directions to supply the patient with fresh animal food in fair amount, and to promote active excretion of fluids, free purgation being combined with administration of ferruginous tonics. The prescription Dr. Richardson here recommends contains syrup of superphosphate of iron and peroxide of hydrogen in glycerine and water. Moderate, but not severe, outdoor exercise is also advised. For immediate arrest of bleeding in these cases dilute sulphuric acid, with administration of good nutritious food is the plan always successfully followed during twenty years by the author, while he disapproves of caustic styptics, the colloid being in his opinion the most suitable application. For saline purpura, pure water in considerable quantity, moderate feeding, and complete abstinence from salted foods, is the treatment to be pursued, while medicinally dilute hydrochloric acid and peroxide of hydrogen are to be given. Styptics are forbidden, but for bleeding gums a wash of tannin, iodine, and myrrh is offered. The administration of turpentine is highly extolled in cases of the third type, or vascular purpura, together with good food, fresh air, and deprivation of alcoholic stimulants. The turpentine may be given in combination with iron in glycerine, or in capsules.

How far Dr. Richardson's conclusions and nomenclature will find adoption by the profession remains to be seen; but whatever the result in this direction may be, his essay is a very valuable and important contribution on a class of diseases not infrequent in general practice, and concerning the treatment of which especially his clearly expressed directions will be at once useful and acceptable.

THE ELECTION AT THE LIVERPOOL HOSPITAL FOR WOMEN.

The final stage in the proceedings at Liverpool in reference to the operative procedure at the Hospital for Women has now been reached. On Thursday last, the annual meeting of the Governors, &c., of that Institution took place, and after a very animated discussion Dr. Burton was re-elected by 13 votes to 9, while Dr. Imlach's re-election was negatived by 17 to 16. A poll was demanded on behalf of the latter, which confirmed the above result by 272 to 137. This result, which is an emphatic approval of the principles which we have laboured long and hard to bring to the front, is eminently satisfactory. Some months since, we, alone among the medical press, took up the cause and insisted on the necessity of an inquiry into the manner in which operations involving removal of the uterine appendages were decided upon and carried out at the Hospital for Women. Our perseverance was at length rewarded by attention being directed to the evils of which we complained, and after an exhaustive and impartial inquiry, the conclusion was officially arrived at that "sufficient care and discrimination had not been exercised over these operations." It is scarcely necessary for us to say that no personal feeling on our part *vis-à-vis* Dr. Imlach has prompted or stimulated our action. The question was simply and purely one of principle. Dr. Imlach's retirement had become necessary for the reason that his presence was incompatible with the harmony and proper working of the medical staff. Notwithstanding the resolution as to the advisability of making use of consultations before deciding on operations of this description, Dr. Imlach declined to seek the advice of his colleagues, and his attitude generally was such that, with every admiration for his skill as an operator, the Committee could scarcely venture to retain him in his position on the medical staff. Personal feeling, as evidenced by the proceedings at the meeting, ran high, but with this regrettable circumstance, we have nothing to do. We must congratulate Dr. Burton on having retained the confidence and esteem of the authorities of the hospital. At one time it seemed by no means improbable that he might be sacrificed to the resentment to which his own action in the matter necessarily gave rise. We are glad, however, to find that his *bona fides* and straightforwardness have not failed to produce the effect which they merited, and we hope now that the affairs and management of the institution have been placed on a new footing, a new career of usefulness will be opened to it and to its officers. It is always a disagreeable and rather ungrateful task to undertake and initiate a campaign like that which has now come to a conclusion. Many private interests are unavoidably attacked and feelings wounded, but the interests of the public, as represented by the patients who seek relief from suffering at these institutions, pass before and dominate any such considerations. Nothing short of a general and categoric expression of opinion on the part of the authorities of such institutions is sufficient to ensure the necessary inquiry and alteration, and this cannot be elicited without calling forth angry feelings on the part of the persons involved and their friends and supporters. We cannot forbear expressing our appreciation of Dr. Grimsdale's disinterested conduct in this affair. Guided only by the *mens conscia recti*, he discharged a very painful and thankless task in spite of obloquy and contumely. An attempt was made on Thursday to interpret unfavourably his line of action, but with commendable promptitude he nipped it in the bud. The history of this "epidemic" in Liverpool may serve to point a moral elsewhere. Without expressing any opinion on the merits of the operation, useful, no doubt, and even indispensable in a certain class of cases, the sense both of the profession and the public will always be adverse to its too indiscriminate performance. The sexual consequences as well as the mortality which attend it are sufficiently serious to warrant every precaution being taken against its abuse. Its bearings have been amply discussed, and the operation is now placed on a sound basis. The atmosphere has been cleared, and we trust that the antagonism which has rendered the Liverpool Hospital for Women a "bear garden," to quote one of the speakers, is now a thing of the past.

Notes on Current Topics.

The London Doctorate.

We hear that it is proposed to insert a clause in the scheme which is shortly to be submitted to the Queen in Council by the Royal Colleges of Physicians and Surgeons, to the effect that students desiring to take advantage of the new order of things will be required to afford evidence of residence in London.

We cannot too emphatically express our disapprobation of this illiberal idea. If there be one proviso more than another belonging to the old University system which might well be discarded, it is that which bears on residence. In the University system, it is true, residence has its *raison d'etre*, more or less, but it would be difficult to justify such a provision as applied to the College scheme. It is an undisguised attempt to coerce men into attendance at London Hospitals, and this at the expense of Bristol, Birmingham, Sheffield, &c., which ought to take immediate measures for their own protection.

We trust this clause will be repudiated immediately; failing this it will be our duty to see that it does not become law by intervening at the proper moment and pointing out the unjust restriction that would thus come into force. The examining board of the Colleges is the "examining board for England," and it would be unworthy of them to do anything which should make them merely a metropolitan concern.

There are several points on which the scheme may be wrecked of which the above is one. Another is the non-representation on the Councils of the Colleges, of the Professors at the London schools, and the government. It is possible that the anxiety of London men to obtain a degree of some kind may blind them to the injustice of their exclusion. Again, it seems tolerably certain that no future scheme for conferring degrees will be sanctioned by the Privy Council which does not provide for the admission of women. Last, but not least the exclusion of the Apothecaries' Society from the scheme must seriously imperil its chances of success as has been forcibly and even eloquently pointed out on various occasions. It is quite possible that questions may be asked in the House concerning these points, and that the matter may be taken out of the hands of the Privy Council.

The Erasmus Wilson Bequest.

The proposed appropriation of the Wilson bequest to the foundation and maintenance of a physiological and biological laboratory in connection with the Royal College of Surgeons has, not unnaturally, caused a great excitement in the anti-vivisection camp. In their organs and meetings no terms are too strong, no language too vehement, to qualify the proposed scheme, and it is evident that so far as lies in their power, no stone will be left unturned to prevent its being carried out. What effectual opposition it may be in their power to offer remains to be seen, but it would be a *reductio ad absurdam* if this irresponsible body of crotchet-mongers should be allowed to impose their veto upon a project which will do something to remedy the actual shortcomings of physiological research in England.

It is a rank absurdity to talk about or affect to anticipate a "signal deterioration of the moral tone of one of our greatest professions." Has the tone of the profession fallen since physiological research became a fundamental part of its work? He would be a bold man who would venture on any such assertion, seeing what the tone of the profession was when such researches were neither liked nor prosecuted. Fortunately knowledge acquired is permanent, and even if further progress be hindered or prevented, we are not likely to revert to pre-physiological days.

In spite of the foolish sneer with which they greet the alleged patriotism of the scheme, we still maintain that a flourishing and successful physiological and pathological laboratory will constitute a much better title to honour and merit in the eyes of posterity, than that of having possessed the largest, most influential, and most unscrupulous body of anti-vivisectionists in the world.

It is not our immediate concern to criticise the details of the scheme itself. This mode of utilising the munificent bequest of Sir Erasmus Wilson is not one which is sure to meet with approval even at the hands of those who see no crime in the prosecution of researches for the advancement of knowledge and the alleviation of suffering. Our object has been rather to resent the unwarrantable interference of people whose competence in matters scientific is proved neither by their acts nor their words. Whether the scheme be or be not ultimately carried into effect, the decision, it is to be hoped, will be based on considerations quite alien to the contentions of this or that "fad" society.

The Royal College of Surgeons has many advantages over the Universities for such a purpose. It is exempt from the clerical element which, in company with the old maids, has periodical hysterical attacks anent vivisection, vaccination, and the Contagious Diseases Acts. In every instance their associated influence has been used to stultify the benefits which medical science, in the persons of its adepts, seeks to confer on the public. Their want of logic and consistency only accentuates the feeling of resentment which one feels towards their machinations so often conducted without regard either to the accuracy of their facts or the legitimacy of their deductions.

Milk Diet.

The therapeutical advantages attending an exclusively milk diet in the treatment of certain diseases have received general confirmation, but like most other remedies, its employment requires certain precautions to be adopted if the good results are not to be obtained at the expense of some other ailment. It has been recently pointed out that the ingestion of more than two quarts of milk daily for, more than a short period of time, is likely to cause dilatation of the stomach with the whole train of distressing symptoms to which this gives rise. It is advised that where larger quantities than this are required to be taken, in order to keep up the nutrition, it is preferable to administer small quantities of meat together with small doses of an alkaline base after each ingurgitation. If the contents of the stomach be kept neutral, digestion takes place only in the intestines. If it be desired to avoid giving meat, the milk should be strengthened to the required degree by the addition of concentrated milk or evaporation. Not unfrequently means have to be adopted to aid the digestion of the lumps of agglomerated curd which form when the milk enters the stomach, and the size and consistency of which delay and interfere with the action of the gastric juice. The only remedy for this is pre-digestion by means of the pancreatic ferments, many good preparations of which are now in the market.

Representation of Dublin University.

It is almost certain that Mr. Attorney-General Holmes will shortly vacate his seat as Representative of the University on promotion to the Bench, and already several candidates, mostly lawyers, are preparing themselves for the contest and canvassing for support. We trust that the medical graduates will not give promises or in any way identify themselves with the contest between such candidates, until they have considered and ascertained whether an eligible candidate of their own cloth cannot be found. It has long been an opprobrium of Trinity College that it has been for many years the traditional warming pan for aspiring lawyers, who are ambitious to serve as its representative inasmuch as it is a highly respectable seat, a gentlemanlike constituency, very economical to contest, and an excellent spring-board for a jump to the Bench. Is it not time that a medical graduate should have a turn? He would be more recognisable as a scientist and an academician than most of the legal gentlemen who are bidding for the seat, and, therefore, more appropriate as the spokesman of a university in which science has always held first place. Moreover, it may be said that medicine is now the vertebral column of the University, inasmuch as the medical faculty has, in great measure, superseded the divinity school since the Irish church was disestablished, and neither the Engineering or Law Schools can at all compete with it in numerical importance. The Medical graduates, who a few years ago, were insignificant in number as compared with the Divinity graduates, are now a strong and influential body, and we know that there is a very strong feeling amongst the non-legal constituents of the University which would lead many of them to vote for any reasonably eligible scientist in preference to a lawyer. We should think that the medical voters can have very little interest in selecting one lawyer in preference to another, and that many of them, therefore, will decide to remain silent if they can find nothing better to do with their suffrage than to give one more plausible gentleman a lift to a government appointment.

The Jacob Testimonial.

We are requested by the Honorary Secretaries of this fund to acknowledge with their best thanks the receipt of several additional subscriptions, which will be found detailed in our advertising columns. They desire specially to draw attention to the widespread interest which the object has evoked, and to the representative character of the subscribers; upwards of a hundred of the less opulent having contributed side by side with the distinguished heads and titled members of the profession.

Naphthalin in Diarrhœa.

The treatment of intractable diarrhœa, if the association of terms may be permitted, is one of the puzzles which are probably more frequently met with by general practitioners than by any other class of the medical profession; and how to arrest the weakening outflow is oftentimes a question of the most anxious kind, all the reputed remedies being occasionally found powerless to aid. In recent years, however, a large advance has been made in the direction of an accurate appreciation of the conditions which bring about the occurrence of obstinate intestinal evacuations, and the recognition of the fact that they may be, and often are, due to the presence of minute organisms, is one of the most useful contributions made to our knowledge of disease. The logical consequence following appreciation of this truth is naturally an adaptation of remedial means appropriate to counteracting the evils produced, in which connection the use of antiseptic drugs is clearly indicated. In America, the profession has been taught to adopt such a view, and a number of physicians have recently recorded their experience of treating summer diarrhœa by antiseptics, and of all the substances so employed the most conclusive and satisfactory evidence was adduced in favour of naphthalin. An essential part of the treatment is the evacuation of the canal, with the object of discharging the material which the antiseptic medicine renders impotent, and the amount of naphthalin administered should, it is urged, not be too small. Less than sixty grains *per diem* for adults, is said to be of not much use, and one observer has given frequently as much as one hundred and twenty grains in divided doses, usually in starch capsules. In chronic diarrhœa its success is very marked; and the suggestion of course arises that it may prove equally beneficial in the diarrhœa of phthisis, intestinal catarrh of children, and in such diseases as typhoid fever, &c., in which disinfection of the alimentary canal becomes an object of the first importance. During a discussion on the use of naphthalin at a meeting of the New York Academy of Medicine, instances of its employment in cases of typhoid were reported, and the highest opinion was expressed of its utility under such circumstances, while a general agreement was evinced amongst the speakers taking part in the debate to the effect that the addition of the drug to the *amwamentarium* as a remedy in persisting diarrhœa was matter for congratulation. As compared with salicin and salicylic acid it possesses a decided superiority, and further experience with it seems not unlikely to lead to its more general employment. In this country it has not yet had any very extensive trial; but as the occasion arises practitioners may feel disposed to ascertain for themselves how far it is deserving of the praise it has received at the hands of their Transatlantic brethren.

The Assistant-Physicianship at St. Bartholomew's.

The vacancy in the staff at St. Bartholomew's Hospital caused by the resignation of Dr. Wickham Legg will probably be sharply competed for. Many candidates are in the field, and several of them are well known for their scientific and professional attainments. The Medical Registrar, Dr. Samuel West, is a candidate, and probably has a good chance of success.

It is to be remarked that the old custom prevails at this hospital of election by the whole body of governors. This system has many disadvantages, and a proper selection would be easier to make by a more purely medical committee, better able to discriminate between the various candidates. It is also suggested that the addition of another physician and assistant physician to the medical staff of the hospital would fulfil a want and place them on a numerical equality with their surgical colleagues. The following gentlemen are candidates for the post:—Oswald A. Browne, M.A., M.B. Cantab., M.R.C.P.; Arthur Temple Davies, B.A., M.B. Cantab., M.R.C.P.; A. E. Garrod, M.A., M.B. Oxon., M.R.C.P.: S. H. Habershon, M.A., M.B. Cantab., M.R.C.P.; Vincent D. Harris, M.D., F.R.C.P.; Wilmot P. Herringham, B.A., M.B. Oxon, M.R.C.P.; H. L. Jones, M.A., M.B. Cantab., M.R.C.P.; Percy Kidd, M.A., M.D. Oxon., F.R.C.P.;

J. A. Ormerod, M.A., M.D. Oxon., F.R.C.P.; W. E. Steavenson, M.D. Cantab., M.R.C.P.; Howard H. Tooth, M.A., M.D. Cantab., M.R.C.P.; Samuel West, M.A., M.D. Oxon., F.R.C.P.

A Breach of the Burial Acts.

At an inquest which was recently held at Stoke Gabriel some rather extraordinary facts came to light. A woman, 46 years of age, housekeeper to the Rev. J. H. N. Nevill, suffered for some time from a malady which was diagnosed—without aid from the Faculty—as liver disease, and she died on 18th January. It appeared that no medical man had been called in to attend her, her master, the vicar, aided by the advice of a Mr. Wallace, having usurped the functions of the medical attendant. She was subsequently buried by the vicar without any certificate from the Registrar, and on this coming to the knowledge of the coroner, the body was exhumed, and the post-mortem examination made by Dr. L. J. C. Hains, assisted by Dr. Fraser. Portions of the viscera were sent by these gentlemen to the county analyst for analysis. Evidence was given by a quack called Joseph Wallace, who described himself as a "medical scientist," whatever that may mean. He said that he had seen the deceased, and had found her suffering from "chronic liver disease and a cancerous habit of the body generally," a diagnosis which was in no sense borne out by the post-mortem appearances. He "thanked God" without any adequate reason that he was not a qualified practitioner. Two trained nurses from St. Raphael's Home, Torquay, had been in attendance on the deceased. They do not seem to have seen anything extraordinary in the absence of medical attendance, and one of them was sharply rebuked for expressing an opinion in court that "a doctor would have been no good." It was perhaps no part of their duty to insist on a doctor being called, but they certainly held curious views as to the attributions and functions of "trained nurses." The inquest has been adjourned for the report of the public analyst. Pending his examination no decision can be arrived at as to the cause of death, but we may remark that the liver was not the seat of disease, although two gall-stones were found in the common bile duct, weighing 22 grains. The vicar seems to have been under the impression that he was legally entitled to bury without the legal permit, and he evidently considered that his office authorised him to compound and dispense medicines unaided save by the occasional advice of the London quack. The result of the proceedings may possibly be to enlighten him on one or two points in connection therewith.

A companionship of the "Distinguished Service Order" has been bestowed on Surgeon-Major John Godfrey Rogers, M.B., Medical Staff, for services in the Soudan.

Dr. Symes Thompson commenced the Gresham course of lectures yesterday, at Gresham College, on "The Glands." These will be continued each day this week at six o'clock (Saturday excepted) and are free to the public.

Oxalic Acid in Asthma.

Oxalic acid in two to five grain doses has been much lauded by Dr. Poulet, of Planchet les Mines, in the treatment of essential asthma as well as of emphysematous and bronchitic dyspnœa. He has been using it for five years past, and has never met with any untoward symptoms following its employment, while its effects in relieving the severest dyspnœa has invariably been prompt and certain. Oxalic acid has a strongly sedative action on the heart, and in toxic doses kills by producing cardiac paralysis. It is a powerful antipyretic, and also possesses marked emmenagogue properties. In fever larger doses are tolerated than in health, and it has no cumulative action. It should always be given in a very dilute solution, as otherwise local irritation of the stomach, &c, may result.

Salol in Sciatica.

Dr. v. Aschenbach, of Corfu, reports in the *Fortschrith der Med.* that, suffering from sciatica, for which all known remedies has been tried in vain, he at last resolved to try an unknown one—to himself at least unknown as a remedy for sciatica. In the evening he took a dose of half a gramme, and at midnight one gramme, after which he fell asleep, and remained perfectly free from his pains.

Fractures of the Lower Extremity of the Humerus.

In an elaborate communication on the treatment of fractures of the lower end of the humerus, read before an American society, and printed in the *Boston Medical and Surgical Journal*, Dr. J. S. Bigelow discusses the advantages following the adoption of a mode of treating such injuries in which the employment of passive motion is entirely omitted during union, this kind of manipulation at an early date being condemned as being more often productive of harm than of benefit. Dr. Bigelow writes, moreover, in the most favourable terms of the use of apparatus by means of which the affected arm is put up in a position of extension, and maintained so at complete rest for the term necessary to secure union of the broken fragments; and in defence of this proposal he adduces arguments based on the anatomical distribution of the arm muscles, the effect of which he shows to be, that, when the arm is fixed in the flexed position separation and deformity, and often formation of false joints must ensue at the point of fracture. His own experience of the extension method is confined to four cases, but in every one he was gratified by securing the most perfect result, and he quotes in support of the plan the statement made in its favour by several eminent American surgeons who have all adopted it for some time past as possessing immeasurable superiority over the older and more commonly followed proceedings. The method of using the long straight splint in these cases is similar to that pursued in treating fractured olecranon, and the danger of ankylosis is said not to be in any way a formidable one, while the position assumed by the limb affords the greatest ease to the patient.

Hæmatoma of the Pancreas.

A good deal of attention has been given of late to the study of diseases and injuries affecting the pancreas, an organ of the body which, it must be generally admitted, we have not hitherto been familiar with in its clinical aspect. We adverted some time since to an article by Dr. Senn, of Chicago, in which the question of cirrhosis of the gland was discussed, and on another occasion we hope to deal further with a more recent and general essay by the same author on the "Surgery of the Pancreas," published in the *International Journal of the Medical Sciences*. Of interest in the same connection, however, is the record of a case of hæmatoma of the gland, contained in a recent issue of the *Boston Medical and Surgical Journal*, the subject of the tumour being a healthy labourer who was suddenly seized with nausea, vomiting, and slight diarrhœa, followed a few hours later by pain in the stomach and abdominal cramps, the intensity of which steadily increased. The vomited matter was first green in colour, and subsequently black, but did not contain blood, while the severe and agonising cramp-like pains extended down the thighs and legs, and intense thirst was experienced. Morphine was freely administered by hypodermic injection, but on the fourth day of the attack death occurred unexpectedly. Post-mortem examination revealed a large and hardened pancreas, between which and the duodenum apparently, was a dense discoid tumour, four centimetres in diameter, which presented a hard blackish surface on section. It encroached on the head of the pancreas, and the microscopical structure was clearly that of a hæmatoma.

A Precocious Suicide.

Last week a youth named Stopford, only fourteen years of age, shot himself. In explanation he left behind him a few lines of writing, in which he said he "was gone to meet the great mystery face to face." It would be interesting to know something more of this youngster's moral training and antecedents, together with the family history. The age of puberty is generally an emotional epoch, with boys as well as with girls, and one phase of this emotional period is an extreme depression, sometime amounting to a *nausea vitæ*. It is at about this age that children begin to be brought face to face with the hard facts of life. Death, want, ingratitude, possibly often seen before, then assume a greater reality and become tangible entities. Lads who, from circumstances, training or heredity, are wanting in force of character, are sometimes unable to withstand these periods of depression and become sullen, morose, or decidedly melancholic. As they get older, habit and reason fortify them against such attacks, from which they may remain free until, broken down by ill-health, excesses, or worry, their powers of resistance are so far enfeebled as to open the door to melancholy from which they rally less readily. Lads who suffer from symptoms of this disordered psychical condition, require, as a rule, but food and exercise in order to overcome it. A little hygiene will often work wonders, especially if combined with a change of air. The more serious cases require a careful moral training in experienced hands, otherwise their intellectual powers may suffer even to the extent of extinction. In no case should they be treated with contempt or harshness, since their condition is thereby only intensified.

Seniority of Army Medical Officers.

Dr. Tanner has given notice that he will ask the Secretary of State for War whether officers of the Army Medical Staff, who obtain the greatest number of marks at the competitive examination for commissions in the public services are placed junior and therefore inferior in position to those who, obtaining a fewer number of marks, seek commissions in the other branches of the public services; whether all medical officers are allowed to reckon one year on half-pay in their service, if caused in and by the service, as full-pay towards retirement, and whether, in the case of officers of the Royal Engineers, towards promotion as well as retirement; whether the commissions of gentlemen joining the Indian Medical Service are dated from the period of joining at Netley, and whether those for the Army Medical Department are dated from the period when the course of instruction at Netley closes; and, whether such regulations practically make the Indian medical officers the seniors of the others by four months or more, and if this continues throughout their career until they reach the administrative ranks.

The Carmichael Prize.

We understand that the Irish College of Surgeons has received no less than nine essays in competition for this prize, which is to be awarded next May. The "Carmichael" Prize Fund was founded by the late Richard Carmichael, a former President of the College, who bequeathed £3,000 to the college for the formation of the fund. In 1869, questions having arisen as to the administration of the fund, and as to the reversionary rights of the Royal Medical Benevolent Fund to a share, the matter was brought before the Master of the Rolls, who ordered over £600 to be handed over to the Treasurers of the Benevolent Fund. £2,974 5s. remained in hand after payment of the foregoing sum, and the interest accruing on this sum was ordered to be appropriated to the prize. That every fourth year, premiums not exceeding £200 for the first, and £100 for the second, are adjudged by the Council of the College for the two best essays on:—First—The state of the Medical Profession in its different departments of Physic, Surgery, and Pharmacy, in Great Britian and Ireland, at the time of the writing of these prize essays. Second—The state of the Hospitals and Schools of Medicine, Surgery, and Pharmacy. Third—The state and mode of examination or of testing the qualifications of candidates of the different licensing Colleges or Corporations in Medicine or Pharmacy. Should the College Council not deem any of the essays worthy of a reward, they are authorised to postpone the granting of premiums until the termination of the next four years, when there shall be another competition. The premium may, in their discretion, be doubled, and a sum not exceeding £400 may be awarded for the first, and £200 for the second prize essay. The prize essays are subsequently published to the extent of 700 copies. The last occasion on which the prizes were awarded was in 1879, when twelve essays were submitted. The first prize was awarded to Dr. Walter Rivington, of London, for essay signed "Nil actum reputans si quid supersessett agendum," and second to Dr. Thomas Laffan, of Cashel, for essay signed, "Audax." Considerable difficulty has arisen in the adjudication ot the prize, in consequence of the difficulty of inducing any competent persons to accept the tremendous task of reading all the essays. The judicial authorities refused to allow arbitrators to be paid out of the Prize Fund, and some of the Fellows of the College have offered strenuous opposition to the allocation of the collegiate funds to such purpose, so that it has been necessary to obtain the gratuitous services of competent judges. Considering that the essays occupy about 16 large volumes of manuscript, it is not wonderful that most of those who are capable of forming a just opinion of their merits are unwilling to accept so prodigious a charge.

An Irish Diploma in Sanitation.

We learn that the Council of the Irish College of Surgeons has taken steps towards the founding of a "Diploma in Public Health." The new Medical Act contains a special clause which authorises the registration of such diplomas as one additional qualification of any person already registered. The scheme for the studies and examinations to be required for such diploma is not yet completed by the College, but it will, we hope, be ready to go before the Medical Council at its meeting next week.

Expurgation.

The Irish College of Surgeons has removed from the list of its Licentiates the name of Mr. William Edward Robson, has withdrawn his diploma, and notified the withdrawal to the General Medical Council, with a view to his qualification of L.R.C.S.I. being erased from the Medical Register. Mr. Robson was guilty of a deliberate violation of the College by-laws and of the declaration taken by him when admitted a Licentiate, inasmuch as he engaged in advertising, first as a testimonialist of "Warner's Safe Cure," and afterwards by handbills and newspaper paragraphs. The College called upon him to abstain from these practices, but he refused to give any promise to adhere to his obligation, and he was therefore very properly removed from all connection with the College. We understand that the Irish College of Physicians has taken steps towards a similar proceeding.

A Reply to the Anti-Vaccinators.

The Registrar-General's Quarterly Report for Ireland, issued last Saturday, states that "no fatal case of small-pox has been registered in any of the fifteen districts of Ireland since September, 1883." Three years and a half without a single death from the disease which fifty years ago decimated the population periodically and afflicted them perennially!! And why? Because in Ireland we have nearly 1,000 public vaccinators paid—if not liberally, at least fairly, for watchfulness and activity in quelling small-pox. What result should we have to record in twenty years if the anti-vaccination fanatics had their way?

Assistants at the University of Edinburgh.

It seems probable that the unfortunate and undignified quarrel between Dr. Rutherford and his late assistant, Dr. Ashdown, may lead to the anomalous position of the assistants being taken seriously into consideration with a view to making them independent to some extent of their superiors, so far as their tenure of office is concerned. After the lamentable occurrence which obliged Dr. Ashdown to resign his post, it is incumbent on the University authorities to take such steps as shall remove assistants from their present uncomfortable situation, and make their nomination and dismissal an official concern. Dr. Rutherford's remarks to his students only aggravates the affair so far as that gentleman is concerned. Without a word, or even a promise, of explanation, he claims their sympathy, though it is doubtful whether this can be relied upon. We are pleased to hear that there is every reason to anticipate an inquiry; it is to the interest of everybody concerned, and last, but not least, to the interest of the University to prevent the recurrence of similar scenes, and it is only by rightly distributing the onus of the affair that justice will be done, and repetition or extension forestalled. The local papers have shown a commendable energy in following the matter up which we initiated.

A total of £2,278 has been received as the result of the appeals made in the churches and chapels of Sheffield on Sunday week in aid of the local medical charities. This is an increase of £156 over the amount received at same time last year.

An Order in Council, entitled "The Rabies Order of 1887," has been officially published. It lays down certain fresh regulations in regard to animals found to be affected with rabies, more especially dogs. The order, which will take effect from and after the 28th inst., will not interfere with the operation of the Dogs Act, 1871.

We regret to announce the death of Dr. Edward Brunker, formerly for many years Surgeon to the County Louth Infirmary, Dundalk. Some years ago he retired from practice, and having come to live in Dublin, was elected to a seat in the Council of the Irish College of Surgeons. Dr. Brunker lived to a very advanced age.

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France.

[FROM OUR OWN CORRESPONDENT.]

Resumed Debate on Hydrophobia.—At the last meeting of the *Académiè de Medécine* the debate on the treatment of rabies was continued by M. Grancher who protested on the part of M. Pasteur, against the insinuation made in, a previous meeting that M. Pasteur concealed his failures. This he considered very unjust, for the Laboratory of the Rue de l'Ulm published exact statistics every three months, and henceforth M. Pasteur will publish one every month. In concluding, M. Grancher laid on the table the total lists of persons vaccinated, which were found to be 1,929, eighteen of whom died, making 0·93 per cent. of the total. M. Peter brought forward two new cases which succumbed although inoculated. Canine rabies was a convulsive disease while the virus in the rabbit declared itself by paralysis. It seemed therefore natural to expect that each of these forms should engender similar symptoms in man. Formerly, the paralytic form was as rare in man as it was frequent now, and in his mind this frequency coincided with the inoculation of the rabbit rabies. M. Peter declared to the defenders of the doctrine that in the first case of hydrophobia in spite of the vaccination the cause of death was said to be meningitis at first, but afterwards it was admitted that the patient succumbed to rabies. He was ready to express his admiration for the physiological experiences of M. Pasteur but he considered that the application of these experiences to man was not exempt from danger. During the last year thirty persons died from hydrophobia of whom 16 were not inoculated. According to M. Brouardel exactly that number (30) die every year from the malady. Since M. Pasteur applied his new method of treatment (*inoculation intensive*) those deaths increased and he (M. Peter) could not help thinking that the fatality was due to the manner of treatment. M. Vulpian said that he was as enthusiastic as ever, over the *traitement Pasteur* and he considered that reproach made against the eminent physiologist was unfounded. M. Peter replied that he relied on statistics for his opinion, and went so far as to accuse M. Pasteur and his collaborators of involuntary homicide. The method of M. Pasteur was dangerous, capable of giving the rabies to those who submitted to it, and in any case it was insufficient.

The Conseil d'Etat before declaring that the proposed Pasteur Institution was of public utility demanded another inquiry.

Revision of the French Lunacy Laws.—A revision of the Lunacy Laws is being prepared by the Senate and there is no doubt on the necessity of the new clauses. Heretofore, the sequestration of an individual was effected on the certificate of a single doctor and the assent of the administration. By the new law *three* doctors are required to examine the subject and after their certificate, the prefect and procureur of the Republic must be advised, who are to ultimately decide on the lot of the patient. It is possible that the certificate of the three medical men ought to have been considered sufficient, but in any case means cannot be too much insisted upon to secure a full and free inquiry, It has but too often occurred that from sordid motives a person has to be declared insane and shut up in durance vile. Such a case occurred quite lately in Lyons which created a great stir amongst all classes and to it may be ascribed the haste with which the new bill is being pushed. A lady teacher was suddenly pounced upon by three Sisters of Mercy and a man, while she was quietly teaching her class, and carried out in the most summary manner and put in a cab which was waiting at the door, and brought off to a well known private aylum. The next day the papers gave full details and at once it became a politico-religious affair. The conservative journals maintained the insanity of the lady, and the liberal press stongly affirmed the contrary. In the end the latter proved to right. After an examination ordered by the Prefect the lady was liberated, greatly excited on account of her incarceration of about 15 day, and the director of the Institution was dismissed. It turned out that family interests motived the unworthy conduct.

Treatment of Chorea.—The following is recommended by the highest authorities in Paris:—

Valerianate of zinc
Subnitrate of bismuth } grs. xx
Ext. of hyosciam

Divide into 30 pills, 3 to 6 a day.

Scotland.

[From our own Correspondents.]

Edinburgh Hospital for Sick Children.—The annual general meeting of subscribers to the Royal Hospital for Sick Children, Edinburgh, has just been held. The general report was highly satisfactory. The total number of cases treated was 6,930 of which 6,092 were treated at the dispensary, 189 were vaccinated, and 649 were received into the hospital. The mortality list was 74. The hospital is being further utilised as a training school for nurses. During the past year, five probationers completed their term at the hospital. The connection which has been established between the hospital and both the University and the Edinburgh School of Medicine has given the hospital a most important place in the future development of scientific medicine. With a really scientific staff of physicians the possibilities of the Sick Children's Hospital are great.

Reception of Army Sick in the Edinburgh Royal Infirmary.—Pending the building operations which are in progress at the Edinburgh Castle, with the object of making certain restorations of the old edifice, a temporary arrangement has been come to between the military authorities and the Edinburgh Royal Infirmary. In accordance with this, more serious cases of illness will be received by the Infirmary, and treated in the ordinary wards, while less important cases will be cared for at Piershill and Leith Fort.

Death of Dr. Freer, of Govan.—We regret to have to announce the death of Dr. Frederick A. Freer, of Govan, which took place at Uddingston on the 31st ult. Deceased was forty years of age, and was married to Miss Allan, daughter of the late Dr. Allan, Dalmellington, who survives him. He resided for many years in Govan, and was much esteemed by his numerous patients. At the time of his death he was Medical Officer for the Combination Hospital, and President of the Southern Medical Society.

Glasgow Royal Infirmary.—The annual general meeting of the qualified contributors and subscribers to the Glasgow Royal Infirmary was held on the 31st ult., the Honourable Lord Provost King presiding. The report of Dr. Thomas, the Medical Superintendent, showed that, in 1886 the admissions were 4,817, against 4,945 in 1885, showing a slight decrease in numbers. Of these 4,834 were treated to a conclusion, 437 died, giving a mortality (exclusive of those who died within a few hours of admission) of 6·6 per cent., as against 7·5 per cent. in 1885. The cost of each fully occupied bed during the year was £49 9s. 2½d., and the average cost of each patient treated to a conclusion was £4 19s. 5½d.

The Royal Infirmary School of Glasgow as a College of the University.—A memorial of the managers of the Glasgow Royal Infirmary has been presented to the Right Hon. the Secretary for Scotland and the Right Hon. the Lord-Advocate, submitting that, in the forthcoming Universities (Scotland) Bill a clause should be introduced to erect the medical school of the Glasgow Royal Infirmary into a college of Glasgow University. The memorialists contend that the Royal Infirmary of Glasgow is one of the largest hospitals in Great Britain, containing nearly 600 beds, and that it receives more surgical cases than any other hospital in the kingdom. In consequence of certain recent changes, extra-mural medical teaching in Glasgow has declined, and it is certain to suffer still more from the circumstance that the curriculum and examination requirements from intra- and extra-mural students are now all but alike, and from the greater facilities for obtaining degrees in England by the erection of the Newcastle School into a college of Durham University, and the Manchester and Liverpool Schools into colleges of the Victoria University, and from the near prospect of similar advancement in the case of the Birmingham and Leeds Schools, and by the increasing desire among medical students to obtain degrees. They therefore submit that the monopoly of University privilege in Glasgow should no longer be confined to one school in the extreme west of the city, but that the Royal Infirmary Medical School should be erected into a college of the Glasgow University, thus following the precedents of Oxford and Cambridge, and of the Newcastle, Manchester, and Liverpool Schools of Medicine already referred to.

Sanitary Department.

CLEARANCE OF A DUBLIN UNHEALTHY AREA WITHOUT COST TO THE RATEPAYERS.

At the meeting of the Public Health Section of the Academy of Medicine in Ireland, on Thursday last, Sir Charles Cameron, Chief Medical Officer of Health for Dublin, read a remarkable paper on a clearance of an unhealthy area which he had effected without cost to the ratepayers. In the early part of his paper he entered at considerable length into the provisions of the various Acts of Parliament which enabled sanitary authorities to deal with ruinous and insanitary dwellings, and criticised their excessive forms and routine, which hampered unnecessarily the action of the local authorities. For these reasons he found the provisions of the Labourers' and Artisans' Dwellings Acts and the Acts incorporated therewith impracticable so far as they related to the closing or repair of insanitary and ruinous houses. A better Act for this purpose was the Towns Improvement Act of 1847 and the Dublin Local Improvement Acts, which were the result of that general statute. For the clearing of a whole area the Artisans' and Labouring Classes' Dwellings Act could be applied, but in such case it was found that preposterously large compensation was often awarded by juries to the persons whose insanitary houses were cleared away. The Corporation of Dublin had expended in the clearance of the Coombe and Plunkett St. unhealthy areas the sum of £56,700, or allowing for the rent obtained from the acquired ground, at the rate of £5,971 per acre, or about £18 per head of the population removed. Sir Charles Cameron, as Health Officer, proceeded to deal with unhealthy houses under the 107th and 113th sections of the Public Health Act, which Sir Charles says are the simplest and yet most efficacious and practical sanitary measures ever enacted. Under those clauses any premises the magistrate can, on complaint being made of them, order to be detenanted and closed. More than 2,000 such houses have within the last six years been closed more than one-third permanently. Under these provisions Sir Charles Cameron succeeded in getting a whole area, comprising more than an acre, completely cleared without cost to the ratepayers. The area embraced nearly the whole of Wood Street, Arthur's Lane, and Oliver's Alley, and a part of Golden Lane: 39 houses, inhabited by 353 persons, were closed and subsequently pulled down, and are now waste ground, upon which no doubt healthy dwellings will in time be erected. If this area had been cleared under the operations of the Artisans' and Labouring Classes' Dwellings Act, it would have cost at least £6,000.

In Sir Charles Cameron's paper some curious facts were given as to the homes of the poor. From a census which he had taken he found that there were 32,202 of the families residing within the civic districts of the Irish metropolis located in only 7,234 houses, whilst the remaining 22,523 families occupied 16,977 houses. The former 7,234 houses contained 48,116 rooms, or at the rate of 1½ families per room. Sir Charles ascertained that four streets, Jervis Street, Church Street, Upper Mercer Street, and North Cumberland Street, contained 175 houses in which there were 1,482. The houses, all let to weekly tenants, realised £8,311 13s. a year, although their valuation for taxing purposes was only £2,677 10s. One house, valued at £8 per annum, was rented at £52 to weekly tenants.

At the Societies.

PATHOLOGICAL SOCIETY.

The opening paper read at the last meeting of the Pathological Society of London described several examples of diseases of the genito-urinary organs in animals confined in the Zoological Gardens. This contribution is a continuation of the series of observations in this connection recorded by its author, Mr. Bland Sutton, and the interest of the communication is in nowise inferior to that of those which have preceded it. The cases instanced included one of renal calculi in a sloth, distension of the vaginal, cervical, and uterine cavity in a deer, and retained placenta in an agouti. Sir James Paget, commenting on these and other instances of disease in animals cited by Mr. Sutton, remarked on the invaluable character of Mr. Sutton's work, and put the question if the diseases of recently imported animals differed much from those found in animals long resident in the Zoological Gardens. In reply, Mr. Sutton made the important statement that it was the first twelve months that settled the question whether an animal would be much affected by disease or become ultimately acclimatised.

An interesting essay was next read by Mr. D'Arcy Power, on the pathology of Colles' fracture, the conclusion of which was to the effect that the usual form of this accident is really an example of comminuted fracture. The two classes of cases, however, are clinically indistinguishable, and favourable results follow treatment in both; and it was pointed out that probably the great majority of ordinary fractures of the lower end of the radius are of the character explained.

Dr. Griffiths followed with an account of early pregnancy in the fimbriated extremity of a Fallopian tube, with a large extra-uterine hæmatocele, the specimen in question being exhibited. Dr. Griffiths urged the belief that, notwithstanding recent controversy, effusions of blood in this region are true intra-peritoneal hæmatoceles, and that the hæmatomata of Mr. Lawson Tait and others are principally a new disease resulting from operative interference with the broad ligaments.

A specimen of ruptured bladder formed the subject of a communication from Mr. Bruce Clarke, the man from whom it was taken having been run over at seventy-five years old. There was stricture of the urethra, and, as pointed out by Sir James Paget, the muscular coat of the bladder was much thickened. The paper was discussed at some length by Messrs. Rivington, E. H. Fenwick, and Godlee also, and was followed by an account of a tubercular brain tumour from a boy, Mr. Gilbert Barling recording the case. In reply to questions put by Drs. Owles and Norman Moore, it was stated that no evidence was found of scrofulous disease in the kidney, or of tubercle in any other part of the body.

A long discussion next ensued in connection with a specimen comprising the vault of a cranium perforated in four places as the result of tubercular disease of the bone, and the meeting was concluded by consideration of a specimen of horny papilloma of the hand in a woman of 75, shown by Dr. Edmunds.

MEDICAL SOCIETY OF LONDON—Monday, Feb. 7th.

Mr. Edmund Owen read the notes of a case of Littre's hernia which he proposed to call partial enterocele. The peculiar features of this form of hernia consist in the continued action of the bowels, the mildness of the constitutional symptoms and the establishment of a fæcal fistula. The patient was a man, 57 years of age, who had a general hernia on the left side with symptoms of strangulation. As nothing called for immediate intervention, ice was applied. The symptoms of strangulation disappeared, but an abscess formed, which, on incision, gave exit to pus and fæcal matter. The diagnosis was that of partial strangulation and gangrene of the gut, probably the ileum—by a diverticulum or otherwise. Mr. Frederick Treves expressed doubts as to the correctness of the diagnosis and suggested that the continued application of ice might have tended to the formation of the abscess.

Mr. Stephen Paget read a very exhaustive paper, bristling with figures and statistics, on the supervention of parotitis after injury or disease of the abdomen or pelvis. There are several ways of accounting for its advent, as Mr. Alban Doran pointed out, but neither of them is altogether satisfactory, and Mr. Paget suggested that they might not all be due to the same mechanism.

Mr. Hugh Smith gave the history, and showed the specimens from a case of aneurism of the third portion of the aorta which ruptured into the pericardium, and caused immediate death. Rupture into the pericardium is rare in aneurism of the third portion, but in this case it had contracted adhesions.

PATHOLOGY IN DUBLIN.

At the meeting of the Dublin Branch of the British Medical Association a resolution moved by Mr. Thomson and seconded by Professor Cunningham was unanimously passed, remitting to the Council to take such steps as may be necessary to bring before the various teaching bodies in Dublin, the necessity of providing systematic instruction in pathology. Without stopping to inquire whether a question of medical curriculum is any part of the legitimate business of a medico-political organisation like the Branch, we may, without hesitation, concur in the proposition that Dublin is lamentably in arrear in the teaching of pathology, there being only one genuine course of instruction, that of Professor Purser, given in Dublin on the subject. It is indispensable that the Dublin School shall be reinforced by systematic teaching on the subject, and we hope the schools and colleges may be able to make provision for it. But we hope, nevertheless, that the occasion will not be utilised to impose another three-guinea course of lectures on the overburthened student. Already his pocket is drained and his working time over-burthened with such instruction, and the Irish diplomas are weighted with an excessively expensive curriculum. If pathology is to be added, some less useful course must be subtracted.

BANQUET OF THE FRENCH HOSPITAL.

The nineteenth annual banquet on behalf of the above institution took place on Saturday last at Willis's Rooms, the Comte d'Aubigny, *vice* the French Ambassador, in the chair, supported by the Lord Mayor. There was, as usual, a very good attendance, and the usual toasts were drunk. Allusion was made by the Lord Mayor to the desirability of preserving cordial relations between the two countries. M. Eugene Rimmel, the honorary secretary of the hospital, was unfortunately incapacitated by illness from attending, and very general regrets were expressed at his absence with hopes for his prompt recovery.

AMALGAMATION OF IRISH UNIONS.

We note that the shrinkage of indoor pauperism which has followed upon the extension of outdoor relief, and has already caused the Newport Union to be merged in that of Westport, and has swallowed up the Donaghmore Union, is likely now to produce amalgamation in other districts. Last week the Local Government Board Commissioners held a public inquiry at Ballina, the object of which was the advisability of amalgamating Ballina, Belmullet, and Killala Unions. The medical officers of the workhouses of these unions ought to recollect that, if their offices are abolished by this concentration of unions, they are entirely at the mercy of the guardians for superannuation. When the Newport Union ceased to exist the workhouse officers were turned out without a shilling, and they had no redress.

We understand that Surgeon-General McDowell, of the Army Medical Staff, has been selected for the important post of Principal Medical Officer at Halifax, Nova Scotia.

At the presentation of prizes at Netley on Monday, Sir J. Fayrer announced that Dr. Waring, late of the Madras Medical Service, had bequeathed his magnificent library to the Medical School. This collection of works on Materia Medica is said to be one of the finest extant.

The University of Berlin has this winter 5,357 students, the largest number ever attained by a German University. There are 2,230 first year's men, and 1,164 men who have gone away on completion of studies. Of the total number 1,297 are students in medicine.

Correspondence.

THE "JACOB TESTIMONIAL."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am glad to see by the lists published weekly in the medical journals that the "Jacob Testimonial" promises to be a great success, and is supported by all grades of the profession, both in England and Ireland from the practitioners in the poorest provincial districts in Ireland, to the leading consultants in the profession in London and Dublin, which is sufficient evidence to show that the service of Dr. Jacob to the profession is fully recognised. But while it is gratifying to the promoters of the Testimonial, that their object is thus shown to be deserving, it is to be regretted that the list does not include every man without exception in the Poor-law Service in Ireland, who owe so much to Dr. Jacob for his never-ceasing efforts in their behalf. Dr. Jacob has been rightly designated by a writer the "Champion of the Dispensary Doctor."

I am, Sir, yours, &c.,
A Subscriber.

FRACTURE OF BOTH CLAVICLES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following account of this rare accident may be of interest to your readers:—

B. M., coachman, æt. 60, was admitted into the Kells Hospital on the 20th September. A few hours before his admission he had gone alone into a loose box stall to attend a young mare that had been fired a few days previously. On passing round behind her, the mare backed so rapidly upon him, that she caught him between the wall and her hind quarters, pinning him with his right shoulder against the wall, and his left shoulder against her hind quarters.

While crushing him violently in this position, the mare tried to kick, but fortunately for B. M., she was so closely pressed against him that she could not lash out, and her attempts to kick only resulted in upward heaves of her hind quarters. These upward heaves lifted B. M. off his feet, and he states that, though he felt terribly crushed while the mare steadily pressed him against the wall, it was only on her trying to kick that he felt his collar bones snap, which they did under the additional sudden upward jerking pressure. His cries at last were heard, and he was rescued from his perilous position and brought to hospital. On admission, I found him suffering from severe shock and in great pain, the right shoulder greatly bruised, and both clavicles fractured, the outer fragments being greatly displaced. The treatment I adopted was most successful, both as to the rapid relief of the distressing symptoms and the ultimate perfect recovery of the patient.

I slipped a large, soft, but firmly padded ring over each arm, and pressed it well home into each axilla, secured the rings steadily together with a Martin rubber bandage, crossed the hands over the chest, and secured them and the upper arms firmly with long strips of Seabury's rubber plaster, placed the patient flat on his back, and kept him so for ten days. Notwithstanding his perfectly helpless condition he made most satisfactory progress, and was discharged with firm bony union of both fractures, and muscular power and motion perfect in both arms.

I am, Sir, yours, &c.,

Kells, Co. Meath, Feb. 1, 1887. John Ringwood.

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"VACCINIA AND VARIOLA."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—One cannot help seconding the suggestion made by "M.D." in this week's *Medical Press*. A few weeks ago, in a letter to the *Lancet*, I endeavoured to combat Mr. Fleming's objections as to the identity of these two diseases. So far he has not contested my arguments, but I am far from hoping that he has considered them conclusive. But were he (as with his peculiar advantages he might do) to undertake a prolonged series of experiments in inoculating heifers or calves with the virus of small-pox, *in presence of an impartial committee*, the question of the identity of variola and vaccinia—if question it still be—might once and for ever be transferred from the realm of discussion to the region of fact.

I am, Sir, yours, &c.,
Arthur Harries.

12 Pall Mall East, London,
Feb. 3, 1887.

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MERCER'S HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue to-day, under the heading "Notes on Current Topics," you speak of the decadence of Mercer's Hospital during the last three years.

I fail to see what grounds you have for making this sweeping assertion to your readers, in the face of the following facts, which any one of them can without trouble ascertain for himself.

During the last three years—1. The Board of Management has been enlarged. 2. Patients are admitted in a regular and proper manner. 3. Its officers are supported in the exercise of their duties. 4. The Hospital has been freed from debt; at the present moment it does not owe one shilling. 5. The Building Fund has increased from one thousand to five thousand pounds. 6. The patients are comfortable, and steadily increasing in numbers; over 30,000 treated last year. 7. The Hospital is clean and nursing good.

I leave your readers to form their own conclusions as to the source of these unworthy attacks on a charity which is rapidly completing a period of usefulness extending over two centuries.

I am, Sir, yours, &c.,
Charles Frederick Knight, M.D.

Feb. 2nd, 1887.

Literature.

SUTTON'S MEDICAL PATHOLOGY. (a)

The authority of Dr. Sutton's name must at once assure a respectful attitude towards any work proceeding from his pen, but the feeling awakened by a perusal of these lectures passes rapidly from respect to admiration, and we rise from their study not only conscious of an increase in our knowledge of disease, but impressed with the conviction that we have acquired an insight into the philosophy of the subject such as it is the rarest possible gift of teachers to impart. The character of the work is throughout that of the man who is responsible for it; and those who have enjoyed the advantage of listening to its author's often profound reflections on disease and its causes, will at once welcome in the lectures now given to the world, a faithful reproduction of the sententious and, to use a favourite term of Dr. Sutton's, rhythmical views which distinguish him as a thinker. The language is often of the most picturesque description, but the truth to be conveyed is always presented in the most obtrusive possible fashion, so that who will not learn it are alone to blame for ignorance. The scope of the work does not do more than cover the ground of a general introduction to medical pathology; but every generalisation is emphasised by the results of the author's unusually large experience; and the application of principles is so skilfully carried out that each fact, as it is unfolded is impressed upon the mind of the reader in a hitherto unappreciated light, and with the effect of enlarging his conceptions of the processes concerned in the production of diseased conditions. Without resorting to quotations precluded within the limits of a review, it is impossible to convey an adequate idea of the peculiarly impressive style which the author adopts in conveying the lessons he has to impart. Perhaps the chief charm noticeable in this connectionis the strain of deep philosophical reflection which distinguishes the book throughout, and which those who have enjoyed the advantages of hearing Dr. Sutton in the lecture-room will at once recognise as a prominent feature in his discourses. The terse, nervous sentences are typical of the spoken speech, and here we have them reproduced with almost the force they affect when actually received by the ear. Small as the dimensions of the book are, it contains innumerable phrases, sentences, and even paragraphs, which many will learn and employ as guides to practice. A single instance will suffice to show this, and we take from p. 7 the following acute and suggestive criticism of the prevalent contending views explanatory of the changes in the vessels during inflammation. "To account for these changes, some have said that there may be a spasm excited in the wall of a small artery, due to disturbance of nervous power; and that this spasm is followed by paralysis of the wall of the vessel, and excessive distension. Others have said 'No; there is not always spasm;' there may be other disturbance of nervous power in the vessel that is so paralysed. There is a basis of truth in both views, but both fail to take into account this condition, that the contents of the vessels, and the plasma about the vessels continually and evenly work together; and so long as they do this there is healthy nutrition. Therefore, in inflammation there is some failure of normal attraction between the blood and the plasma of the tissues outside the blood-vessels, and the blood and the plasma cannot cooperate as in health." It would be easy to multiply examples of this kind from a volume which is full to richness with them, and which is from cover to cover attractive in the extreme. It comprises twenty-two chapters in all. The subjects treated are arranged in the order in which they formed the heads of lectures delivered during 1885 to students of the London Hospital. These on chronic bronchitis and heart disease are luminous expositions of the difficult problems involved in the study of these diseases; but it is impossible to say that any part of the book exceeds the rest either in the lucidity and suggestiveness of its explanations, or in the beauty of the language employed to convey the author's meaning. The work is a most important contribution to our scientific literature, for all it is presented with so much characteristic and unassuming modesty. The publishers have done their work well, the paper and printing being excellent, and the binding very tasteful. The long list of *corrigenda*, however, indicate defective proof reading, which, in the next edition will, we trust, be conspicuously absent.

(a) "Lectures on Medical Pathology." By H. Gawen Sutton, M.B., F.R.C.P., &c. London: Baillière, Tindall, & Cox.

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MURRELL ON MASSAGE. (*a*)

Massage must now be regarded as an important addition to the physician's *armamentarium*. The writings of Metzger and of Van Mosengeil, of Weir Mitchell, and of Playfair have given it a scientific basis, and have secured to it an accredited place in therapeutics. It is, therefore, expedient that the practitioner should be possessed of a readily accessible guide to its methods of application. This Dr. Murrell has provided.

After a rapid historical sketch, Dr. Murrell briefly but clearly explains what massage is and what it is not. He wisely emphasises the necessity of really practising massage when one professes to do so. Satisfactory results may only be reached by a rigid adherence to the authorised system. Discredit and disappointment are the sure consequences of a loose and irregular method. By a perusal of Dr. Murrell's work the physician will understand to what he is asking his patient to submit.

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THE PHYSICIAN'S VISITING LIST.

The *vade-mecum* for the practitioner's pocket which Messrs. Smith, of Long Acre, have issued for 1887 is the most recent of a valuable series of many years, in which the maximum of convenience and adaptability is combined with the minimum of cost and bulk. It does not seem as if anything better could be devised for its purpose, and apparently the professional public is of our opinion, for the demand for it has been sustained through many years.

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RUSSELL ON MORBID CARDIAC CONDITIONS. (*b*)

Much of recent writing on the subject of the heart has partaken of the *résumé* character, and one rises from the perusal, wearied but dissatisfied. In Dr. Russell's modest volume of investigations we have to welcome a contribution of real value and great interest. In six chapters he discourses, in a thoroughly scientific manner, several of the more recondite topics of cardiac pathology. In the first he gives a rapid but careful survey of the shifting views which have been expressed regarding inorganic murmurs. Perhaps more recent German work might have received fuller consideration. In the second chapter, he treats of the condition of the heart in debility, and its relations to the thoracic wall. Here, and throughout the volume, Dr. Russell gives especial prominence to the right side of the heart as the immediate cause of certain phenomena, which, he holds, have hitherto received insufficient explanation, more particularly the varying degrees of pulsation which are met with to the left of the sternum, and are yet separable from the apical beat. While thus magnifying the immediate importance of the right heart as the efficient factor, the author never loses sight of the ultimate importance of the left ventricle. He skilfully pilots the student from point to point in the vicious circle, and logically maintains his ground. The third chapter deals with the site and mechanism of the cardiac murmurs in debility and anæmia. Here, again, Dr. Russell does some special pleading for the right side of the heart and the pulmonary artery, finding fault with those who, apart from anatomical or other sufficient grounds, have ascribed the seat of certain murmurs to the left auricle and its appendage. In the fourth chapter he speaks of the vascular murmurs in chlorosis and anæmia, and in Chapter V, of some points connected with tricuspid murmur and mitral stenosis. The volume closes with an interesting discussion of the differential diagnosis of vegetative or verrucose endocarditis. Dr. Russell is of opinion that cases of this kind may be made out with far greater certainty than is usually supposed. He lays especial stress on continued elevation of temperature and increased pulse-rate, a condition of inexplicable irritability, and the presence of albumen in the urine, when such symptoms occur in a patient in whom the general appearance and physical signs point to cardiac mischief. Altogether the volume of essays shows its author to be at once a keen and exact observer, and an inductive reasoner of power and individuality.

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THE MODERN TREATMENT OF STONE IN THE BLADDER BY LITHOLAPAXY. (*a*)

Influenced by the rapidity with which a pamphlet of his on this subject was taken up on the spot as well as by by the fact that he had, at the date of its issue, or soon afterwards, completed 128 cases of this kind, Dr. Freyer thinks that he is not only justified, but actually called upon to issue this monograph. We think so too, and we heartily congratulate him on the condition, well nigh perfect, to which he has brought this procedure. But then he had to his hand one of the best, if it is not, indeed, the very best of its kind in the world, and "the extreme aversion with which the natives of India regard any method of treatment that involves several distinct surgical proceedings extended over an indefinite period is well known to every surgeon who has practised in this country." Such is, indeed, the truth, and a performance by which, as he alleges, he has reduced the mortality of calculous operations in India from 13 per cent. to 5¾ per cent. is assuredly worthy of study and acceptance at the hands of lithotomists or litholapaxists all the world over.

For the details of the operation, which are given at length in this monograph, which further contains several illustrations that are obviously taken from one or other of the surgical instrument makers' catalogues of the day, we must refer our readers to the book itself, and we need only add that Dr. Freyer writes in an easy offhand style, that the type is good, and that it contains several valuable hints and tables bearing on this disease, its detection, or general medical and operative treatment. Our author is also, in his way, a bit of a discoverer, and this little discovery of his was, like so many other much larger ones, brought about by an accident. Dr. Freyer one day pumped some water into the bladder of a Hindu, which he had previously searched in vain for a stone, and then introduced "a No. No. 14 catheter and applied the aspirator." After going through this process, and while exhausting the contents of this viscus with an aspirator in the ordinary way, a distinct click was heard during the exhaustion of the water, due to the caculus being carried with force against the eye of the canula by the outgoing stream, and *voilà tout*, this is our author's discovery! We fancy we have somewhere heard of it before. But *n'importe*, there it is, "as large as life and twice as handsome," and it has at least the advantage of being safe and easily employed.

For the rest, and, as our readers look more for results than for fanciful discoveries or elaborate statistics, we will let them have these in their author's own words:—"In my own practice (says this gentleman) I have performed 321 operations for stone in the bladder. Amongst these were 171 adult males and 1 adult female, 143 male and 6 female children. Litholapaxy was performed in 125 adults with 5 deaths, and on 3 female children with no death. . . . There were 47 adult males treated with lithotomy with 9 deaths. In the 143 cases of stone in male children, lateral lithotomy was the operation performed on all, *and amongst these there was no death.* There were, therefore, 125 adults treated by litholapaxy with 5 deaths, or 4 per cent., against 47 adults treated by lithotomy with 9 deaths, or about 19 per cent." But our author holds that this was not a fair comparison, as, since the introduction of litholapaxy into his practice, "only cases unsuitable for this operation were treated by lithotomy." He claims, in a word, that he has, by means of this operation, diminished or reduced the mortality of this procedure, as above, from 13 to 5¾ per cent., and he rightly concludes that the universal adoption of the former operative measure is likely to be attended in India and out of it by a vast diminution of the mortality of calculous operations.

(*a*) "Massage as a Mode of Treatment." By William Murrell M.D., F.R.C.P. London: H. K. Lewis. 1886.

(*b*) "Investigations into some Morbid Cardiac Conditions, including the 'Cartwright Prize Essay' on 'The Heart in Debility.'" By William Russell, M.D., F.R.C.P. Ed., Lecturer on Pathology in the Shool of Medicine, Edinburgh. Edinburgh: Bell & Bradfute. 1886.

(*a*) "The Modern Treatment of Stone in the Bladder by Litholapaxy." By P. J. Freyer, M.A., M.D. London: J. & A. Churchill, 1886.

TRANSACTIONS OF THE ACADEMY OF MEDICINE IN IRELAND (a).

The fourth volume of the Transactions fully maintains the eulogiums gained by the preceding volumes, and evinces the care exercised in its compilation.

It is satisfactory to find that the Academy continues numerically and financially sound, though a matter of regret that the student associates are so few, the proceedings at the various sections being invaluable to senior students.

In the Medical Section, Dr. J. W. Moore's case of True Relapse in Enteric Fever, is of much interest, showing that the contagium having expended its initial force, left behind pabulum for renewed manifestations in the same patient; this may explain how it is that the exanthemata occasionally attack the same individual more than once; the shorter duration of the second attack and the diminished severity show that a certain amount of immunity had been conferred by the first attack.

A case of Partial Embolism of the Central Artery of the Retina, by Dr. A. H. Benson, is of interest as bearing on the pathology of chorea.

A timely paper on the Therapeutic Uses of Digestive Ferments, by Professor Purser, warns the practitioner against the hasty and indiscriminate use of digestive aids.

A masterly scientific exposition of the Cardiac Murmurs of the Mitral Area was given by Dr. C. J. Nixon, which has enriched the literature of the subject.

Dr. Cruise contributes a paper on the Quantitative Estimation of Albumen, Urea, and Sugar in Urine, giving the busy practitioner ready and accurate methods of procedure.

Dr. Finny contributes Clinical Notes on a case of Acute Lichen Planus. Dr. Little, a case of Enteric Fever with unusual symptoms and morbid appearances.

In the Surgical Section —Mr. Kendal Franks adds to the Science of Surgery in his paper on the Advantages of the Principle of Dry Dressings in Antiseptic Surgery, and opens up the question in another communication on the Nature of Scrofulous Glands in the Neck, and their Surgical Treatment.

A unique case in the records of surgery appears from the pen of Mr. Wheeler, on Pharyngocele and Dilatation of Pharynx, with existing diverticulum at lower portion of Pharynx, being posterior to the œsophagus; cured by Pharyngotomy.

Mr. W. Thornley Stoker contributes a paper on Bone Drainage in Hip-Joint Disease; and Sir William Stokes in another contribution on the same subject advocates the value of employing this method in the early stages of Hip Disease.

Mr. Hayes brings forward cases of Electrolysis for the Treatment of Urethral Stricture, showing some good results, but this method of treating strictures is yet in its infancy in Ireland, and is not so frequently resorted to as in America.

In the Obstetrical Section—Dr. W. C. Neville has devised a very ingenious Axis-traction Forceps, its advantages being those of a double-curved forceps; the traction apparatus can be fitted to any ordinary double-curved forceps, and the forceps may be used without the traction apparatus. Dr. More Madden draws attention to certain displacements of the Ovaries; also to the treatment of Chronic Cystitis in Women, a subject which has attracted considerable attention of late. Dr. W. J. Smyly advocates the use of the curette in the Diagnosis and Treatment of Diseases of the Uterine Mucous Membrane; the method advocated appears to be reasonable, and one likely to lead to the happiest results.

In the Pathological Section —Dr. Foot showed specimens from a case of Bright's disease, in which the difficulty in diagnosing existing, pericarditis was very marked. Dr. Finny, a rare termination of Ulcer of the Stomach. An interesting case of Malignant Endocarditis was brought forward by Professor Purser. Dr. Walter G. Smith, a case of Ulcerative Endocarditis limited to the right side of the heart. Dr. C. J. Nixon, Endocarditis with Localised Pericarditis.

In the Section of State Medicine:—Dr. A. H. Jacob discusses the Working of the Contagious Diseases Acts at considerable length he shows the benefits conferred on the Army, Navy, and Civil Population from these acts when in force, the wise provisions of the Legislature for reducing to a minimum the chance of any unjust suspicions or charges being made against any female, and the great unjustice which has been done to the nation by the repeal of these Acts. Venereal disease must for the present advance with rapid strides.

(a) "Transactions of the Academy of Medicine in Ireland." Vol. IV, 1886. Edited by William Thomson, M.A., F.R.C.S. Dublin: Fannin & Co. London: Baillière, Tindall, & Cox.

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Medical News and Pass Lists.

THE DUBLIN BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

The annual meeting of the Branch was held in the Irish College of Physicians on the 27th ult., Professor Bennett, President of the Branch, in the chair. There was a good attendance, including the Presidents of the Colleges, Sir B. Walter Foster, Sir George H. Porter, Sir Charles Cameron, Dr. Kidd, the Registrar-General, Rev. Dr. Haughton, &c. The Council reported that the number of members (182) shows signs of a progressive prosperity. On the question of the formation of a special fund for the defence of members of the Association against whom legal proceedings might chance to be taken, the Council arrived at the opinion that the formation of a special fund for the defence of members of the Association against legal proceedings is inadvisable, and with reference to the payment by the Association of the travelling expenses of the representatives of the Branches attending the meetings of the General Council the following resolution was adopted:—"That the question of payment of the representatives of the branches having been frequently under the notice of the Council of Dublin Branch, as well of the branch itself, and it having been constantly decided that it is advisable to leave the payment of such expenses to the several branches, the existing Council sees no reason for now altering so carefully considered an opinion." The report then directed attention to the steps taken to have removed a grievance of Irish graduates and licentiates practising in England, due to a regulation of the English Local Government Board, that "any practitioner desiring to act as a public vaccinator in England must produce a certificate of having been instructed in vaccination at one of the educational vaccination stations for England." The Council have the satisfaction of now reporting that the grievance has been acknowledged, and, so far as is consistent with the existing law, removed, by the recent action of the Local Government Board appointing Dr. Montgomery, Secretary Vaccine Department, L.G.B., Ireland, to "give certificates." The Registrar-General for Ireland, Dr. Grimshaw, was elected President of the Branch for the ensuing year. Dr. Grimshaw then delivered an inaugural address, "On the State in relation to the Medical Profession." Dr. William Thomson moved: "That the Council be requested to take such steps as may be necessary to bring before the various teaching bodies of Dublin the necessity of providing suitable instruction in pathology." Professor Cunningham seconded the resolution, which was supported by Dr. Kidd, and unanimously passed. In the evening the annual dinner was held in the hall of the King and Queen's College of Physicians, Dr. Grimshaw presiding. Among those present were Lord James Butler; Sir Redvers Buller, V.C., Under-Secretary for Ireland; Judge Boyd; and other distinguished persons.

Sanitary Registration of Buildings Bill.—A special meeting of the Council of the Sanitary Assurance Association was held on Monday last for the final revision of the above bill before presentation to the House of Commons, Sir Joseph Fayrer, K.C.S.I., F.R.S., in the chair. The new measure was adopted by the Council, and in the absence of Dr. Farquharson, M.P., from England, it was decided to ask Mr. C. C. Lacaita, M.P., to take charge of the bill in the House of Commons. The bill as introduced in 1886 consisted of ten sections, and, it will be remembered, made the sanitary registration of all buildings compulsory in towns of 50,000 inhabitants and upwards. The new bill consists of seventeen sections, and is to apply to all towns or districts of 2,000 inhabitants, but it is only to be compulsory in the case of schools, colleges, hospitals, asylums, hotels, and lodging houses. An important feature of the new bill is that the local authorities will have to keep a sanitary register in which any building certified in accordance with the proposed Act may be registered, so that a stranger visiting any district would be able to ascertain at the office of the local authority whether any particular house was or was not certified as in a satisfactory sanitary condition. The new bill will no doubt be more acceptable to sanitary experts, seeing that all persons entitled to certify must first obtain a licence from the Local Government Board, and provision is made for the appointment of examining boards. Persons entitled to sign certificates are designated Licentiates in Sanitary Practice.

The New Government Order on Rabies.—The Official *Gazette* of Friday last publishes an Order in Council, made on Jan. 31st, in substitution of the Rabies Order of last year. The following are the special regulations of local authority as to dogs:—Any local authority may make, from time to time, such regulations as they think fit for the following purposes, or any of them:—(*a.*) For providing for the muzzling of dogs except when securely attached to or kept within a kennel, stable, house, building, or other like place. (*b.*) For providing for the keeping of dogs under control (otherwise than by muzzling) by the owner or person in charge thereof, in such manner as may be prescribed by such regulations. (*c.*) For providing for the seizure and detention of stray dogs or of dogs not muzzled or of dogs not being kept under control in the manner prescribed by such regulations, and for the recovery by the local authority of the expenses incurred by them in respect of the detention of any such dogs from the owners thereof. (*d.*) For providing for the seizure, detention, and disposal, including slaughter, of dogs being at large and affected with or suspected of rabies, or being or having been in the same kennel, stable, house, building, or other place, or in the same pack, or otherwise in contact, with dogs affected with rabies or being or having been otherwise exposed to the infection thereof. (*e.*) For prohibiting or regulating the holding of shows or exhibitions of dogs, and the exposing of dogs for exhibition or sale thereat.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·1 per 1,000 of their population, and were—Birkenhead 14, Birmingham 20, Blackburn 26, Bolton 19, Bradford 19, Brighton 17, Bristol 30, Cardiff 25, Derby 11, Dublin 28, Edinburgh 18, Glasgow 29, Halifax 23, Huddersfield 21, Hull 19, Leeds 23, Leicester 19, Liverpool 26, London 19, Manchester 27, Newcastle-on-Tyne 25, Norwich 24, Nottingham 19, Oldham 22, Plymouth 24, Portsmouth 22, Preston 23, Salford 16, Sheffield 19, Sunderland 22, Wolverhampton 17. The highest annual death-rates in these towns last week were—From measles, 1·9 in Hull, 2·1 in Bristol, 2·9 in Leeds, and 3·5 in Huddersfield; from whooping-cough, 1·3 in Halifax, and 1·7 in Huddersfield; and from scarlet fever, 1·0 in Sheffield and in Preston, and 1·4 in Salford. The 40 deaths from diphtheria included 22 in London, 5 in Glasgow, 3 in Manchester, and 2 in Edinburgh. Small-pox caused no death throughout the United Kingdom.

Royal Colleges of Physicians and Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.—The triple qualification examinations were held in Edinburgh in January, with the following results. The following candidates having passed the final examinations at the January sittings of the Court, were admitted L.R.C.P. Edinburgh, L.R.C.S. Edinburgh, and L.F.P. and S. Glasgow:—

Browne, Samuel T., Madras
Calderwood, John A., Ayrshire
Carlyle, J. Cochrane, Toronto
Chepmell, Charles V. J., Paris
Coatsworth, Richard, Toronto
Daniel, Ronald A., Wexford
Darbyshire, James, Denbigh
Dickson, William F., Old Cumnock
Douglas, Francis H., Donaghadee
Edward, Vincent, East Indies
French, Albert R., Bandon
Garrett, William F., Penzance
Gordon, Herbert L., Calcutta
Hannon, Michael M., Co. Clare
Hay, John, Wishaw
Hayes, H. W. McCaully, Bangalore
Hogan, Eugene F., Co. Clare
Homfray, Francis A., Gainford
Hughes, Hugh C., Carnarvon
Hughes, Hugh O., Merioneth
Karney, William H., Madras
Kavanagh, E. Raphael, London
Mandell, Frederick, Cologne
Merrison, J. Graham, Ontario
Mills, Arthur T., Wolverhampton
McEvoy, William G., India
Nelly, John Francis, Gort
Norman, L. S. F De Rohan, India
Pinto, Joseph O., Bombay
Primrose, Fredk., Nova Scotia
Reid, James, Tillicoultry
Ryan, Edmond, Co. Limerick
Stewart, Charles D., Clackmannanshire
Sweetnam, Frank A., Cork
Swindell, John L., Surbiton
Tiplady, William, Durham
Wilson, James A. K., North Gower

A large number of candidates also passed their Primary and Second Examinations; these names will be published as usual on their entrance into the profession.

Royal College of Surgeons of England.—The following candidates, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the court of Examiners on Jan. 25th:—

Belson, G. de Veulle, L.R.C.P. Lond.
Brodie, Frederick Carden, L.S.A.
Calvert, John T., L.R.C.P. Lond.
Calvert, W. D., L.R.C.P. Lond.
Holloway, S. F., L.R.C.P. Lond.
Joly, A. M., L.R.C.P. Lond.
Jones, John A., L.R.C.P. Lond.
Key, David Thomas, L.S.A.
Mann, Harold E., L.R.C.P. Lond
Parry, Thomas F., L.K.Q.C.P.I.
Sidebottom, R. B., L.R.C.P. Lond.
Slater, William A., L.S.A.
Vidler, Albert E, L.S.A.
Wheeler, H. J., L.R.C.P. Lond.

The following were admitted on Jan. 26th:—

Barr, G. A., L.R.C.P. Lond.
Barton, E. A., L.R.C.P., Lond.
Bindley, Robert Alfred
Carvalho, Alberto Pedro de, L.S.A
Copeman, S. A. M., M.B.Cantab.
Debenham, H. A., L.R.C.P. Lond.
Haslip, G. E., L.R.C.P. Lond.
Husbands, H. W, L.R.C.P. Lond.
Jarvis, W. C., L.S.A.
Jeaffreson, J. L., L.R.C.P. Lond.
Lyle, C. C. V., L.R.C.P. Lond.
Malpas, James, L.R.C.P. Lond.
Martin, S. G. S. G., L.R.C.P. Lond.
Morgan, W. V., L.R.C.P. Lond.
Norton, Henry Harvey
Smith, Percival, L.S.A.

The following were admitted on Jan. 27th:—

Carey, Basil de Beauvoir, L.S.A.
Cosens, W. B., L.R.C.P. Lond.
Cox, W. J. R., L.R.C.P. Lond.
Davey, Thomas G., L.S.A.
England, G. F. A., L.S.A.
Gilpin, William J., L.S.A.
Going, Joseph A., L.S.A.
Hawkins, Herbert P., L.S.A.
Iredale, T., L.R.C.P. Lond.
Lewis, John Nicholls, L.S.A.
Macnab, Allan J., L.R.C.P. Lond.
Oldham, Montague W., L.S.A.
Ord, George W., L.R.C.P. Lond.
Phillips, Thomas, L.S.A.
Pridham, William F., L.S.A.
Quiller, C. T., L.R.C.P. Lond.
Rusher, John Golby, L.S.A.
Sansom, H. A., L.R.C.P. Lond.
Sen, C. C., L.R.C.P. Lond.
Walker, A. W. H., L.R.C.P. Lond.
Wilson, A. Harvey, M.D.
Wreford, John, L.R.C.P. Lond.

The following were admitted on Jan. 28th:—

Hill, C. M., L.R.C.P. Lond.
Oliver, Charles Pye, L.S.A.
Ormerod, Edward Booth, L.S.A.
Peake, Harold S., L.R.C.P. Lond.
Powell, Edgar E., L.R.C.P. Lond.
Wilde, Leonard, L.S.A.

Netley Medical School.—The Winter Session at Netley Medical School closed Feb. 7th, when the prizes were presented by Sir Donald M. Stewart, Bart., late Commander in Chief of the forces in India, in the presence of a brilliant assemblage. The following is a list of those who gain commissions:—

ARMY MEDICAL SERVICE.

	Marks.
F. J. Morgan	5785
†W. H. Horrocks	5783
C. H. Hale	5657
H. C. Thurston	5476
B. H. Scott	5316
W. C. Poole	5261
O. R. A. Julian	5058
G. Raymond	5036
E. A. Burnside	5032
T. C. M'Culloch	5020
*A. B. Hinde	4951
A. Y. Reily	4886
J. W. Cockerill	4851
J. Ritchie	4796
H. St. G. Hore	4795
S. Macdonald	4741
E. Corcoran	4679
A. C. Watson	4623
E. W. Gray	4621
D. Stiell	4605
L. E. A. Salmon	4552
G. A. Wade	4519
J. Minniece	4489
R. H. Penton	4475
M. P. Holt	4442
W. L. Gray	4390
E. G. Browne	4341
J. C. Morgan	4262
H. J. Pocock	4247
G. Hilliard	4230
C. R. Elliott	4193
C. A. Young	4179
J. W. Bullen	4150
C. J. Weir	4140
B. J. Inniss	4123
R. C. Thacker	4112
W. N. Murphy	4109
S. F. Clark	4073
E. M. Hassard	4039

† Gained the Herbert Prize of £20, with the Montefiore Medal and Prize of 20 guineas, and also the Martin Memorial Gold Medal.

* Gained the Parkes Memorial Bronze Medal.

INDIAN MEDICAL SERVICE.

	Marks.
*R. J. Macnamara	5798
§H. W. Pilgrim	5741
G. B. French	5449
F. W. Thomson	5372
R. H. Brown	5312
C. N. Bensley	5114
S. H. Henderson	5072
G. C. Hall	5053
B. B. Grayfoot	4949
D. W. Scotland	4959
C. R. M. Green	4923
R. H. Castor	4865
J. H. Sellick	4819
T. E. Dyson	4814
E. C. Hare	4636
F. C. Clarkson	4578
J. G. Jordan	4547
J. D. M. Swinburne	4533
H. M. Morris	4467
A. R. P. Russell	4441
J. Morwood	4369
F. G. Maidment	4275
E. A. W. Hall	4108
J. T. Blancard	4038
J. P. Doyle	3947

* Gained the Prize in Pathology, presented by Professor Wm. Aitken, F.R.S.

§ Gained the Montefiore Second Prize.

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Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Dr. Illingworth (Clayton-le-Moors).—Continuation of paper on "Preventive Medicine and Abortive Treatment" received.

Sir Edward Sieveking.—Your Clinical Lecture shall appear in our next issue.

Dr. J. Mortimer Granville.—Paper on "The Management of Gout and the Gouty" received with thanks. It shall appear in an early number.

Dr. A. Ernest Sansom.—Clinical Lecture on "The Dyspepsia of Infancy" received with thanks. Marked for early insertion.

Surgeon-General Messer.—It is unusual to furnish the name of an anonymous correspondent, but we have forwarded your letter to "M.D.," who probably will communicate with you.

Sir Joseph Fayrer, Sir Wm. MacCormac, Dr. B. W. Richardson, Dr. Buzzard, Dr. Braxton Hicks, Dr. Graily Hewitt, Dr. Murrell, Dr. W. H. Day, Dr. Fancourt Barnes, Dr. Godwin Timms, Mr. Anderson Critchett, Mr H. A Reeves, Mr. Henry Morris, Mr. Reginald Harrison (Liverpool), will please receive our best thanks for their communications.

Mr. Carter (Glasgow).—Paper received; proofs shall be sent you in due course.

L. M. D.—Our opinion of the author's views is expressed in a review of the work in our last issue.

Mr. Wilson.—Not at all surprising; the "peculiarity," as you term it, has been known for some time past by those behind the scenes.

Dr. Harris.—The subject is not unlikely to come up again shortly in a somewhat disguised form, when the information kindly supplied will be utilised.

L.R.C.P. (Edinburgh).—The registration is so faulty in the two cities referred to that only an approximate estimate can be formed. The population of Rome is about 350,000, that of Madrid about half a million. In both cases the average death-rate is more than fifty per cent. higher than London.

Physiologist.—The ancients had a very vague idea of the age of animals. Hesiod gravely tells us that the elephant lives a thousand years, the crow ten times as long as a man, the stag four times as long as the crow, the raven three times as long as the stag, and the phœnix nine times as long as the raven. As to this creature, the stories told of him, or her, even by some of the so-called Apostolic Fathers, are so ridiculously incredible as to unfit them for reproduction here.

OBSEQUIES OF A GIANT.

Last week at Tipton, Staffordshire, much local excitement ensued at the funeral of Samuel Murfitt, who was recently exhibited as the largest man in the world. The deceased was 55 years of age. His dimensions were as follows:—Height, 6ft. 1in.; weight, 40 stone; girth of waist, 100in.; and he measured 20in. round the calf of the leg. A hearse could not be found large enough for the deceased's removal, and the body had to be conveyed on a flat. The sashes had to be removed from the windows, and nearly 20 men were employed to get the coffin through the window on to the flat.

A Young Naval Surgeon.—We would advise you, before applying for the post, to read Dr. Curran's article, "The Inner Life and Economy of a Troopship," that appeared in the December number of the *Illustrated Naval and Military Gazette*. It contains all the particulars as to diet, duty, &c., &c., you require.

Dr. Bayfield.—Sorry we are unable to find space for your communication. The scheme is impractical and Utopian, and withal is hampered with such minute details as to be unsuitable for our columns.

ARTIFICIAL FECUNDATION.

H. M. D.—We quite agree with you that a woman who would go through the operation of artificial fecundation, as we have heard it described, would do anything, and would not suffer much loss by going a step further. The gentlemen who have taken up this branch have generally been men of irreproachable *physique*, and it is possible, as you suggest, that this was not altogether foreign to their success in the treatment of sterile women. We thank you for the information as to authors.

Ignotus.—'Twas Coke, we believe, who said that "law was a jealous mistress that brooked no rival," and as to specialism in law and medicine, it was said by the great jurist, Austin, that "if you wish to know any one thing or theory well, you must be content to be ignorant of many other things or theories." As to the particular specialty you name, 'twas practised, according to Herodotus, centuries ago in Egypt.

Bookworm.—You must be misinformed on the point, we fancy, for it is, or rather was, well understood that the late Dr. (afterwards Sir) Thomas Watson enjoyed a royalty of £200 a year or more, for many years before his death, out of his book, and we have heard it stated that, in addition to this, his publishers (the Messrs. Longmans) once sent him, without any solicitation on his part, a cheque for £1,200. The work is now so much out of date as to be almost valueless as a text-book. You are, of course, aware that Lord Macaulay once received a cheque for £20,000 from this same firm.

A Union Doctor.—Yes; the first English Poor Law (27 Henry VIII) prohibited alms-giving under heavy penalties, and as for "sturdy beggars," a member of this fraternity is to be whipped the first time, and if he again offend he shall suffer death as a felon and an enemy of the Commonwealth. The 14th of Elizabeth provided that these terrible, sturdy beggars "should for the first offence be grievously whipped, and burned through the gristle of the right ear with a hot iron of the compass of an inch about; for the second be deemed as felons; and for the third suffer death without benefit of clergy." So cold or cruel is official charity everywhere.

Curiosity.—Yes; Sir W. Thomson holds that the period of the sun's duration of incandescence could not have existed longer than twenty millions of years, and could not endure for as much as ten millions longer. A million or two, more or less, might be thrown in in exact science.

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Meetings of the Societies.

WEDNESDAY, FEBRUARY 9TH.

Epidemiological Society of London.—At 8 p.m., Mr. John Moir: Statistics of Small-pox Cases in the West Ham Hospitals during the Epidemic of 1884 and 1885. Dr. John Macpherson: A Memorandum on Notices of Cholera in India before 1817.

Royal Microscopical Society.—At 8 p.m., Presidential Address by the Rev. Dr. Dallinger, F.R.S, on Recent Optical Improvements in the Microscope, and the operation of the Darwinian Law amongst the Minutest Organisms.

British Gynæcological Society.—At 8.30 p.m, Specimens will be shown by Mr. Bland Sutton, Dr. Fancourt Barnes, and others. Dr. Charles E. Fitzgerald: The Use and Abuse of Pessaries.

THURSDAY, FEBRUARY 10TH.

Royal Institution of Great Britain.—At 3 p.m., Prof. A. W. Rücker: Molecular Forces.

FRIDAY, FEBRUARY 11TH.

Clinical Society of London.—At 8.30 p.m., Nephro-lithotomy—discussion on papers read at the last meeting by Mr. Henry Morris, Mr. Marsh, and Mr. Bennett. Dr. Hughlings Jackson: A Case of Crural Monoplegia from Subcortical Disease. Dr. Carrington: A Case of Rheumatic Hyperpyrexia. Living Specimens:—Dr. A. H. Robinson: A Case of Charcot's Joint Disease.

Vacancies.

Doncaster General Infirmary and Dispensary.—House Surgeon. Salary, £100 per annum, with board and residence in the house. Applications, with testimonials, to be sent to the Hon. Secretary not later than Feb. 21st.

Tunbridge Wells General Hospital.—Resident House-Surgeon. Salary, £100 per annum, with board, furnished apartments in the Hospital, gas, firing and attendance. Applications, with proof of qualifications, must be sent to the Secretary on or before Wednesday, 16th February.

Royal Albert Hospital, Devonport.—Honorary Surgical Staff. Applications, with testimonials, should be sent addressed to Chairman of the Selective Committee not later than Friday, the 18th of February.

Appointments

Barron, H., M.B., C.M., M.R.C.S., L.R.C.P., Medical Officer to Christ's College, Finchley, N.

Bickerton, T. H., L.R.C.P.Ed., M.R.C.S., Oculist to the Liverpool Royal Infirmary.

Boys, A. H., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Second District of the St. Alban's Union.

Hutchinson, A. C., M.B., C.M.Aber., Honorary Medical Officer to the Brighton, Hove, and Preston Dispensary.

Pollard, C., M.R.C.S., L.R.C.P., Assistant Medical Officer to the St George's Union Infirmary, Fulham.

Stephenson, W., M.R.C.S., L.S.A., Honorary Surgeon to the Beverley Cottage Hospital.

Vogan, J. N., L.R.C.P.Lond., F.R.C.S.E., Medical Officer for the St. Matthew's District of the Ipswich Union.

Births.

Crossfield.—Feb. 1, at Broadstone House, Dartmouth, the wife of A. K. Crossfield, L.R.C.P., of a son.

Marriages.

Caudle—Barton — Feb. 3, at St. John's Church, Calcutta, Charles E. Caudle, M.D., to Agnes, second daughter of the late Rev. E. G. Barton, late Rector of Etchingham, and of Urmston, Eastbourne.

Deaths.

Alexander.—Jan. 27, at Trinity Square, London, S.E., on his 67th birthday, Charles Linton Alexander, F.R.C.S., L.S.A.

Brunker—Feb. 2, at 38 Belgrave Square, Rathmines, in his 84th year, E. G. Brunker, M.D., F.R.C.S.I.

Daubeny.—Jan. 26, at San Remo, Italy, Henry Daubeny, M.D., in the 67th year of his age.

Massey.—Jan. 29, at Greek Street, Stockport, Thomas Massey, M.R.C.S., aged 66.

Myrtle.—Feb, 2nd, at 243 Oxford Road, Manchester, Andrew Scott Myrtle, M.D., son of Dr. Myrtle of Harrogate, aged 24.

Prosser.— Jan. 30, at Bromsgrove, Worcestershire, Roger Prosser, L.R.C.P.Ed., M.R.C.S., aged 51.

Rawes.—Jan. 29, at Bath, William Wilson Rawes, Deputy Inspector-General of Hospitals, Madras Army, in his 71st year.

Startin.—Jan. 26, at Surbiton Hill, the wife of James Startin, of 17 Sackville Street, Piccadilly, aged 37.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, FEBRUARY 16, 1887. [No. 7.

Original Communications.

WHAT SHALL WE DO IN OUR HOLIDAYS?

A FINAL CLINICAL LECTURE DELIVERED AT ST. MARY'S HOSPITAL, JANUARY 14TH, 1887.

By Sir EDWARD H. SIEVEKING, M.D., F.R.C.P.,
Physician Extraordinary to Her Majesty the Queen; Physician in Ordinary to H.R.H. the Prince of Wales, Senior Physician to St. Mary's Hospital.

> "Dum licet, et vernos etiamnunc editis annos,
> Ludite; eunt anni more fluentis aquæ."
> OVID., *Art. Am.* III, 61

As my term of office, after thirty-six years of interesting and loving labour at St. Mary's Hospital, is about to terminate, and I shall shortly enter upon what, as regards hospital work, may be regarded as a holiday, it has appeared to me not inappropriate, that "the last few words" which I am about to address to you, may suitably be devoted to the consideration of *your* holidays. I may premise that while I regard holidays as periods of recreation, I by no means think that they ought to be periods of sloth and idleness. I therefore propose in the last lecture which I shall deliver from this place, to reply to the question: What shall we do with our holidays?

The bow that is kept permanently strung is known eventually to lose its elasticity and to become more or less unserviceable. The human powers] exerted persistently and exclusively in one direction become overstrained, and to maintain them at their proper elevation, rest and relaxation are absolutely necessary. Apart from the religious aspect of the question, the inculcation of one day's rest in seven, from ordinary labour, embodies a great physiological law, which all nations would do well to recognise; and if this ordinance was necessary in the early history of mankind, the requirements of modern life, with all its excitement, worry and competition, render it still more so. English boys have no reason to complain that the law of rest from work is not obeyed, in the course of their school training. I believe that none of the civilised nations of Europe which lay great stress upon education, allow so many half and whole holidays, amounting in all to a good deal more than a quarter of the year, as the English schoolmaster.

This is a purely educational question, which masters and parents must settle for themselves. In however many points it may present a medical aspect, it does not form the subject of our consideration to-day. We certainly need do nothing to urge the necessity of relaxation in ordinary school discipline.

The matter assumes a different aspect when we take account of the hygiene of the adult English-man, "person" I should say, to be in conformity with modern phraseology; at all events the remarks I wish to make, though having no kind of political bearing, and therefore not involving the rights of women as conflicting with the rights of the other sex, apply to all who have passed the barriers of childhood.

Whatever the Encyclopædists and Rousseaus, of the past century, may have meant by advocating a return to nature, I do not think that they recognised the fact that the chief law of nature regarding man, is the law of growth and development. He cannot stand still. He must either go onward or backward. He must work and strive for advancement; or deterioration, morally, physically, and intellectually, will ensue. Sloth is worse than overwork. For overwork, though it may damage the individual, can scarcely be carried on without benefiting his neighbour in some manner; while sloth is deleterious to the person who indulges in it, and pernicious by the influence it exerts upon everything and everybody in contact with him. But is there no mean between sloth and overwork? The very study of man's constitution appears to afford a satisfactory reply, for we find him made up of so many different elements, that he may cultivate and develop one faculty, while he gives repose to others; by so doing he may render one part more fitted for the service of the other, and insure a more perfect development and growth of the whole.

I start, therefore, with the proposition that the average man, I mean the man engaged in the ordinary occupation of his life, and not suffering from actual disease, takes his rest or holiday, by varying his mode of life and occupation. The holiday should not mean lotos eating. However we may be tossed about on the sea of life we should not imitate the companions of Ulysses and, shirking our responsibilities, sit down by the rippling brook and sing—

> How sweet it were, hearing the downward stream,
> With half shut eyes ever to seem
> Falling asleep in a half dream
> To dream and dream, like yonder amber light,
> Which will not leave the myrrh bush on the height;
> To hear each other's whispered speech;
> Eating the lotos, day by day,
> To watch the crisping ripples on the beach
> And tender curving lines of creamy spray;
> To lend our hearts and spirits wholly,
> To the influence of mild minded melancholy;

and so on.

When I look back over my professional life now of more than forty years' duration, dating from the year I took my degree, I have many melancholy reminiscences of personal friends cut off when they reached the happy stage of professional success, but long before they had attained any thing like the limit of age assigned to man by the Psalmist. In most cases their early death was fairly attributable either to their allowing themselves no holiday or only insufficient ones, or to their employing their vacation time in a way which they probably would not have recommended to their own patients. We cannot all follow the example of Sir Henry Holland, who from an early period of his career as a physician, was able to permit himself annually three months of leave, and whose long life was undoubtedly, as he himself has said, due to the invigorating effect that this salutary influence exerted upon his mind and body, so that within a few days of his death, which occurred if I mistake not when he was 85, he was attending the trial in Versailles of Marshal Bazaine, after the last Franco-German war. We cannot all follow his example literally, in fact, scarcely any professional man can now-a-days, because owing to a peculiar concurrence of favourable circumstances, he was able to say that he would limit his professional income (and he began life with no other) to £5,000 a year. It would probably ruin the professional prospects of the busiest medical man, if he were now to absent himself from practice for three months every year. Nor, however delightful it might be to some, do I think such an amount of vacation necessary, for attaining the main objects which we have in view, that of increasing our fitness and capacity for our regular work. But in whatever line of practice we may be engaged (and I need scarcely say that my remarks are specially calculated to appeal to medical men) a holiday of three to four weeks, ought to be obtained once a year. It cannot be done without making some pecuniary sacrifices, but the advantage gained far outweighs them, and as most medical men's lives are of peculiar importance to a wife and children, they should regard such sacrifice very much in the light of an insurance premium, for which if there be the *res angusta domi*, prudent men willingly forego luxuries, which they are able to dispense with.

The extent of the holiday and the time of the year at which it should be taken, must necessarily depend upon a variety of circumstances, which will guide the individual, and which it would be a waste of time on our part to consider. The point to which I think that we may profitably turn our attention, and which from personal experience, I know to be of real importance with regard to your future medical career, is the question with which I have headed this address: What shall we do with our holiday?

In these days of railways and steamboats, everybody travels, so that "the home-keeping youth of homely mind," of whom Shakespeare speaks, is scarcely to be found. To the many subjects that have a practical interest to the medical student, climatology and balneology, which were scarcely recognised in my early days, have been added. The trading apothecary, now we will hope a thing of the past, used to send his quantum of mixtures, pills, and plaisters, with little reference to diagnosis or therapeutics, and literally pooh-poohed all who advocated preventive medicine or any means of cure not capable of being sent out in a labelled bottle or box. Times have changed, and it has come about that the opposite extreme now threatens us, and there is great danger of an entire and prevailing scepticism as to the value of drugs. I am not one of those, for the longer I live, the more have I learnt to believe in the value of therapeutics properly applied. But at the same time I have never ceased to believe that there are many agents that influence and modify morbid processes, besides those which we are able to measure in a beaker or weigh in our scales. Now, some of these we specially learn to value by personal travel, and the more we travel in our young days, with our eyes open, the better shall we be able to advise and direct those who afterwards entrust themselves to our care. I say advisedly, with our eyes open, for you may meet many who in wandering over the world use only the eyes of their guide-book, and observe nothing for themselves. I say nothing against the proper use of guide-books, but when I see ladies and gentlemen in the sublimest scenery devoting themselves exclusively to the task of turning over the leaves of their Murray or Badeker, or hear them descanting solely on the merits or demerits of their hotels, I cannot help thinking that the *impressions de voyage* left on their minds when they return to the domestic hearth, will be of a very limited and evanescent character. Your minds are now specially receptive, and whatever you photograph on the tablets of your brain will certainly return to your conscious use at some future time. I am a great advocate for making memoranda of the daily events in travel, or they soon become blurred, and the excessive rapidity of locomotion of the present day is an undoubted bar to firm impressions, unless we take some means to fix them for reference.

Some, and I am among them, give a preference to pictorial journals, in the shape of sketch-books. By sketching what you see before you, however imperfectly, you make an indelible impression upon your mind, and the addition of the exact date, with possibly a few explanatory words, will recall to your memory, years after, more precisely what happened at the time, than any amount of mere descriptive prose. If you take a rough outline of the places you visit, you acquire a habit of looking at Nature and the works of man with a careful eye; and you learn to appreciate the glorious effects of colour and form, the peculiar geological or botanical features of the landscape, the habits and characters of the people, in a manner, and to an extent, which no books, no photographs, can serve as a substitute for. I do not assume that you are all artists, but I do assume that any of you can with a little practice make an outline of what he sees before him, and I maintain that the merest outline serves as a valuable record for the future. No one should travel without a small sketch-book and pencil; and if time and previous training allow of a box of moist colours in addition, so much the better.

But where, and how, shall we go? The world is large, and the means of travel many. The second part of the question will probably be best settled when we have agreed upon the former part. I would only say this much now, that the railway of the present can scarcely be regarded in any other light than that of mere locomotion, whereas the old-fashioned stage coach or diligence was itself a school for the traveller by bringing him into constant contact with persons and places, and enabling him to see localities and characters, which he must now-a-days leave the railway to appreciate and study.

If the choice is open to us, I say let us first examine the features of our own country. There is infinite beauty to be found North, South, East, and West. There are many climates in as many directions, and the habits of the people are by no means so identical throughout the land that we may not learn much anthropological lore from our intercourse with them. There are certain broad features which characterise regions, but every region presents many local peculiarities in different parts, which no amount of mere reading will enable the ordinary mortal to appreciate. It is said that the great philosopher Kant, who during a long life never slept more than one night from his home in Königsberg, obtained such a marvellous knowledge of distant people and places, that travellers who waited upon him would not believe that he had not seen and visited them. We scarcely wish to possess such a faculty, and would rather rival our old friend of the Odyssey—*πολλῶν ἀνθρώπων ἴδεν ἄστεα καὶ νόον ἔγνω*—who saw the towns of many men and knew their qualities.

Climate depends upon soil, wind, rainfall, latitude, vicinity to or distance from the sea, geological conformation, the presence or absence of heat, and last, though not least, the amount of sunshine. Some of these climatic influences are, to a certain extent, under the control of man. The aridity or moisture of the soil in a great measure depends upon trees, and destruction of forests or neglect of arboriculture has repeatedly become a serious topic for the consideration of governments. Many Swiss Communes depend for their very existence upon the protective power against landslips and avalanches, upon sheltering pine woods, which are, therefore, under the careful supervision of their ruling powers. Though other hygienic influences have often to be considered in common with climate, in the advice we give to our patients, you must be careful not to confound the two. You may select the healthiest locality in the world for a residence, but if your house is built over a sewer and you inhale sewer-gases, or drink water impregnated with excrementitious matters, you cannot escape their baneful effects. It is not the object of this lecture to touch upon domestic sanitation. I content myself, therefore, with this brief hint that besides climate, in the strict sense of the word, in your visits to new localities you should not overlook what man has done, or is doing, to make them more or less healthy.

Take the east and west coasts of Great Britain in their general aspects, you find that the former is generally drier and colder, the latter the moister and warmer of the two. In ordinary parlance the east is the more bracing, the west the more relaxing aspect. The winds that come from the Atlantic are charged with its emanations, and on contact with the land unload their burden, and the rainfall in consequence which in London averages about 25 inches a year, rises on the west side of England in some places, as at Grasmere in Westmoreland, to above 120 in., and when I was in Skye, I was told that in the vale of Sligachan, under the shadow of the Cuchullin mountains, as much as 174 inches of rain fell in the year. A ridge of hills or mountains materially increases the precipitation of the watery vapour from the clouds; hence, when in travelling from east to west, you cross a hilly district, you will be certain to find a considerable difference in the rainfall on the two sides. This is not the place to estimate the effect of dry or moist climate upon individuals; it varies immensely. I merely wish to attract the attention to a few points that deserve your consideration; the application I must, at all events for the present, leave to you. In judging of the results of the rainfall, you must take into consideration the soil and geological features of a locality. Does the rain run off easily? Does it accumulate and cause pools and marshes? Is it rapidly absorbed by a sandy, gravelly, or chalky soil? or does a clayey bottom prevail which is impermeable to water? These are a few of the points which modify the effects of the rain upon the human constitution. If you are botanists, the character of the flora of a locality, besides having an interest to the special student of this department of Nature's works, may assist you in determining the climatic conditions which prevail.

The influence of winds is not to be considered only in regard to the amount of moisture they carry, but also in regard to temperature, and in regard to the manner in which they affect the temperature of the human body. If you read any of the works of Arctic travellers, you will find that they not only bear, but enjoy, a temperature very much below that which we denizens of the British Isles ever experience; but this is only the case when the air, which is a bad heat conductor, is still; as soon as the air is in movement, every fresh layer of air that is in contact with the body removes a portion of its heat, and therefore when that air is of a low temperature (and especially if more or less saturated with moisture) the caloric is soon exhausted. Of late years we have learnt to look to certain well-protected regions at a high elevation as valuable agents in the treatment of disease. The celebrity of Davos, Wiesen, or Maloja, in the Engadine, where a former St. Mary's man is happy to attend patients you may recommend to him, depend upon the stimulating purity of their atmosphere, lying at an elevation of over 5,000 feet, and being surrounded to the north, east, and west by higher mountains, ranging to nearly 9,000 feet above the sea level. They are thus sheltered from the north and east winds, and enjoying an almost cloudless sky, patients who could scarcely put a foot out of doors in winter at home are enabled to bask in the sun when the thermometer is many degrees below freezing, the only precaution necessary, as Dr. Wise tells us, being the use of a pair of dark spectacles to neutralise the "glare of the snow." The peculiarities of Davos are not commonly found in mountain regions where cold and wind ordinarily prevail, which, therefore, often renders them unsuited for the class of invalids who derive most benefit from that and similar Swiss winter resorts.

When, instead of travelling from East to West, we go from North to South, or *vice versa*, the question that especially suggests itself is the one of temperature. No one should travel, whatever the season of the year, nor in whatever direction he may bend his steps, without being amply provided with extra wraps, because not only is the weather variable, but the temperature varies at different localities and at different times of the day. This last point has to be borne in mind in the selection of climates that are reputed to be warmer and milder than our own, because in many health resorts of the South the contrast between the air before and after sunset is frequently so marked as to become actually deleterious. I shall never forget my surprise when, after leaving London sweltering in an August sun, I reached the Northern Highlands, before the middle of the month, and found large fires in all the rooms. The best protection against the vicissitudes of temperature lies in woollen garments and in wool worn next to the skin. Being one of the worst heat conductors that are employed for clothing, it is suitable for heat and cold, allowing of healthy evaporation from the surface, preventing chills from the condensation of perspiration which renders linen so particularly objectionable as a body covering, and maintaining an even cutaneous circulation, one of the great secrets of health. When you are in health very few precautions may be necessary; still, the question of clothing should never be neglected by the healthiest travellers, for among the many causes of serious disease in both sexes, the effect of damp and cold takes a very high and important rank.

In inquiring, especially for our patients, into the temperature of a locality, we have not only to consider its possible extremes, but the daily range and the mean temperatures of the year and of different seasons. As an illustration, I may quote (*a*) London and Penzance. The metropolis, with a mean annual temperature of 50·39° F., has a mean extreme annual range of 64° F. Penzance, with a mean annual temperature of 51·80°, has only a mean annual range of 49° F.; in other words, Penzance exhibits a much more uniformly mild climate than London. Let me take one example from foreign places much resorted to by Englishmen, Naples, to make the matter more clear. We there find a much higher mean annual temperature than in London, viz., 61·40° F., and still the range is the same, viz., 64° F., showing that to obtain such a result the contrast of summer and winter temperatures must be much greater than it is here. It is to be remembered that in many of the so-called warm localities of the Continent the means of protection against low temperatures are often extremely inadequate, and this and the absence of many sanitary arrangements that we are accustomed to, should always be well considered before we sanction the expatriation of our invalids from home and all its comforts. I have often had occasion to protest against the exaggerated tendency of the present day to seek a cure by mere change of residence, without a due knowledge of the new place recommended, and without any assurance that the patient would find abroad the primary advantages of a well-supplied larder, the decencies and necessities of an English home, as well as the air and water which is to be a sovereign cure for his malady.

It is but right and proper that the Briton should have a preference for the sea, and his taste is not without good foundation, for the air coming over the main is of the purest and most bracing character, and while the healthy are made healthier and stronger by it, there are few disorders which are not cured, relieved, or in some way benefited by the various tonic influences that offer themselves in a sea-side residence. The tonic advantages obtained from the use of the sea bath can scarcely be over-rated, and I advise you to avail yourselves of it whenever time and place permit, and, in parenthesis, I would remark that when you are not at the seaside, the substitute of a sponging bath prepared with bay salt or sea salt, is by no means to be despised. I attribute my

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(*a*) Sir James Clark on Climate, 1846, Table V.

own health and my entire immunity from catarrhal and rheumatic injuries, to the daily employment of a bath strongly impregnated with salt. Of course at the seaside you expect a special prevalence of winds. In your examination of seaside localities, you will therefore particularly note their aspect, whether the country is flat and the situation more or less exposed or sheltered. You may visit two places, not many miles apart, and find, owing to local peculiarities, which books may mention, but which mere reading will scarcely impress upon your mind, that they differ much in their effect upon the system. In one the digestion may suffer from what is called its relaxing character, in another the irritating prevalence of bleak winds may render it obnoxious to people with sensitive mucous membranes. The same locality often presents different features in places not far apart, owing to difference of elevation and difference in the soil, vegetation, or surrounding objects. Even the position of the rooms of a house are not beneath your observation when you have to deal with delicate individuals. The Italians have a proverb: *dove non viene il sole, viene il medico*—the side the sunshines not on, brings the physician, and in our sunless climate, the gist of this saying should never be lost sight of, and we should try to secure as much sunshine as possible for ourselves. You who reside in and about St. Mary's Hospital, may consider yourselves fortunate in occupying a site from eighty to ninety feet higher than the fashionable denizen of Belgravia, with an undoubtedly more bracing climate than that of the damper and lower-lying regions of Brompton. If you pay a visit to one suburban seaside locality, now dignified by the sobriquet of London-super-Mare, you will find a considerable difference in the Kemptown end of Brighton, which is situated on a high cliff, from that of the west end, which is flush with the sea, but more protected towards the north and east. I need scarcely remark that you must at the seaside consider all those climatic influences that I have adverted to quite as much as you would inland, but you have in addition those special characters of air, temperature, and sunshine, which depend upon the proximity of the ocean.

But probably you will not be satisfied with remaining at the seaside, but will long to try the effects of a voyage. There are few who seek an intimacy with Neptune, who do not pay for their temerity. He generally exacts tribute in a most unpleasant manner, and yet his work soon subsides, and he rewards you for your determination and pluck. There is a great difference in the susceptibility of individuals to that most unpleasant infliction, sea-sickness. I have known a captain in Her Majesty's service, who never went to sea without at first experiencing it, while I have been acquainted with landsmen (and women) who have not known, in long voyages, what it was to be sick. Much doubtless depends upon the nervous system, much upon the state of the chylopoietic viscera, and I think it a good rule to make sure before going on board a vessel, that the liver is performing its functions well, and that the bowels have been freely relieved. Of the nostrums recommended for sea-sickness there is no end; much of it depends upon the ventilation of the cabins, and the constant change of our own centre of gravity and that of surrounding objects. Most people get their sea-legs and stomachs after a short time; some find soporifics, others alcoholic stimulants, and particularly champagne, of use. The sovereign remedy, however, generally is habit, and when your brain and heart have got accustomed to the new demands made upon them, a life at sea becomes enjoyable. The air on deck is of the best, and if the voyage be not too long, the new aspect under which life is presented to you, affords much to amuse and interest.

As regards health and rest of mind, I consider few things to be more beneficial than a voyage. You seem to get more good in a short space of time, more thorough renewal of life, from this process than from any other. A friend of mine, a well-known American physician, told me that as all the members of his family were good sailors, they considered their annual migration to Europe the greatest possible advantage, not so much on account of their visit to England and France, as on account of the benefit they derived from the hygienic influence on body and mind of the three weeks spent at sea. If you have the opportunity of taking a cruise in a well found yacht, do not let it slip, sea-sickness is much less formidable in a sailing-vessel, but even if you are compelled to avail yourself of steam, let not the disadvantages of this mode of locomotion deter you from becoming familiar with the sea; there are advantages in it, upon which I need not dwell, which may carry great weight with you.

We might now, fitly perhaps, cross the sea and ponder for a short time upon what the Continent of Europe offers to the student during his holidays. But I wish before doing so, to review one or two other points of interest to the gentlemen of education in England. No country possesses so large a number of objects of historical interest, from the time of the Druids, through the Roman to Saxon and to Norman periods, down to the reign of our gracious sovereign Victoria. The better your knowledge of the history of your country, the more will you be able to appreciate these various objects, and let me tell you that although the architecture of the present day may be carped at, the cathedrals of England and many ancient structures devoted to other purposes, may vie with, if they do not surpass, anything to be found in other countries. But to the medical man the health resorts offer objects of particular professional interest, which need in no way interfere with his artistic, archæological, or historical pursuits. It is always well to have one's main object in view, round which other minor objects readily group and attach themselves.

Our mineral waters are not of much account generally, compared to the more potent springs which other countries offer. Still they are by no means to be despised, and at all events the town of Bladud has been celebrated from the days of the Romans and its waters continue to be used with great benefit by crowds who resort to Bath. Extensive remains of the baths built by the Romans are still to be traced, and it is evident that here and elsewhere, they availed themselves of the sweating process, as sudatories are universal in old Roman baths. The temperature of the Bath waters, which rush out in a great body from the bowels of the earth, is at first 116° F. and is therefore too high to be employed before it is lowered. They are of considerable efficacy in chronic rheumatic and gouty affections, in certain forms of skin disease, some dyspeptic conditions and some forms of paralysis as lead palsy. The mineral ingredients contained in the Bath waters are not very copious and exercise less influence than is exerted by the prolonged immersion in the bubbling warm water. We have other mineral springs, but none so warm as Bath. The temperature of Buxton water is only 92° F., therefore can be used internally and externally without being cooled. It has a special reputation in gouty affections. Matlock again which is a favourite place of resort, south-east of Buxton, has a perennial warm or tepid spring of 82° F. The disadvantage of Buxton is, that at a high altitude of 1,000 ft. above the level of the sea, it is both cold and wet; undoubtedly bracing for those who carry with them a certain amount of vigour, but likely to prove trying to persons of a weakly constitution. Then, if we travel north from Derbyshire we come to a watering place in Yorkshire, which has long enjoyed a considerable reputation in the treatment of cutaneous disorders on account of its sulphurous springs. It has a cold, bracing climate, but Harrogate of which I am now speaking, offers to invalids the advantage of a pure chalybeate, also, so that various forms of anæmia and its consequences, are frequently treated at that place, with marked benefit.

Our friends on the other side of the Tweed, however many attractions they may offer in point of scenery and poetical associations, and however many their mountain and sea climates that give health and strength to the weary townsman, have even less to boast of than their English compatriots, in respect of mineral waters. Moffat and Strathpeffer, both containing chlorides and sulphates of soda and sulphuretted hydrogen, are employed in similar cases, as the sulphurous springs of Harrogate, but are better known to tourists on account of their romantic scenery, than to invalids for their curative virtues.

When you wend your way southward you come upon the powerful bromide springs, probably derived from a subterranean reservoir of concentrated sea water, at Woodhall in Lincolnshire, south west of which the Spa of Leamington deserves your attention, a place that has had a reputation through its saline and chalybeate springs since the middle of the 16th century. The neighbourhood of Leamington is intensely attractive on account of its vicinity to Coventry, to Stratford on Avon, to Warwick with its grand mediæval castle, to Guy's Cliff and to Kenilworth castle of Elizabethan fame. A holiday may well be devoted to running about and studying the highways and bye-ways of Warwickshire. When we come south of the Thames we find two places of ancient renown due to their mineral waters. One, Epsom, may well exclaim, my glory is departed; it is in a therapeutic sense, *vox et præterea nihil*, for the famous Epsom salts are now made from magnesian limestone and I am ashamed to say, that although I have often been at Epsom, I have never yet seen the spring which in the last century was a resort of the fashionable world. Epsom salts were at the end of the 17th century first condensed from the water of the saline spring, by Dr. Grew, but have for more than 60 years been produced on a large scale from dolomite or magnesian limestone. Tunbridge Wells on the other hand, distinguished for its chalybeate, still enjoys a medical reputation, though I fear that it cannot bear comparison in its efficacy to the more powerful analogous springs that railways and steamboats rapidly convey our patients to on the Continent.

Whether we spend our holidays in Great Britain or on the Continent, the medical man should not forget to visit the hospitals, wherever they are are. He can scarcely fail to learn something regarding the treatment of the sick or the administration of the institution, even by a cursory survey. Manifest faults will warn him to avoid them at home; manifest improvements upon the system he has learnt, will bear fruit when he acquires a position to introduce them elsewhere. But wherever you go, be careful not to form hasty judgments. Be mindful of the possibility of your own shortsightedness; and remember that there often may be a justification or a local cause for things that at first sight appear objectionable, and which a more perfect knowledge may show in a different light.

If I have taken you at railroad pace over the ground hitherto, I fear I must use even more expedition in touching upon the question of continental travel during your holidays.

You may remember that Horace tells us:

Cœlum non animum
mutant, qui trans mare currunt.

I entirely differ from this opinion, and hold strongly that nothing is more refreshing to the mind as well as to the body, than to cross the sea and to learn the habits and modes of thought and action, of adjoining and, if possible, distant nations. I do not agree with Dr. Johnson's epigrammatic definition of patriotism, as the last refuge of a scoundrel; on the contrary, I regard an enlightened patriotism as much a virtue, as I regard domesticity and family life as the groundwork of a strong and virtuous social polity. But patriotism is not to be confounded with narrow egotism, as little as domesticity with niggardly exclusiveness and a contempt of all strangers and foreigners. On the contrary, we shall probably learn not only to love more our own country and own hearth, and, what is of more consequence, be enabled to serve both more effectively, if with greater experience and enlarged views on mankind, we return to the daily duties of our English life. Now, if you agree with me that we cannot, in the first instance, better spend our holidays than by devoting them to making ourselves acquainted with Britain, I daresay you will also agree with me, that we shall derive special pleasure and profit from wending our way afterwards to those nearest lands from which earlier or later most of us have sprung. We see in them and in their people many features which are more or less typical of John Bull, and which, though modified by his insular position and by intermarriage, often suggest to the observer his Anglo-Saxon or Norman origin. I have in Normandy, in the Netherlands, in Lower Germany, and Denmark, to which I particularly allude, often been surprised by unexpected resemblances, quite as much as with the differences that, perhaps at first sight, are most striking. Our language, our literature, our politics, our social customs, have ever been more or less associated with those countries, and our very geological structure, divided though we are now by the Silver Streak, shows how in earlier periods of the earth's history, we were even more closely united. I for one sincerely trust that we may never lose the protecting embrace of the sea, for much as I desire that we should cultivate the amity and intercourse of nations, I should as little desire a railway from England to France as, to compare great things with small, I should yield to the most friendly neighbour's desire to facilitate our intercourse by breaking through the party wall, and thus establishing a more ready communication than that afforded by our house doors. A man must remain master in his own house, and anything that, ever so remotely, imperils the independence of a nation is to be as much avoided as that which might weaken the individual's authority over his own domicile and family.

You will not find any particular advantages in the sea coast residences of the regions alluded to. In that respect I think I may say, without risk of contradiction, that we possess everything that the nearer seaside watering places of the Continent offer. The bathing accommodation is rarely so good as, and the habits of the bathers are different from, curs, and not quite to our tastes; while we must go much further afield to find any material difference in the climate. We must quit the shore and go inland if we desire to meet with objects of special medical interest. Let Walter Scott be your guide and take you first to the Ardennes, where, besides lovely scenery and historical reminiscences, you will find the springs of Spa, which has given its name to serve as a generic title for all mineral waters. One of the most powerful chalybeates familiar to us, it has, especially since the days of Peter the Great, attracted the anæmic and exhausted of all countries, and continues, by its salubrious air, its charming situation, and valuable therapeutic powers, to draw crowds of sick and convalescent people. No less than two resident English medical men find it profitable to practice at Spa.

If you quit Belgium and enter the frontiers of Germany, you find that the dormant volcanic energies of the bowels of the earth, supply you with a large number of the most various and powerful mineral springs; of which Aix-la-Chapelle, the ancient seat of Charlemagne, with its sulphur and carbonic acid baths, is the first to greet you. Thence you will probably extend your tour to the valley of the Rhine and its tributaries, where the alkaline waters of Neuenahr and Ems, the brine springs of Kreuznach, the strong chalybeate of Schwalbach, the chloride of sodium waters of Homburg, the thermal waters of Schlangenbad (which, according to Sir Francis Head, make you absolutely enamoured of yourself from the cosmetic influence they exert), and others, deserve your close attention. You may always be certain to be well received by the local practitioners if you honour them with a call, for they are naturally glad to see a *confrère* who may become a means of sending them patients. Besides, I may state, *en passant*, that it will be a comfort to your patients, not only to be assured that you have a personal knowledge of the locality, but also that you are acquainted with the medical men. In making your memoranda it is of use to note whether they can converse in any language but their own, and particularly, as John Bull is rarely a polyglot, whether English is among their acquisitions. Having regard to your patients, the position and charges of the hotels, the facilities of communication, and the particular features of the locality, are also matters of no small importance in a practical point of view. If time permits, a visit to the more distant baths of Bohemia will well repay you. Here Franzensbad, Töplitz, and, above all, Carlsbad renowned for its beneficial action in diseases of the liver, in gout, in diabetes, will attract your notice. Going south, Gastein, Reichenhall, and Ischl are worthy cf a visit, and you then approach the mountains of the Tyrol and Switzerland, where endless health resorts, with and without mineral springs, attract the weary and the sick. Detailed descriptions of these places are here quite out of the question; I must refer you for them to the many monographs that exist, and which you will find in the medical libraries. But permit me, before closing, to cast a bird's eye view over France, and as we last assumed the tourist to be in Switzerland, we cannot do better than go to Savoy first, now a French department, and examine the waters of Aix-les-Bains, which you must be careful not to confound with the German town already mentioned called Aix-la-Chapelle or Aachen. Both date their name and celebrity from Roman times, Aix being merely a corruption of Aquæ. Both owe their medicinal celebrity to water of the same character and influence, for both are sulphurous. A special excursion should be made to the Pyrenees, which exhibit much to interest the medical observer, with its Cauterets, Bagnères de Bigorre and Luchon, after which Pau, Biarritz, and its neighbouring pine forests at Arcachon, and the Auvergne, deserve attention. This neighbourhood should not be quitted without an examination of Vichy, whose waters occupy a similar position to those of Ems, and are both much frequented by the dyspeptic, the gouty, and the sufferers from the many maladies of the mucous membranes, whether affecting the thoracic or abdominal viscera.

The Riviera, of which you have probably heard much, and which occupies the narrow strip between the Maritime Alps and the Mediterranean, is scarcely within the limits of an ordinary holiday excursion, and should be visited at a time from October to April, when few of us can escape the thrall of practice.

My paper, and I fear your patience, are now exhausted. I must leave whatever else I should like to say to my successors. But I cannot conclude without a word of practical advice with regard to your future patients. Do not, as far as you are concerned, allow them to visit foreign watering places without taking special directions from the local medical man, whom you should aid by giving him a proper account of the patient's previous history and malady. We might well imitate some of the Bath doctors, especially in Germany, by attending more rigidly to questions of diet. The Englishman who goes to a foreign watering place and helps himself at his own discretion to the waters is very likely to pay a penalty for the experience required for their proper use. There are generally a variety of springs, which do not by any means possess the same properties, and which require to be employed in different ways and under different circumstances. But one word more and I must conclude. Never attempt to do too much in your holiday. It is better to do a little well, than much imperfectly. How you should go was a part of the question I put at the commencement of the lecture, which I have not time to answer except to this extent: Go, whether on foot, by coach, by steamer, railway, or bicycle, so that you may gather in much fruit to the garner of your memories, that you may say conscientiously, *et hæc olim meminisse juvabit.*

UNUSUAL SITE FOR HYDATID CYST; AN ADDITION TO THE RECOGNISED VARIETIES OF INTRASCROTAL DISEASE.

By PHILIP E. MUSKETT, L.R.C.P. Ed.,
Honorary Surgeon to the Sydney Hospital, Australia; Medical Superintendent, Quarantine Station, Port Jackson.

It has probably fallen to the lot of most surgeons in the practice of their profession, to have met with hydatid cysts in different regions of the body, and yet, so far as my recollection serves me, no case of intrascrotal hydatid has been recorded. This is the apology I have to offer in introducing the subject to your notice, and if I be in error with regard to a prior record, still I trust there will be found sufficient points of interest in the present case to render its narration not altogether uninteresting.

The question as to the likelihood of any tumour or swelling being hydatid should, in Australia at least, always be present in the surgeon's mind; and in the differential diagnosis of such cases, due consideration must be given to the query "Can it be hydatid?" Numerically—I speak from a town point of view—the disease will inevitably increase, for new country is being continually opened up by railway extension, and patients are thereby enabled to have greater facilities for consultation and treatment. Its recognition, therefore, will be rendered easier by the fact that its presence is not altogether unexpected, and the surgeon consequently will be less likely to fall into error, as the maxim "forewarned—forearmed" will apply to matters surgical as to most other things. In my own case, however, I must confess that till the cyst itself escaped from the aperture left by the trocar and canula, and that ten days afterwards, the true nature of the disease was not recognised, as will be detailed subsequently.

As to unique situations for hydatid disease in my own experience, I have found after death, in Douglas' pouch, a cyst the size of an orange, in a young girl who died of cardiac trouble. Had opportunity permitted an examination during life it would doubtless have given rise to some difficulty in diagnosis. I have also been present at an autopsy where a cyst was met with in the pericardial sac. While house surgeon at the Sydney Hospital I saw a cyst the size of a hen's egg, situated over the left deltoid muscle, which was taken to be an ordinary fatty tumour till it was exposed by the scalpel. A few weeks ago a young infant at the breast, sent in by Dr. M. H. Long, of Redfern, and operated upon by Dr. Harman Tarrant, at the same hospital, was found to have several distinct hydatid cysts, enclosing daughter and granddaughter cysts, in the left axillary region, dipping and burrowing deeply down behind the scapula.

The diagnosis of intrascrotal tumours has always been beset with difficulty, and although no mention is made by the accepted English authorities, as to the possibility of scrotal hydatid disease, yet, with us in the Southern world, it must have distinct claims for careful consideration. Bryant, who has written fully on scrotal and testicular disease, makes no mention of hydatid; neither does Erichsen, though the latter records instances of it in the breast, in the neck, and three interesting cases occurring in muscle—one in the deltoid, one at the outer edge of the latissimus dorsi, and one in the biceps.

As the case I have to record is somewhat interesting, I have endeavoured to give a full history. The patient, A. T., æt. 25, a native of Lancashire, was brought out to Brisbane by his parents in 1864, when he was three years of age. In 1874 he was residing at Gympie (Queensland), a gold-mining township, situated in a sheep district, where the water is very bad, being obtained from waterholes sunk in the ground. In 1878 he first noticed a swelling in the right scrotal region, which began at the lower part and enlarged from below upwards. He took no notice of it for some considerable time, and was in the Temora rush in 1880, at which latter place he remained for fourteen months, returning to Gympie in

1882. The swelling at the beginning of 1884 was nearly the size of "two shut fists," and immediately prior to this had enlarged very rapidly. It caused such dragging pain from its weight that he at last sought advice, and consulted the late Dr. Macartney, of Townsville (Queensland), who tapped him and drew off nearly half a pint of "dirty-looking fluid." After this tapping it began to swell again, and soon reached its former size. Eight months afterwards he consulted Dr. Macdonald, of Rockhampton (Queensland), who re-tapped him, withdrawing not so much fluid as on the first occasion, about a quarter pint, which was much clearer than in the former instance. The latter surgeon then injected iodine into the sac, which did not give rise to much constitutional disturbance; but in three or four weeks' time it began to swell, and rapidly attained its old dimensions.

He subsequently found his way to the Sydney Hospital, and was admitted July 16, 1886. There was an intra-scrotal tumour about the size of a large emu egg on the right side. It was smooth in outline, and in its general contour nearly oval. The tumour was tense and dull on percussion, but gave to the fingers on palpation the sensation of fluid within. There was no impulse on coughing, and it was irreducible. The position of the testicle, at its posterior part, was made out by the presence of testicular sensation. The cord could not be clearly defined at the upper portion of the swelling. Light was transmitted by the ordinary manner of procedure, and finally, as was mentioned previously, the history had been that of an eight years' growth, painless except from its mere weight.

The house surgeon (Dr. Westrum), on July 17th, the day after admission, tapped him with a fine exploring trocar and canula, and evacuated about one ounce of "serous-looking fluid," of "pale yellowish tinge." A few days afterwards his temperature rose repeatedly every evening two or three degrees above the normal, being attended with much heat and swelling about the tumour. I now determined (July 30th) to empty its contents, and for this purpose used a full-sized trocar and canula, giving exit to about six ounces of purulent looking fluid. After this a good deal of pus daily drained away, and feeling satisfied that there was something demanding freer outlet, I proposed (August 10th) to open up the scrotum antiseptically on the following morning, insert a full-sized drainage tube, and then stitch the cut edges of the tunica vaginalis and integument together. In the afternoon of the same day, however, an hydatid sac partly forced its way, and was partly extracted, through the opening left from the tapping ten days previously. It presented the usual and unmistakable characters of an hydatid sac, being greyish in colour, translucent and elastic, and in its collapsed condition was of such a size as would about fill an egg cup.

From this time the swelling gradually subsided, the sinus ceased to discharge, the scrotum returned to its normal condition, and the patient was subsequently discharged, cured.

It may not be out of place to mention here, that I have seen the spontaneous expulsion of an hydatid sac on two other occasions, both in cases of abdominal hydatid, which had been tapped some time previously. In the latter of these, in which, I imagine, the expulsion was affected by a process of inversion, I had established adhesions between the parietal and visceral layers of the peritoneum, prior to tapping.

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The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 34, Madras 34, Paris 25, Brussels 26, Amsterdam 22, Rotterdam 27, The Hague 19, Copenhagen 23, Stockholm 24, Christiania 19, St. Petersburg 34, Berlin 23, Hamburg 31, Dresden 14, Breslau 27, Munich 23, Vienna 27, Prague 33, Buda-Pesth 33, Trieste 41, Rome 29, Venice 29, Cairo 39, Alexandria 38, New York 29, Brooklyn 24, Philadelphia 22, and Baltimore 20.

TREATMENT OF PHTHISIS BY GASEOUS ENEMATA.

By Dr. ALFRED DRYSDALE,

Cannes, Riviera.

Much interest has been displayed by Riviera physicians in a new method of treating phthisical, bronchial, and asthmatic sufferers, introduced by Dr. Bergeon, of Lyons. Dr. Bergeon's mode of procedure is simple, though from considerations of delicacy (perhaps false) somewhat difficult of application in the case of English patients at all events. As much as one litre at a sitting of pure carbonic acid gas, which has previously been passed through half a litre of a mineral water known as *Eaux Bonnes*, which is impregnated with sulphuretted hydrogen, and resembles somewhat our Harrogate water, is slowly injected into the rectum, the process occupying at least twenty minutes. The gas is absorbed by the veins and lacteals, and so thoroughly permeates the system that after a few minutes a pronounced odour of sulphuretted hydrogen is detected in the breath. The time chosen for giving the enema is an hour before or three hours after a meal, and after toleration has been established two or three injections may be administered daily.

Great results are claimed by Dr. Bergeon for his mode of treatment, which he has pursued during the last two years. In early phthisis two or three weeks of this treatment procured arrest of the morbid process, and a few months, a cure. The pulse is lowered, temperature falls, night sweats cease, appetite returns, expectoration rapidly diminishes, loses its purulent character, and the cough becomes less frequent. Even in laryngeal phthisis, when all local or constitutional treatment has failed, rapid amelioration has been obtained.

In reading the above statements—Dr. Bergeon's own—we are involuntarily reminded of the glowing pamphlets of charlatans—the results seem to us to point either to excessive credulity or hopefulness, or to dishonesty on the part of the person narrating them. But in this case, where the treatment is advocated by a Professor of the School of Medicine at Lyons, and where the matter has been brought before the profession in the most orthodox manner by communications to the Paris Academy of Sciences and of Medicine, no suspicions of the kind need be entertained. There is no doubt whatever that the sulphuretted hydrogen thoroughly permeates the lungs, but whether by doing so it produces all the favourable effects claimed for it, can only be decided by trial. At the first sight it does not appear on the face of it why the gas introduced by the bowel should act differently from the gas introduced by the stomach, as it is when the waters of Harrogate, &c., are taken, or when inhaled, though Dr. Brown Séquard has long ago demonstrated the fact that the gas is poisonous only when inhaled. Again, it is well known that bilious persons often secrete large quantities of sulphuretted hydrogen gas, which is voided by the bowel, and yet no relation between this and immunity from lung disease has been observed. Of course the theory which first directed the researches of Dr. Bergeon was that phthisis was directly caused by the presence of bacilli in the lungs; the carbonic acid gas was meant to act as a carrying medium by which sulphuretted hydrogen might be introduced into the lungs with the purpose of poisoning and destroying bacillar germs. The reason why this object could not be gained by the simpler method of inhalation is that sulphuretted hydrogen is one of the gases which destroy life by causing spasm of the glottis. There can be no doubt that the object of Dr. Bergeon, *i.e.*, the permeation of the lung tissues by sulphuretted hydrogen gas is completely achieved by the method employed, but whether the further and ultimate object of curing phthisical patients will be attained can only be proved by experiment and the lapse of time. Many of us bearing in mind the undoubted heredity of consumption, the fact that whole families, the members of which perhaps are scattered over the face of the earth and placed under totally different conditions of occupation and climate, have been known to succumb to this disease, cannot accept the presence of bacilli or their germs as its cause, and only undisputed results will be able to convince us of the efficacy of this treatment.

Dr. Bergeon, however, has no doubt of his power of producing the most brilliant effects, and has certainly shown us that his confidence is unbounded in his own success. Dr. Cazin, well known throughout France for the able manner in which he conducts a large hospital near Boulogne containing 500 scrofulous and tubercular children, has recently paid a visit to Mentone where his wife is under treatment for bronchitis. Dr. Bergeon delivered a lecture there to twenty-two doctors, and explained and illustrated his method. Since then many of his hearers, among them M. Cazin himself, have administered the injections to their patients, and though sufficient time has not yet elapsed to enable a final judgment to be pronounced, the results are said to be satisfactory.

Those of my readers who desire more detailed information will find it in Dr. Morel's pamphlet entitled 'Nouveau Traitement des affections des voies respiratoires d'apres la Méthode, du Dr. Bergeon," (published by G. Masson, Paris, Boulevard Saint Germain).

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Clinical Records.

ST. MARY'S HOSPITAL.

Concussion of the Brain with Cerebral Hæmorrhages—Convulsions—Subsequent Pneumonia and Death.

Under the care of Mr. A. Trehern Norton.

From Notes by Mr. P. A. Lloyd, House-Surgeon.

W. S., a cab-driver, æt. 55, was admitted as an in-patient at St. Mary's Hospital on August 1st, 1886, having been thrown from the box of his cab and fallen on his head. On admission he was quite unconscious, the pupils were slightly dilated and equal, and the extremities were cold. The patient was breathing stertorously, and the pulse was slow and rather full; there did not seem to be any paralysis of the limbs. Before he could be got to bed he had two convulsive seizures; the attack began with rigidity in the right arm which afterwards spread to the right leg, and then to the other side of the body. The tonic spasms after a few seconds gave place to general clonic spasms, accompanied by great difficulty in breathing; and after about two minutes the patient became quiet, and presented again the same symptoms as on admission. A third attack occurred about a quarter of an hour after admission, and was just like the preceding ones save that it lasted rather longer. There was a scalp wound two inches long on the left side of the head about midway between the left ear and the occipital protuberance. The wound was dressed with dry dressing, and a bandage applied. He was ordered a five-grain calomel powder, and an ice bag was applied to his head. Next morning he had recovered consciousness, and then said he had been in the hospital about a year before with concussion, from which he quite recovered. To-day he had some difficulty in breathing, and coughed up some bronchial mucus, but not much more than he usually did. The pulse was weak and intermittent, and he was very sleepy. The bowels had been freely open and urine was passed naturally. The urine was acid, sp. g. 1020, contained a trace of albumen, but no blood or sugar.

On the 3rd the patient was slightly cyanosed, had great difficulty in breathing, the respirations being 40, and the pulse 120 to the minute. On examining his chest it was found that he had extensive œdema of both lungs, more especially the left; and also that the heart was acting feebly, so he was ordered a mixture containing ammonia and bark, and brandy was also administered. Slight facial paralysis was noticed for the first time to-day on the right side; there was no other paralysis.

On the 5th, signs of pneumonia set in on the left side the patient became restless and delirious, and at night he was almost comatose; the face and neck were markedly cyanosed. He continued in much the same condition till the evening of the 10th when he died.

The temperature on admission was 97° F., it rose on the 3rd to 103° F., and ranged between 100° F. and 101° F. till the day before death when it again rose to 103° F.

On post-mortem examination the wound on the scalp did not expose the bone; after removing the skull-cap large hæmorrhages were found on the surface of the brain over both occipital and frontal lobes. The brain was healthy except for a punctiform hæmorrhage in the left optic thalamus, and a rather larger one, implicating the right facial nerve near its superficial origin from the medulla. The left lung was pneumonic in the lower lobe, and both lungs were very œdematous. The heart was large and the muscular tissue soft, the kidneys were slightly granular. There was an old fracture on the right side of the occipital bone which was entirely repaired. It did not appear to have implicated the large venous sinuses.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, February 11th, 1887.

Dr. Broadbent, President, in the Chair.

Discussion on papers read at last meeting by Mr. Henry Morris, Mr. Marsh, and Mr. Bennett on

NEPHRO-LITHOTOMY.

Dr. George Johnson alluded to a case in which all the symptoms pointed to calculus on the left side, but at the operation the left kidney was found to be healthy, and five stones were removed from the right kidney. Looking back on the cases of stone in the kidney which he had met with in his experience, he regretted that he had not possessed our present knowledge of what could be done for relief of stone in the kidney. At present he could confidently tell the patient that, although physic might not do him much good, surgery could do a great deal.

Mr. Knowsley Thornton said he had first cut down on the kidney for stone in 1879 or 1880, and was then much disappointed to find a large tubercle kidney without any stone. This case impressed him with the difficulties in the way of arriving at an accurate diagnosis. In any other case he should have preferred to open the abdomen over the kidney for the purpose of diagnosis, removing the stone, if necessary, by another incision in the groin. He related a case where, after the operation for relief of calculus in one kidney, it was found necessary to cut down on the other and remove other stones. In April and June, 1884, he removed two stones by the lumbar incision, both patients being males. In his fourth case he employed the combined method, and this was the only fatal case. The case, it was true, was an unfavourable one, and he was unwilling to operate. The patient was an elderly Frenchwoman in a bad state of health, and she died from suppression of urine in twenty-four hours. In another case, in consultation with Mr. Morrant Baker, the combined operation was performed and the result was very successful. Coming to the general question of operation, whether it should be by a lumbar incision or by the combined method, he said it should be remembered that with the lumbar incision surgeons of considerable experience had failed to reach the kidney at all, and in others the stones were not discovered. He thought it very rash to stick a needle into the kidney in all directions to find the stone, although no apparent harm followed the operation—at any rate for a time. While the lumbar operation might be a proper one in a limited number of cases, in the majority the patient would have a better chance with the combined method for these reasons: 1. That the kidney will always be found; 2. That a healthy kidney would never be cut into, and the damaged organ left intact; 3. That the peritoneum would never be damaged by incision or otherwise, and if an injury did occur it could be seen and dealt with. In many cases the removal of the stone through a small clean cut in the loin was preferable. As to the ambiguity of the symptoms he pointed out that in disease of one ovary the symptoms were often referred to the other side.

Mr. Bernard Pitts quoted the case of a woman who had a swelling in the left groin and pus in the urine. He cut down on this and found a suppurating kidney. The patient was much relieved after the operation. The second case was a man who had had an injury, following which he had had pain in the left loin. He cut down on the kidney and found a stone, and for three or four weeks the patient went on very satisfactorily. No urine came from the wound. This patient subsequently had rigors and fever and died. At the *post-mortem* two other small stones were found in the kidney with suppuration in the surrounding structures. The third case was about a month since, with bladder symptoms of twelve years' standing. Pus in urine but no pain. On examination there was definite resistance in the right loin. He cut down, and on opening the pelvis a small quantity of offensive pus escaped, and a stone was found and removed. The patient went on well for a time, and then his old symptoms returned, and he was still very bad.

Mr. Morrant Baker alluded to a patient who was shown at the International Medical Congress in 1881, with perinephritic cyst, who subsequently began to suffer from suppuration in the neighbourhood of the kidney. The kidney was removed by a lumbar incision, and the patient did very well and made a good recovery. After a period of perfect health he again fell ill, and had symptoms of hectic.

Mr. Godlee quoted the case of a man from New Zealand with marked symptoms of right renal calculus. Mr. Beck cut down on the kidney and pricked it, but failed to find a stone. Later on he came under Mr. Godlee's care, and he cut down on it again, and examined the kidney very carefully, but failed to find a stone. He left the hospital still complaining of his symptoms, and some days later passed a small stone. Another case was that of a young man with a stone in his ureter, which resulted in the formation of an abscess. A lumbar incision was made, but no stone was found. He subsequently had attacks of renal colic and suppression of urine, of which he died. At the post-mortem the stone was found impacted halfway down the ureter. Had the incision been made in the middle line and the ureter examined, it might have been detected. One objection to this plan was certainly the possibility of a ventral hernia.

Mr. Bruce Clarke said he would like to allude to the difficulty of diagnosis. He had an interesting case a short time since. A man had symptoms of stone in the kidney, but for several reasons it was decided not to interfere. When he died a week later it was found that an aneurism had ruptured into the psoas muscle, dissecting up the lumbar plexus, &c. It was, he said, very fortunate the operation was not performed. As to the choice of incision, he recollected a case where on a second operation having to be performed by a lumbar incision, the very greatest difficulty was experienced in finding the kidney.

Dr. Burney Yeo asked what were the precise indications for surgical interference? At Contrexéville he had been shown a large number of renal calculi which had been expelled *per vias naturales*. The course of treatment implied the drinking of large quantities of the waters—as much as eight quarts a day.

Mr. A. Pearce Gould said he had shown a woman from whom he had removed a stone last year. She was forty years of age, and there was a history of an injury fifteen years previously. She had a renal tumour on admission, and her urine contained a considerable quantity of pus, so it was decided to explore the kidney. That was done on November 27th, and the swelling was found to contain a good deal of pus. On being freely opened and on introducing the finger a stone was felt just within the lower part of the kidney. This was removed and the woman made a good recovery. Since renal surgery had advanced a certain number of kidneys had been explored without any stone being found, and some explanation of this was desirable. It was a matter of common observation that sometimes the symptoms existed without any stone, and sometimes stones were present and gave rise to no symptoms. He thought Mr. Knowsley Thornton rather exaggerated the importance of the laparotomy operation.

Mr. Coupland said that physicians had no alternative but to hand their patients over to the surgeons. He thought one of the greatest justifications for surgical interference was to be found on the *post-mortem* table.

Mr. Tom Smith asked Mr. Knowsley Thornton whether he considered that by opening in the front he had an infallible method of discovering whether stone was present or not in the kidney. In any case there was incontestable evidence that no such diagnosis could be relied upon even from the front. He knew of three cases where he had held the kidneys in his hand, all of them containing stone, and yet neither of them was thought to contain stone until cut open. Further, the kidney which had once formed a stone was likely to form another, and this had a bearing on the value of surgical interference. Personally he yearned to remove stones from kidneys, but there could be no doubt that drinking large quantities of water, mineral or otherwise, did good in some cases, and ought always to be tried before cutting down.

Mr. Knowsley Thornton said he did not consider the abdominal incision infallible. He thought it was easier to detect the stone in the living kidney than when hardened by keeping.

Mr. Morris, in reply, said that his remarks would be limited to the kind of incision required and as to the period for surgical intervention. The points raised by Mr. Thornton really amounted to three:—1. That by the abdominal method the kidney which contained the stone was not likely to be overlooked; 2. That a kidney was not likely to be cut into when it did not contain stone; and 3. That the lumbar operation was often followed by a tedious recovery. As regards No. 1, he would say that both things might happen. In the kidney which he had shown last week no one could possibly have detected a stone in it. He thought nothing could be claimed for the abdominal incision as regarded certainty, and so far as the healing of the lumbar incision was concerned, in many of the cases operated on, no discharge of urine had taken place. In a case he had recently operated on, within a fortnight of the operation all the urine passed away by the urethra. A great point of importance was the diagnosis. If the physicians would assist in finding out a means of knowing when there was and when there was not a stone, they would be doing public service. When, with symptoms of stone in the kidney, no stone was found, it would be well to investigate the condition of the prostate in the male and of the ovary and tubes in the female. With regard to Dr. Burney Yeo's remarks, it was a very difficult question to answer. He would suggest that if the patient had been to Contrexéville and taken twelve pints of water daily for a fortnight and was no better, then the assistance of a surgeon might fairly be called in. In conclusion, he thought the needle a very valuable instrument of diagnosis.

The papers which were to have been read were postponed to next meeting owing to the lateness of the hour.

LIVING SPECIMENS.

Case of Sporadic Cretinism, exhibited by Dr. A. H. Robinson.

Case of Removal of Renal Calculus, by Mr. A. Pearce Gould.

Saturnine Cachexia and Gout, exhibited by Sir Dyce Duckworth.

Tubercle of Palate and Larynx, by Mr. H. S. Clutton.

Case of Rheumatoid Arthritis in a lad, exhibited by Mr. Sidney Jones.

Curious Cutaneous Infiltration, shown by Dr. Fowler.

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ACADEMY OF MEDICINE IN IRELAND.

Obstetrical Section.

Meeting held Friday, Jan. 7, 1887.

Dr. More Madden in the Chair.

OVARIAN TUMOUR.

The President (Dr. A. V. Macan) exhibited part of an ovarian tumour which had been developed between the layers of the left broad ligament. On opening the abdomen the tumour came into view. It was punctured, and a large quantity of fluid escaped, and then the tumour partly collapsed; but he found it impossible to pull it out. He found that it extended along the uterus to the iliac region, and filled the whole of the broad ligament. It seemed to be unilocular, and therefore he only removed the part of it which he now showed, leaving about a third of the tumour behind. He removed the peritoneal covering and tried removal by enucleation; and in some places it gave way easily enough, but afterwards he came to adhesions which rendered that mode of enucleation impossible. The woman had hardly any rise of temperature until the second or third week after the operation, when she had a slight rise of temperature. The woman was now apparently quite well.

The **President** further exhibited specimens of ovaries removed for menorrhagia, due to fibrous tumours.

The **President** exhibited a fourth specimen of a retro-peritoneal tumour which he had removed by laparotomy. On examining her uterus he could not at first find that anything was wrong, but she complained of pain in the abdomen so violent that she said she would rather die than endure it. On further examination he found that the uterus was retroflexed, and that there was something on the top of it; but having made an enlarged incision he got at the tumour, which was behind the intestines and peritoneum and he had great difficulty in removing it, which he did by enucleation.

The President, Dr. A. V. **Macan**, then took the Chair, and

Dr. **More Madden** read a paper on

THE TREATMENT OF VAGINISMUS,

which he defined as excessive sensibility of the vaginal orifice and adjacent parts, attended with such spasmodic contraction of the sphincter vaginæ as to form an impediment to marital intercourse. This, he believed, occurred chiefly in patients of a hysterical temperament, and was generally occasioned by neuromata, confined to the parts supplied by the superficial perinæal branch of the pudic nerve. From clinical experience, he could vouch for the possibility, in many cases, of relieving the most intense dyspareunia thus caused, without any operative interference beyond the forcible dilatation of the vaginal canal and stretching the pudic nerve implicated by the disease. The method of effecting this was detailed, and the writer, at the same time, laid stress on the importance of conjoint employment of that topical and general sedative treatment which is indicated in these cases, as in all other local manifestations of constitutional, nervous, or hysterical disorder. In some instances, however, these failed, and we must then fall back on Sims' or Emmet's operations for the cure of vaginismus, the indications for which were referred to. In conclusion, Dr. More Madden pointed out that it sometimes happens that even in cases of vaginismus, so intense as to render complete marital intercourse impossible, the disease is not necessarily a barrier to impregnation. Thus in one instance under his observation, so extreme was the local hyperæsthesia as not only to prevent the possibility of complete cohabitation, but also to prevent the patient submitting to any local treatment for relief of the morbid condition. Nevertheless, conception occurred, and he subsequently was called in to deliver her at full term, and in doing so was obliged to incise the still unruptured hymen by which delivery was obstructed.

Dr. **Frazer** said he could confirm the remark as to the possibility of pregnancy occurring without vaginal intercourse.

Dr. S. **Mason** said a little rest, and painting the orifice with nitrate of silver, were sometimes very effectual. It was not always necessary to remove the hymen; but when that operation was done it was always well to make a lateral incision in order to expand the orifice.

The **President** said he had met only a few cases of vaginismus. As well as he remembered his reading on the subject, there were two clases of cases—viz., one in which there was some local cause for the trouble, and the other in which the most careful examination could detect no local cause. In the latter class the cause was nervous; and whether excision of the hymen would cure it was doubtful.

Dr. **More Madden**, in reply, said the main features of his treatment in such cases were rest, dilatation, and nerve stretching.

CASE OF PORRO'S OPERATION FOR RUPTURE OF THE UTERUS.

Dr. S. **Mason** read a paper on a case of rupture of the uterus, of which the following is an abstract:—On Nov. 5, 1886, a patient was admitted to the labour ward, Coombe Hospital, who had been in labour with her third child for more than three days. Her two previous labours had been difficult and tedious, the child in each case being still-born, though labour had been completed by natural efforts. A clear history could be obtained of the uterus having ruptured twenty-six hours before the patient's admission to hospital. On opening the abdomen the child was found lying directly behind the abdominal wall and was easily extracted by traction on the lower extremities; the placenta was in the right lumbar region, surrounded by blood and meconium, and the uterus was situated posteriorly, small, and well contracted, and in its lower part was a tear extending completely through the cervix. The uterus was then removed, the pedicel formed by the cervix being secured by a Keith's clamp and a transfixion needle, the abdomen being closed by silk sutures. The patient rallied well after the operation, and seemed to be progressing favourably for about ten hours, when she suddenly commenced to vomit and died. *Post-mortem.*—Signs of recent and extensive peritonitis were found in the abdominal cavity. The portion of uterus enclosed in the clamp was torn through to the lower extremity of the anterior lip of the cervix. The bladder was uninjured. The pelvis was that described as the oblique pelvis of Nægelé, complicated by projection downwards and forwards of the last lumbar vertebra.

Dr. **Smyly** said the great difficulty with which Dr. Mason had had to contend was the poisoning either of the uterus or the peritoneum. To his mind, the great objection to bringing the child back was that it rendered the cleansing of the uterus and perinæum impossible if either had become infected. There had been, in Dr. Mason's case, a considerable lapse of time since the accident had occurred, and the child had died; the escape of gas from the abdomen proved that the uterus and peritoneum had been poisoned. Therefore practically, he believed, the case was a hopeless one, but the uterus might have been poisoned without the peritoneum becoming poisoned. Members were aware that Schrœder had performed Porro's operation in a different kind of case from the present—namely, in order, to remove a uterus which had been infected by a portion of the placenta having been left in by the midwife, the doctor not having been sent for until a considerable time after delivery. In that case the portion of the placenta was found to be completely decomposed, and the operation saved the woman's life. Dr. Mason might have lost his patient by performing Sanger's operation instead of that of Porro.

The **President** observed that so far as Porro's operation could be considered, in itself it seemed to be a very simple one. The indication for performing it seemed to be that such infection existed, that it would be a good thing that the woman should be made incapable of bearing children. On the other hand, if the peritoneum was not infected, Sanger's operation was to be preferred. It was also preferable, on the ground that it left the woman capable of bearing children; and as regarded the comparative mortality after the two operations respectively, it has been made by the new improvements, including those in Cæsarean section, almost the same. How to ascertain whether the uterus was infected or not was not a simple matter. In rupture of the uterus, where the child had been removed in tolerably quick time, the cases ought, generally speaking, to turn out tolerably well.

Dr. **Mason**, in reply, said the woman's pelvis was extremely small. The President had summed up the comparative advantages and disadvantages of Porro's and Sanger's operation. If any great time had elapsed after delivery, Porro's was the better; but where the rupture was very recent, the probabilities of recovery were greater with Sanger's operation.

The Section then adjourned.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Feb. 3.

Dr. **Cleaver**, President, in the Chair.

GOITRE.

Mr. E. Barber introduced a young man, æt. 20, with a large goitre. It had been gradually growing for the past twelve months, giving rise to considerable dyspeptic and respiratory trouble. The swelling was bilateral, and when measured at the time of exhibition, it measured 16 inches round the neck. Under syrupi ferri iodidi in half drachm doses three times a day considerable improvement took place. A month ago the swelling was so great the patient was compelled to have a loop to his collar; he is now able to fasten it without resorting to the loop, and in every respect his health has improved and the goitre much reduced in size.

EXPERIMENTS WITH STETHOSCOPES.

Dr. **BARTOLOME** showed a variety of stethoscopes, and made a few remarks relative to the results he had attained with each. Some of the stethoscopes were turned hollow, and some solid, out of the same piece of ebony, so that with the exception of being hollow or solid, there was no difference between them. The hollow were decidedly the best. He had also tested india-rubber tubes as the conducting media, and contrasted them with others made with solid rubber. The tubes were the best, though not very satisfactory.

THE REMOVAL OF FOREIGN BODIES.

Dr. **CLEAVER** related the case of extraction of a halfpenny from the œsophagus of a child, æt. 3, twelve days after it had been swallowed. The child had swallowed the coin whilst playing, and on being called in, Dr. Cleaver could discover no symptoms of œsophageal obstruction. Fearing copper-poisoning, treatment was adopted to counteract such a result. Next day the child seemed quite well, and was playing about as usual. Watching the child carefully, Dr. Cleaver thought he noticed a peculiarity in the child's manner of swallowing, especially when swallowing his own saliva. Making a digital examination, he thought he could feel the edge of the foreign body, but efforts then made failed. Subsequently, after repeated attempts, the coin was secured and withdrawn with the aid of a long pair of curved forceps. The case shows the absolute necessity of a careful search being made in all cases, even when there are no symptoms indicating the presence of a foreign body. The halfpenny in this case lay across the œsophagus, its head and tail pointing anteriorly and posteriorly, and its edges right and left; its location was about on a level with the second rib.

Dr. **BARTOLOME**, in the course of some remarks made upon Dr. Cleaver's case, related how he was once asked by one of his colleagues to make a rectal examination, and to say what he thought the foreign body was which was present. On passing his finger up the bowel it came in contact with some sharp points, which proved to be the prongs of a fork which had been swallowed some time before by the patient. Colotomy was performed, and the fork removed successfully.—He also related the case of a girl who had swallowed a pin. No medical man could discover its presence, and the girl was in despair and threatened to drown herself. Dr. Taylor, of Hathersage, under whose care she fell, bethought him of a little girl who had a very small hand and arm, with long taper fingers. He got her to pass her hand down the œsophagus, with the result that she discovered and withdrew the pin. Had she been able to do the same for the man colotomy might have been dispensed with.

SOME FORMS OF DISEASE PECULIAR TO AND FREQUENTLY MET WITH AMONGST WOMEN.

Dr. **GWYNN** read a paper on this subject, recommending erasion of the canal of the cervix in chronic endocervicitis, prior to the application of caustics. He also dwelt upon the various approved methods of treating flexions and versions. In the case of flexions he pointed out the necessity for fixing the cervix, while at the same time rectifying the flexion, a double result, only procurable by using stem-pessaries fixed in a diaphragm. He next drew attention to his belief that cases of chronic pelvic peritonitis were much more frequently met with than is usually supposed, and were often overlooked. He related some cases illustrating this, in one of which, after many attacks of a mild nature over a period of three years, the patient at last succumbed to a severe attack. In this case a post-mortem revealed pathological conditions the result of chronic inflammation of very old standing.

The President, Dr. Martin, Dr. Dyson, and Mr. Reckless took part in the discussion.

Mr. **FRANK HARRISON** exhibited a number of dental abnormalities in the form of teeth—(a) in the roots of upper incisors and canines; (b) honeycombed teeth; (c) syphilitic teeth; (d) supplemental cusps and roots of teeth; (e) dilaceration; (f) germination. Also typical cases of—(a) absorption of roots of teeth: 1, front; 2, premolars; (b) caries in old bone frames; (c) enamel odontome; (d) exostosis of roots; (e) teeth causing difficult extraction; (f) irregularities in the number of permanent teeth; (g) salivary calculus, and a lower dentine embedded in it; (h) permanent premolar removed with temporary molar, &c.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 16, 1887.

THE ETIOLOGY AND TREATMENT OF FEEBLE-MINDEDNESS.

OUR readers will doubtless have perused with interest the reports which have appeared in our columns of Dr. Langdon Down's Lettsomian Lectures on the causes and treatment of feeble-mindedness in children. Dr. Down is a veteran student of feeble or enfeebled minds, and has a rich store of experience to draw upon, in supporting and explaining his conclusions. He carries, it is true, the structural peculiarities which he has observed in the build and features of idiots, a step further than, without the advantage of his experience, one would be inclined to go. Notwithstanding its attraction, it is an argument which readily admits of the *reductio ad absurdam*. True it is, and must be, to a certain extent, in the same way as phrenology, but like this science, requires to be kept well in hand if we are not to be misled. A much more satisfactory classification than the one based on ethnical distinctions is that which Dr. Down adopts of dividing feeble-minded children into congenital and accidental.

Apart from these two categories there are a large number of children whose intellectual development was arrested or modified at dentition or subsequently. This class, which Dr. Down classifies separately as "developmental" constitute a very important variety. Their nervous organisation is possessed of but little stability and readily loses its equilibrium. They are the cases which break down by over-excitement in baby-hood and by "over-pressure"—that is, pressure too great for them with inherent want of stamina at second dentition and puberty. These cases are the more important seeing that with due care, they may in many cases avoid the breakers on which their intelligence would founder. The "accidental" variety, whose condition is due to traumatic lesions, inflammations, &c., are so far peculiar that they offer none of the physical aspects of feeble-mindedness; there having been nothing during the period of intra-uterine life to arrest the evolutionary stage and stamp its impress on the body or features. These children, though offering a striking contrast to the congenitally feeble-minded children, are less amenable to training, a damaged brain not being so susceptible of development as an ill-developed brain. The lecturer took occasion to insist on the fact that mere size of brain was absolutely without significance, and this can be readily admitted. Arching of the palate is a sign of great weight in the diagnosis of *congenital* idiocy; in these cases too, common and special sensation are both obtuse, the development of the muscular system is delayed and walking is late to be acquired.

In his second lecture, Dr. Down took up the etiology of the "accidental" feeble-mindedness. While instrumental interference *might* have caused about 9 per cent. of the cases, in more than 20 per cent, there was a history of suspended animation or a hitch of some kind at birth. Prolonged labour and consequent pressure, was a much more potent factor than mechanical injury from the use of instruments. Sunstroke, the administration of opium and sexual excitement wilfully induced by nurses to keep their charges quiet, are all responsible for a part of the number, but meningitis doubtless leads to a large proportion of the cases.

The etiology of congenital feeble-mindedness is a much more recondite question. In many cases it is due to simple degeneration which is accentuated in successive generations until the climax is reached. Many suggestions have been made, as to disparity of age in the parents, marriages of consanguinity and the like, but the result of a large series of observations tends to negative any such hypotheses. If hereditary taint exist, intermarriage may be expected to intensify it, but will not produce it *per se*. It is unsatisfactory to know that feeble-minded people are very prolific but it is only in accordance with the fact taught by observation that in highly developed races, prudence and foresight tend to check over population, the want of which in less educated or less developed races, conduces to a reckless and improvident use of the reproductive organs.

The influence of maternal health on the production of feeble-minded offspring is very great. Violent emotions, chorea, epilepsy, and eclampsia may be of the gravest import to the offspring. Periods of political excitement, wars, &c., all increase the roll of feeble-minded children, and the effect in certain instances has been demonstrated with almost mathematical accuracy. Severe emotional disturbance even in the father may lead to a similar result, but apparently with less certainty. Alcoholism as might have been expected, is responsible for a very tangible share of mental and physical degeneracy, and in Norway after the removal of the spirit duty, insanity increased 50 per cent., and congenital idiocy 150 per cent. Syphilis is not, it appears, an important factor, but phthisis exercised a very marked influence, existing as it did in 25 per cent. of the fathers and 20 per cent. of the mothers.

The influence of trades and professions is possessed of more than usual interest. Out of 400 cases with fair social antecedents, he found that 75 per cent. were the children of merchants, county gentlemen, officers in the army and navy, and members of the titled aristocracy; no less than 25 per cent. were the children of members of one or other of the three learned professions. It is comforting to know that while three per cent. were the offspring of lawyers, and four per cent. of members of the medical profession, no less than 18 per cent. were the children of members of the clerical profession. On the other hand, the legal profession gives birth to 11 per cent. of the present men of eminence, the medical to nine per cent., and the clergy to only four per cent. The lecturer emphasised these figures by saying that in his opinion it was not "mere accident, but a process of natural selection." We must leave our readers to draw their own conclusions from these figures and remarks; the question is well worthy of consideration. With the circumstances before us which preside over the production of developmental feeble-mindedness, it is not surprising that illegitimacy should be a common cause of idiocy. The physical suffering and mental anguish of the unhappy mother reflects itself on the offspring. Since the development of intelligence is dependent on the reception of impressions from without, the inability to receive such impressions naturally tends to prevent it, as in blind and deaf children.

Coming to the vexed question of the higher education of woman, Dr. Down ruthlessly cuts away the sentimental considerations which have been allowed to pass current for argument. If there be one thing more than another, he says, about the production of idiocy, it is the danger which arises from the exclusive cultivation of the purely emotional side of a woman's nature. Intellectual pressure during developmental crises is to be avoided as well in girls as in boys, but education alone can raise women above being the mere frivolous toys of the hour, and make them companions and helpers, as well as mothers, of men. The hint the lecturer threw out as to the desirability of seeking alliances from a healthy stock on either side, is one pregnant with meaning, but is one which unfortunately is not likely to be generally adopted. In the selection which is the prelude to marriage, considerations quite foreign to physiological considerations have the greatest weight and affect the scientific man in common with his less cultivated brothers.

The problem of moral insanity, as exemplified in individuals who are unable to rise to a conception of the duties as well as the pleasures of life, is one which is brought home to all of us. The lack of self-control and the sense of responsibility presents itself in every conceivable gradation of intensity and its subjects are the most difficult to treat. Education, specially devoted to the weak side of the character, is here of particular value. It is to be supposed that while this feature is one which readily responds to cultivation, it is one which will flourish only under certain conditions and promptly withers and dies under an inclement sky.

In conclusion, Dr. Down deals with the pathology and treatment of this distressing class of affections. It will suffice to say that in several categories of cases the happiest results follow careful and patient training. The greatest honour and credit are due to men who have voluntarily given themselves up to this irksome and often ungrateful task. Nothing assists so much in ameliorating the fate of these unhappy beings, as the proper understanding of the phenomena which underlie their condition, and in this department Dr. Down has done work of an extent and value which it would be difficult to over-estimate.

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"INSPECTION" AS A CHECK ON EXAMINATIONS AND STUDIES.

ONE of the chiefest duties of the Medical Council at its meeting of the present week will be to consider the method to be adopted to discharge the function of inspection which devolves upon them under the new Medical Act. The only proviso on the subject which that Act contains is that "such number (of inspectors) as may be determined shall attend all or any of the qualifying examinations," for the purpose of "maintaining the standard of proficiency" of the practitioner. But, when it is considered that this inspection is the only means which the Act provides to protect the profession against the lowering of the educational standard by any licensing body, it will be readily understood how important it is that it shall be active, genuine, and reliable.

It is because we apprehend that a vigorous effort will be made to reduce the supervision to the level of a sham that we now call attention to the matter. We have good reason to believe that certain examining bodies are in hopes that they will be able to get the inspectorial function relegated to local men who are in their interest, who will put in an appearance at their examinations, give no trouble by suggesting a high standard of test, make no complaints about the sufficiency of the method adopted, and will eventually report a series of laudatory platitudes, in the manner of the Visitors appointed by the General Medical Council some years ago. We earnestly hope that the Council will not be induced by any means to localise these appointments, but that they will select men independent of the interests of the bodies on whose examinations they are to report, experienced in education and examination, and sufficiently stiff-backed to speak without hesitation the opinions they may form. Such men will, of course, cost a good deal of money, for, if the inspection is to be thoroughly done, they will be able to do little else; but it is well worth while to be extravagant in an item of outlay so indispensable to the working of the new system. We trust also that the inspectors who may be appointed may have knowledge of the methods of teaching and examination of the present day, and that the duty of criticising examinations may not be confided to those who are conversant only with the system of thirty years ago, however eminent they may have been at that date.

The inspection of schools and hospitals which has already received the approval of the Council will be again brought to their notice, by a resolution recently adopted by the Irish Branch Council, strongly favourable to such supervision. Dr. Haughton will, we expect, urge the Council to take steps to put this inspection in force without delay, and we earnestly trust that his representations will be listened to. At the present moment the Council is in occupation of a curious fools' paradise. It has employed itself for years in determining the nature and extent of the medical studies in hospital, lecture room, dissecting room, and laboratory, which the student shall be required to give proofs of, and the licensing bodies have, with equal elaboration, formulated the details of their curricula, specifying with exactness the number of months attendance which, at a minimum, will be accepted. But it seems that both the Council and the Colleges have failed to realise the fact that all this educational perfection exists, to a great extent, on paper only; that the certificates of study which the candidate produces as his title to be examined may be, and in innumerable instances are, simply receipts for money paid to the vendor of the certificate, and do not express or imply any study pursued, or any knowledge acquired whatsoever. The Council is possibly not aware that there are centres of instruction, more than one, in which the student can purchase any reasonable quantity of proofs of study as readily as he would a pair of boots, and can present these papers to his examiners with the satisfying certainty that no questions will be asked, that no doubts as to the *bonâ fides* and educational value of these papers will be even hinted at, and that he will be passed on to his examination just as smoothly as if he had really given himself the trouble to attend all the lectures, hospital visits, and dissections for which he has been certified.

It is the simple fact that no student need fulfil the whole or any part of the educational study which the Medical Council and the Colleges profess to require, if he does not think it worth his while to do so, and that a large majority of the students who pass in certain centres of education and examination are admitted upon certificates of study more or less of which are audaciously false.

Now there can be no excuse for such a state of things. A single inspector of teaching, at a salary which might be very moderate, because his duties would not require high attainments, would at once bring these abuses to an end by walking—at erratic periods—into schools and hospitals, counting the classes at lectures, examining the roll of attendance or the students' signature book, and reporting to the Branch Council what he saw. Before a month of his functions had gone by the signing of a dozen names in the attendance book, or the answering of several names at roll-call by a single student, would cease, in presence of the certainty of detection. The lecturers would find themselves compelled to give the number of lectures devolving upon them; all the other time-honoured dodges of medical teaching would be brought to a precipitate conclusion.

It remains to be seen whether the Medical Council is really in earnest in formulating and requiring a curriculum of medical study, for, if it is, it cannot escape from the necessity to give effect to the resolution of the Irish Branch Council. If it is not in earnest, and has only desired to make a paper scheme of education, then we think it would be better to sweep away all such imaginary obligations on the student, and to make examination the sole test, than to be pretending to enforce studies which, in point of fact, are in many cases entirely voluntary.

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THE CHOICE OF INCISION IN NEPHROLITHOTOMY.

THE discussion which took place at the Clinical Society on Friday evening last, on the papers read at the previous meeting on Nephrolithotomy, and which is reported in our columns, was of great interest. From it we are enabled to gauge the wonderful advances which have been made in this in common with other departments of abdominal surgery. The ease and certainty with which the kidney may be cut down upon, examined, and if necessary, emptied of calculi, gives a favourable impression of what can be achieved with a competent anatomical knowledge backed by care and scrupulous cleanliness in operative details. Renal calculus was formerly a malady the only treatment for which was palliative, and if the patient recovered, it was by sheer good fortune, and due to no interference on the part of his medical advisers. At present, if the symptoms are severe, and ordinary treatment unavailing, the surgeon promptly cuts down on the affected organ, palpates it thoroughly, and if necessary, progs it through and through with an exploring needle to ascertain the presence of stone, which, if found, is removed. The risk to the patient is comparatively small, especially if the operation has not been postponed until the health has suffered.

That is the bright side of the picture, but it would be unfair to allow it to be supposed that the procedure is uniformly successful. Numerous pitfalls await the surgeon, to which even the most cautious occasionally succumb. The question of diagnosis is one which is naturally of extreme and primary importance. Not only is it by no means easy to affirm the existence of renal calculus in many cases from the symptoms, but, curiously enough, these symptoms often indicate the wrong organ, and so the right kidney may be cut down on, while the left is at fault, or *vice versâ*. Further, it is often difficult and even impossible to detect a stone even when present, or a small stone may escape notice which continues to give rise to the same distressing symptoms To these must be added the fact that a kidney may be packed with calculi without causing any characteristic symptoms, and on the other hand, the symptoms may exist without the stone. On the whole, therefore, it is no matter for surprise to be told that a great number of kidneys are cut down upon and examined with a negative result.

The point at issue between nephrolithotomists is as to the best method of getting at the kidney, whether by a lumbar incision or from the front. Mr. Knowsley Thornton advocates a combined method, in which the diagnosis is made from the front, and supplemented if necessary by a lumbar incision for purposes of removal of calculus. By these means, which Mr. Thornton has employed with great success, it is claimed that in case of error of diagnosis as to the particular organ affected, the other can easily be reached by one and the same operation. This view did not commend itself to Mr. Henry Morris, who preferred the lumbar incision. This gentleman was somewhat sceptical as to the advantages claimed for the double operation, and pointed out the difficulties which under any circumstances, surrounded a diagnosis. It is all very well for Mr. Thornton, who lives on terms of the greatest intimacy with the peritoneum, to allude complacently to the ease with which accidental injury of that structure can be seen and attended to. All surgeons are not on the same happy terms, and would prefer to avoid adding to the severity of the operation, unless some very tangible advantage accrue therefrom.

There is still ample scope in the surgery of the kidney for further research. Many questions and symptoms call for further elucidation, and this they will doubtless obtain at the hands of those enthusiastic surgeons who—as one of the speakers put it—yearn to perform the operation. The operation has now acquired a legal status, offering, as it does, the chance of more or less permanent relief to patients formerly condemned to purchase immunity from pain by constant recourse to narcotics, and whose sufferings, in the majority of cases, only ceased with death.

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WHAT SHALL WE DO IN OUR HOLIDAYS?

THE farewell lecture delivered by Sir Edward Sieveking, M.D., to the students of St. Mary's Hospital, a report of which will be found elsewhere in our columns, is interesting, were it only as marking the conclusion of Sir Edward Sieveking's active career. Not that this veteran physician retires from service altogether, but, as he observes, an epoch arrives when man requires rest and relaxation. Up to a certain age this want is supplied by the annual holiday which forms or should form an integral part of the hard-worked professional man's existence. As years pass by, however, the stock of vital energy gets lower, and the recuperative powers are weakened, and the whole tenor of existence has to be modified. The M.P. must accept the Chiltern Hundreds, and the active practitioner reserve himself for consulting practice. After thirty-six years of interesting and loving labour at St. Mary's Hospital, Sir Edward now finds this period upon him, and wisely relinquishes the more active duties of his post to younger men, but his experience and knowledge will still be available to those who don his mantle.

The subject of this valedictory lecture is ostensibly the disposal of holiday time, and some very practical hints are given as to the best way of employing this period of *désœuvrement* to the best advantage. The holiday should not be spent in lotus-eating, but the invigorating effect of change of scene and thought should be assiduously cultivated. The particular method of so doing must necessarily be left to individual idiosyncrasy, but the full benefit of the change is only obtainable on condition of a lively appreciation of an altered condition of existence.

The lecturer, however, soon passes on to a consideration of the influence of climate, and his remarks may be read by everyone with profit. Mere change of locality or climate in the treatment of disease is not only apt to be useless, but may be positively injurious, unless due consideration be given to the requirements of the patient. This is a point to which far too little attention is paid, and climatic treatment is often worse than empirical. Some very interesting and useful details are given concerning the watering-places of Great Britain, many of which deserve more favour than they get in these days of rapid travelling. The lecturer is evidently quite familiar with the vast therapeutical resources which we possess in the various home waters and health resorts, and his advice would be valuable on this subject.

The sea, the sea, the bright blue sea, is doubtless a valuable resort for tired and fagged organisms, but its frequentation is attended with certain drawbacks which militate against its universal use. Several conditions must be fulfilled before patients can safely be recommended to take a sea-voyage for the sake of its invigorating and tonic properties. The itinerary which the lecturer has sketched for visiting the Continental watering-places errs perhaps on the side of comprehensiveness, although of course the entire series need not of necessity be exhausted at one fell swoop. The eminently practical nature of the advice which he gives shows that the lecturer has given no small amount of attention to the comfort as well as the treatment of his patients. It cannot be too strongly insisted upon that in order to give patients the full benefit of whatever locality they resort to, due provision must be made for comfort. The most healthy place may be unproductive of good results if hotel accommodation be insufficient, if sunlight be at a premium, or if the scenery be dull and monotonous. The patient requires to be amused as well as treated, and there is every inducement for a medical man to render himself personally acquainted with the sites before subjecting his patients to the fatigue of a long voyage.

In conclusion, we can only express the cordial wish that Sir Edward Sieveking may enjoy for many years the comparative repose of a purely consulting practice—the *panis bene meritorum* to which his many years of service entitle him.

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HER Majesty the Queen has intimated her intention to become a patron of the National Hospital for the Paralysed and Epileptic (Albany Memorial), Queen Square, and to send a donation to its funds.

Notes on Current Topics.

National Dress Reform.

THE question of female dress reform is periodically brought to the front by enterprising ladies whose affections are pretty equally divided between their husband and the "divided skirt," and who are particularly anxious to generalise the use of the latter; the discussion is not devoid of interest even to those whose sex renders the matter a purely scientific consideration and some insight may be gained into the construction and inconveniences of garments, the nature and even the name of which has hitherto been a mystery. One lady volunteers the information that she has long given up petticoats in favour of Turkish women's trousers or knickerbockers, the advantages of which, she says, are obvious though hidden. It is not easy at a glance to ascertain exactly on what grounds this particular reform is called for. It may be conceded without a murmur, that women as a rule, notwithstanding the employment of an incredible allowance of textile fabrics, generally fail to protect the really delicate portions of their bodies, such as the lungs, while they pile up garment upon garment around the pelvis, which stands in no particular need of protection. We would willingly sacrifice the artificial modifications of the human figure which women adopt, upon the altar of hygiene and good taste, but further information and details will be required before we can endorse the advantages claimed for the divided skirt. We gather from what has been written on the subject, that this skirt does not necessarily give the appearance of being "divided against itself," and has nothing in common with what used to be called the "Bloomer" costume; its want of unity only becoming apparent under a high wind. It is alleged to be warmer, more comfortable and more becoming (?) but, so far, a singular and indomitable prejudice has prevented its coming generally into use; although hygiene and preventive medicine have been press-ganged into the service of the reform. It is a question which, after all, the ladies may be left to decide on its merits. In return for this neutrality, we only ask that they shall abstain from irrelevant and disparaging remarks as to the shape of the "male hat" and evening dress. One lady has the audacity to suggest that if the trousers are buttoned *outside* the waistcoat, much greater liberty of muscular action would result, but such remarks cannot be considered otherwise than impertinent.

Teetotallers Beware!

A QUESTION was asked in the House of Commons of the Secretary of State for India as to the truth of the report that eight men had been put in prison in the presidency of Bombay for having endeavoured to forward the temperance cause by making abstinence a rule of their caste. A proclamation is further said to have been issued by the Government to the effect that "if anybody by threats of violence or otherwise, endeavoured to hinder others from purchasing or drinking liquors," he would render himself liable to criminal prosecution. The official answer, *secundem artem*, was ambiguous, and so far unsatisfactory. It was, however, pointed out that a similar liability to prosecution actually existed in England. This being so, our friends the teetotallers may consider themselves very fortunate in being at large, for, even if they have not endeavoured to prevent people drinking by violence, they have certainly done so "otherwise." It seems incredible that any responsible authority could have issued such a proclamation, and if the fact is ascertained to be true, the perpetrators of the stupidity deserve to be held up to the derision which they would have richly merited.

An International Congress on Cremation.

An International Congress of societies and persons interested in cremation is announced to take place at Milan in September of this year. The programme of the Congress comprises (1) a general statement of the progress of cremation among different nations; (2) a proposal for constituting an international league of cremation societies; (3) a proposal for international legislation, regulating the removal of bodies from one country to another, and the methods of cremation and conservation of the ashes from the point of view of public hygiene and legal medicine. There will be an exhibition of models, plans, and designs, books, &c., relating to and bearing on cremation.

Safety of Places of Public Entertainment.

A Bill has been introduced by the chairman of the Metropolitan Board of Works, Sir J. McGarel-Hogg, for the purpose of obtaining powers to inspect theatres, music-halls, &c. It provides for the annual inspection of the buildings which are comprised in the Act, with the view of ascertaining that adequate arrangements exist for public safety, in case of fire or panic, and no place of public entertainment will be allowed to open without a certificate to that effect. Should the Bill become law, a great step will have been taken in the interests of public safety; it is a scandal and a disgrace that such provisions still remain to be enacted, and the fact does not reflect credit on the authorities hitherto responsible for this department.

The General Medical Council.

The General Medical Council as reconstituted under the Medical Act of last session, met for the first time yesterday (Tuesday). The Council have some very important matters to discuss, and there seems every probability that the additional members will take an active part in the business of the session. We shall give a report of the proceedings in our next issue.

Death During Aspiration.

Cases of sudden death following puncture with an aspirating needle are by no means unknown, but it is as well to bear in mind that they actually do occur now and again. Dr. Reeves, of Ohio, reports a case in which it was deemed advisable to aspirate the liver in a young man, twenty-three years of age. The needle had no sooner been plunged into the organ than the patient's head was drawn to the left, a slight convulsive tremor passed over his features, and death supervened. At the autopsy a large abscess of the right lobe of the liver was found. The right auricle was much distended, but the heart was otherwise healthy. The cause of death was evidently reflex inhibition of the heart's action due to shock. It is possible that had the operation been performed under complete anæsthesia, the unhappy result would not have occurred.

Vital Powers of Natives.

Under this heading a South African contemporary publishes the curious case of a man, aged 35, who had been struck with the pointed end of a pickaxe just above the frontal sinus, in the middle of the forehead. The blow had fractured both tables, and had made a triangular opening in the skull. The base was parallel to a line joining the two eyebrows, and about half an inch above them. When the case was first seen, the fractured portion had been removed, so that a triangular opening was left through which the interior of the skull could be distinctly seen and felt. On inquiry, it was found that the man had suffered a great deal during the first week, but his intellect was bright, after that time the pain diminished and the intellect became more cloudy; several days later, he fell into a kind of stupor and died without proper medical attendance. The natives have in their views of surgery a great love for probing wounds, and the wife in this case had used the wing feathers of a fowl as probes. By stripping off the webs, excepting just at the point of the feather, she had made a most useful instrument for removing any pus from the interior of the wound. Using one of these feathers as a probe, she used to introduce it into the wound, and then by twirling it energetically between her thumb and forefinger, she collected and removed a large quantity of what she considered obnoxious pus. A post-mortem examination being made, it was found that the poor woman in her anxiety for her husband, had removed as pus a large portion of brain matter, in fact had almost emptied her husband's cranium. From the external opening she had drilled a hole four inches deep (in fact as far as she could reach with her feathers), and about two inches in diameter. She had in fact for three weeks made daily attacks on her husband's brain, and had at each attack removed a portion of it, and yet the man survived it. Even the vital powers of natives have a limit, however, and the man ultimately succumbed.

The Dublin National Children's Hospital.

This very stirring little institution has broken new ground in a very surprising way. It began—as our readers may recollect—not so many years back, in two rooms of a house located in what one might call one of the slums of Dublin, its speciality then being orthopœdy. Having established, notwithstanding its humble surroundings, somewhat of a name for itself, it flitted to more commodious and respectable premises in Adelaide Road, where it opened its doors to all children's diseases, and changed its name so as to indicate that fact. In that situation it acquired so much increased strength that it has now taken a much higher vault towards public estimation. In the first place, it has absorbed the Children's Hospital in Pitt Street, the physician of which, Dr. William Moore, joins its staff, and that institution will be closed in a few days. It has, moreover, purchased for £3,000 the block of houses at 87 Harcourt Street, formerly a famous school, and more recently a convent, which will be capable of accommodating 100 patients whenever the institution can afford to keep that number. Clinical instruction will be given to students not only by Mr. Ormsby, who has been the chief worker in the hospital through all its life, but by Dr. William Moore and Sir William Stokes. All admirers of pluck and enterprise will join us in congratulating the Hospital on its new departure.

The late Professor Schroeder.

No one who saw the late Professor Schroeder a few months ago apparently in the bloom of health and in the prime of his manhood could have thought for a moment that the grim destroyer was so near, and that in the course of a few short weeks his earthly career would be closed. But so it is. At the Berlin meeting of the Deutsche Versammlung der Naturforscher & Aerzte he was one of the most active members of the Gynæcological Section, ever ready to take his part and to illumine from his vast experience and extensive knowledge whatever topic might be before it. His fame was not confined to Germany, but was world-wide. His name is almost as familiar in English medical literature as in German, and the most scientific work on obstetrics by him which has long been translated into English will ever keep it in the foremost ranks of science. A contemporary says he was present at the Liverpool meeting of the British Medical Association in 1883. This is a mistake; he was not present, but he sent, however, a paper to be read in the Obstetrical Section. Although a comparatively young man at the time of his death—he was only 49—he had long occupied the foremost position in his branch of the profession in Germany, the Professorship of Gynæcology (including obstetrics) in the University of Berlin, and the Directorship of the University Frauenklinik, and from his Sovereign he had received the title of Geheimer Medizinal Rath (Privy Medical Councillor). In person he was tall and massive in build, and in his manner there was certain massive impassiveness that could not fail to strike a stranger. In speaking he was fluent, never at a loss for the proper word or thought, but deliberate withal; his voice was deep and low, and a marked character was given to his speeches by a peculiar upward inflection of the voice before every pause, not unlike what one hears sometimes in clergymen reading prayers, but very rarely met with on other occasions. In private as well as public life he was much respected and beloved by all who knew him, and even strangers felt themselves instinctively attracted by his presence. Since Frerichs and Cohnheim, no German has left by his departure a larger gap in the ranks of the profession.

The Hospital for Women, Liverpool.

The latest phase in the controversy at this Hospital is the retirement of six members of the committee in consequence of the voting at the annual general meeting on the 3rd inst., referred to in our last issue. As the vote could only be taken as a condemnation of the policy favoured by a majority of the committee, the seceders have adopted the only course they could with dignity to themselves follow, viz., withdrawal from the management of an institution with the views of whose governors theirs were clearly at variance.

Regimental Medical Officers.

General Sir Donald Stewart, when addressing the young surgeons at Netley on a recent occasion, remarked that "the present system was open to some objection in not providing for a medical officer to be attached to each regiment; it would be advantageous to adopt such a plan, as the surgeons would come to know the men better." In these words this gallant and experienced officer gave expression to one of the strongest reasons which have ever been adduced in favour of the regimental, as opposed to what is called the unified medical system in the army, namely, that the surgeons come to know the men better, and knowing them, are thereby placed in a better position to appreciate the extent of the illness, individual conditions and peculiarities of soldiers who "report themselves sick" than can possibly be attained when, as is almost invariably the case under the present system, surgeons and patients are strangers to each other. The fact so often adduced in respect to physicians and patients in civil hospitals being strangers to each other has no relation to military life, for reasons that are sufficiently well known in the initiated. On the score of expense it has been stated that a grant of £40,000 additional to the present would be required to reintroduce regimental medical officers. But we venture to think that this sum would be one more of *account* than of actual money. Thus, with regimental medical officers, and regimental hospitals, there was no expense incurred for administration, at the same time that, on home service, the daily pay of the regimental surgeon and assistant surgeon was more than met out of the hospital stoppages of the men. In India, in times of war, every kind of hospital was successfully organised out of the several establishments belonging to regiments. Nor did any hitch whatever occur in their working.

Recent Experiments on the Injection of Bacteria into the Veins.

Professor von Fodor, of Buda-Pesth, communicated in a recent number of the *Deutsche Medizinische Wochensch.* the results of his investigations into this subject. He had shown in a previous communication that hundreds of millions of non-pathological bacteria injected into the blood completely disappeared from it in the course of a few hours. By further experiments he showed that this power of the blood to destroy bacteria was not diminished by a moderate degree of anæmia, but was lessened by dilution of the blood with water, so far that the bacteria were destroyed more slowly and with greater difficulty. Even pathogenic bacteria disappear rapidly out of the blood, for example, typhoid bacilli, which even a few hours after injection are no longer demonstrable in the blood, whilst the animals are in some cases simultaneously infected by the injected material, and die with symptoms identical with those of typhoid. Anthrax bacilli injected in large quantities disappear within four hours, but within from twenty to forty-four hours they again appear in the blood, and the animal dies. In the period in which it is free from bacilli the blood contains, as far as the negative injection experiments show, no material producing anthrax; this is the best proof that it is the bacilli that produce the disease. In the same period, however, in which the blood is free from bacilli, in the internal organs (spleen, liver, kidneys) they are constantly present, from which it is evident that the pathological development of anthrax does not take place in the blood, but in the internal organs. Anthrax is not a blood disease, but the blood is rather the protector of the organism against the pathogenic bacteria. A very small quantity of anthrax material is not lethal, and further, the rapidity with which the disease is fatal is in direct proportion to the quantity of injected material. According to von Fodor, the bacilli injected into the blood are destroyed by it; some, however, reach the organs and there develope. When the colonies steadily multiply in these parts, then the blood, the chemical constitution of which is changed thereby, and is no longer able to destroy the bacilli that are present in it, in this stage bacilli are found in the blood, but the animal is then practically at the point of death, its doom is sealed.

A Steel Fork in the Abdomen.

At a recent meeting of the French Academy of Medicine, M. Polaillon presented a steel fork which he removed by gastric section from the stomach of a juggler. æt. 25. The fork was accidentally swallowed on the 8th of the month, and although he suffered from spitting of blood he still continued his business. Soon, however, he began to experience severe pain in his stomach, and, on applying to Dr. Lavergne, of Luchon, he was sent to M. Polaillon, under whose care he became a patient in La Pitié on the 14th, six days after the accident. The man on admission to hospital complained of pains during fasting, which were lessened by eating, the diminution of pain on eating being explained by the stomach becoming distended by food. Exploration of the abdominal parietes revealed nothing, and examination by the œsophageal sound was equally barren of evidence. M. Polaillon now began to doubt the veracity of the patient, and finally determined to use a magnetic needle to assist his diagnosis. The needle was suspended on a cord, and at once it deflected on being brought in contact with the abdominal walls.

The operation performed was that recommended by M. Labbé. The stomach was easily found and the fork was readily felt through its walls. Three vessels were tied during the operation, and when the bleeding had ceased the stomach was returned to the abdominal cavity. On the morning of the 24th, sixteen days after the accident, the patient was in excellent health.

The Jubilee Festival of the National Hospital for the Paralysed and Epileptic was held on Feb. 9th, and a dinner was given at the Holborn Restaurant, under the presidency of the Lord Chancellor. Sir J. Crichton Browne took advantage of the opportunity to pay some well-deserved compliments to the medical staff of the hospital. There is scarcely a member of the staff whose name is not well and favourably known in the scientific world, and they may fairly be said to be a *corps d'élite.*

Centennial Anniversary of the Philadelphia College.

Early in January last, the College of Physicians of Philadelphia, celebrated the one hundredth anniversary of its foundation, the minutes of the College beginning with the account of a meeting held on January 2nd, 1787, when the institution was organised on a lasting basis. The occasion of the celebration was marked by the presence of a large number of the most eminent and honoured physicians in America, and a very interesting feature of the event, was the delivery of an eloquent and stirring address, dealing with the history and triumphs of the College since its creation, the orator being Dr. S. Weir Mitchell. Among other speakers at the various gatherings held, were Professor Da Costa, and Dr. Stillé, and a number of honorary fellowships were conferred on distinguished members of the profession. A well attended banquet was also part of the proceedings, which were altogether of a very successful character.

Female Medical Students Abroad.

Nature gives, in a recent issue, some interesting details respecting the number of women engaged in the study of medicine at certain European centres of professional education. At the University of Paris, there are at present *in statu pupillari* in this faculty, no fewer than one hundred and eight women thus distributed as to nationality:—Russian, 83; English, 11; French, 7; American, 3; Austrian, 2; Roumanian, 1; Turkish, 1; the greater proportion of Russian students is due to the closing of the Female Medical School, founded a short time ago in St. Petersburg; and it is assumed by M. Beclard, in his report to the Academical Council of Paris, that owing to the fact that the preliminary studies of the Medical Faculty of the University having now been made the same for men and women alike, the number of the latter entering the School will undergo gradual but certain diminution. It is also noted that one lady, Miss Klumpke, has been elected this year, after the annual competition for the post of *interne*, or assistant in the Paris hospitals, she having secured the second place on the list of successful candidates with a total of 27 out of 30 possible marks. The first place was gained by a male student, with 28 marks. At the University of Upsala, there are at present three ladies engaged in the study of medicine.

The Mercer's Hospital Trial.

We recently condemned with all emphasis and in all its aspects, the illusory inquiry by a Committee of the Dublin Corporation into the management of Mercer's Hospital, and the hot haste and liberality with which that Committee applied its coating of white-wash to the institution at the moment when a police inquiry on the subject was coming to a conclusion. That inquiry and report went for nothing with the public, who waited very properly for the verdict of a jury and the opinion of a judge before forming a conclusion as to the merits of the controversy. That verdict has been given—and given in a form which completely exonerates the House Surgeon, Dr. Kennedy, from the serious charge of inhumanity to a dying patient. Not only has Dr. Kennedy been declared not guilty, but both Judge and Jury have emphasised their verdict by declarations that he should never have been submitted to the indignity of such a charge. We congratulate him on so complete a vindication, and we sympathise with him in the misery he must have endured by the pendency of such an accusation. We also felicitate the Mercer's Hospital on being cleared of such an opprobrium, and Hospital managers in general upon the re-establishment of public confidence which such a verdict must bring with it. But while we gladly do the plain justice to Dr. Kennedy of recording the full extent of his acquittal, we ought not to do less than justice to one of the witnesses against him, who, we think, has been maligned by inference if not by words. On the cross-examination of Nurse Whitcross, who had testified as to the treatment which the patient received, it was suggested that her evidence was not entitled to full credit because she was familiar with students to the extent of calling them by their Christian names. A letter was put into her hand commencing "My dear Willie," and, as she was obliged to admit the authorship, the impression was left that she was in terms of familiarity with the accuser of the Hospital, whose Christian name is "Willie." If this could have been proved the cross-examination would have been quite legitimate, but the fact was quite otherwise. The letter in question was, we believe, addressed to a student to whom the nurse was engaged in marriage, and who died in the Hospital a few days before this police-court investigation. If this be true, the familiarity suggested would be quite reasonable, and, as it had no relation whatever to the accuser in the case, would not in the least affect her credibility.

But the question we are concerned to ask is, How it happened that a confidential letter addressed to a student who had died in the Hospital came to be used for the purpose of the legal defence of the house-surgeon? It is certainly not conceivable that it was given to be used for such purpose by the deceased, nor is it to be believed that any member of his family would authorise such a use of his private letter. How, then, did the defending lawyer obtain possession of it, and permission to use it for such purpose? The question opens up possibilities of a breach of confidence so foul as not to be described in moderate language; but we presume there is a good answer ready, and we shall be glad to know what it is.

The University of Edinburgh and Professor Rutherford's Explanation.

But for the important letter addressed by Professor Rutherford to our contemporary the *Lancet*, to which our Edinburgh correspondent refers, we should not, for the present, have added more on the disagreeable subject which for some weeks has unhappily occupied the minds of all who have the welfare of our Scotch Universities at heart. The interests of justice and public morality, however, demand something further.

Dr. Rutherford has to inform the professional world that no "gross charges" were brought against his late assistant by him, "nor were illegal charges of any kind intentionally made against him, even by imputation." We are glad that the Professor has come forward to repudiate all connection with the grave charges, not unjustly termed "gross," which rumour, even in metropolitan circles, has associated with his name. The letter is in interesting correspondence with the statement which Dr. Rutherford made to his class, in reply to certain newspaper strictures. We shall be the first to rejoice when we know that the learned professor has completely vindicated his position. While, therefore, it appears difficult to reconcile those statements with the terms of the humiliating apology in which Dr. Rutherford "expresses his deep regret for having charged Dr. Ashdown, both personally and to others, with objectionable manners on some occasions," and admits that there was "no occasion for any such charges," we willingly suspend judgment till the facts of the case are known.

But we demand once more that the matter be looked into with as much expedition as possible. Some one is responsible for the assuredly gross rumours which are floating in the air, and the sooner that responsible individual be brought to book the better for the profession at large and for the University of Edinburgh. If, as is suggested in Professor Rutherford's address to his students, reports are being purposely exaggerated, the perpetrators of so base calumniation must be exposed, and an end put to those black rumours which are casting a shade on the fair fame of the largest of our medical schools. The responsible authorities are, it is to be hoped, in ignorance of much that is freely bandied about at club, after dinner, and even, we fear, in the class room. It is such reports that have stimulated the daily press of Edinburgh to treat the matter with firm hand. Our appeal to the University authorities for a thorough-going investigation has been vigorously backed by the leading newspapers. But, so far, the appeal has met with slight response.

There is yet another tribunal which may feel it incumbent on it to take cognisance of the matter. The General Medical Council is now sitting, and its powers, it may be presumed, extend to the consideration of so grave a matter, implicating the moral value of more than one name on its Register, and affecting the reputation of one of the most important of the institutions which it represents. We commend the matter to the serious consideration of that august and judicial body.

Dr. Richardson, F.R.S., will take the chair on Friday at a general meeting of the Medical Temperance Association, to be held in the rooms of the Medical Society of London at 4 o'clock, when Dr. Pearce will read a paper on "The Absolute and Differential Diagnosis of Alcoholic Paralysis," and Dr. Norman Kerr one on "The Remarkable Decrease of Alcohol in Workhouses," Medical visitors are invited.

The Local Government Board have instructed Mr. Power, one of their medical officers, to proceed to Ealing, for the purpose of investigating the epidemic of diphtheria which has occurred there. Twenty-eight out of thirty cases are reported to have been supplied with milk from the same dairy, and the milk supply is therefore suspected of having some connection with the outbreak.

The mortality in some of the Continental cities is now very high, exceeding in some cases the birth-rate. In Rome, according to the last weekly official return, the deaths exceeded the births by 10; in Trieste, by 30. Venice shows a still higher percentage, the births reaching only to 68 and the deaths 81. In Breslau and Buda-Pesth the birth and death rates are about equal.

At the Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE question of "induration" as a diagnostic factor in the discrimination of Hunterian sores came on for discussion at the last meeting of the Royal Medical and Chirurgical Society, when Mr. Holmes, on behalf of Mr. W. E. Cant, of Devonport, communicated a paper which analysed no fewer than 3,300 cases of the disease observed among female patients at the Royal Albert Hospital. The author arrived at the conclusion that women much more frequently than men fail to exhibit the familiar hardness of sore notwithstanding the generally adopted opinion to the contrary. Strong support was given to this view by Dr. C. R. Drysdale, who instanced his experience at a small lock hospital as confirming Mr. Cant's views, but he considered it very probable that induration would be influenced in degree by the situation of the lesion. Mr. Harrison Cripps, too, thought that position was everything in this connection. In commenting on the paper, Mr. T. Holmes remarked on its being a record of facts only, and commended the author for avoiding to enter on speculations such as distinguished the usual labours of syphilographers. His own experience accorded with that of Mr. Cant, and he took the opportunity afforded him by the discussion to deprecate the mischief caused by the repeal of the Contagious Diseases Act.

Mr. R. W. Parker, seemingly struck by the difficulties of diagnosis which acceptance of the views promulgated by previous speakers might occasion, besought to know what, if not induration, could be held to be the test of a chancre; what was its characteristic, and what features of it were to be regarded as resulting from mere irritation, and what from the action of the true syphilitic virus? This series of queries evoked from Dr. Drysdale the information, important though possibly apparent, that absence of induration alone should not be held to prove identity of Hunterian chancres with the soft sores, and in the same association Mr. Cant urged that when present, induration was the best character to depend on in a syphilitic sore. On the whole the debate did not add anything material in this direction, though the information contained in the paper as to the nature and distribution of chancres in women is of the most valuable kind.

A case of actinomycosis hominis formed the subject of the next communication, by Dr. R. Hebb, Dr. Sturges introducing it to the Society. Dr. Sturges' idea relative to the rarity of the disease was combated by Dr. T. D. Acland, who mentioned that he had himself encountered four examples in his personal experience. Among cattle it was very common, and in Europe no fewer than thirty cases had been reported in which it occurred in the lungs of human beings.

MEDICAL SOCIETY OF LONDON.—MONDAY, FEB. 14.

DR. LEOPOLD SERVAIS, of Antwerp, read a long and interesting paper on two really formidable operations which he had performed for the removal of cancerous (?) growths involving the superior maxillary bones. Photographs of the patients prior to operation were handed round, and showed what exceptional dimensions these tumours had attained. Both operations were successfully carried out, and recovery took place very promptly in both cases. We would venture to suggest that when illustrious foreigners favour us with papers, these should be read by one of the secretaries, as nothing is more fatiguing than a long paper in English strongly redolent of their foreign origin.

Mr. Bowreman Jessett showed a woman from whom he had removed a large sarcomatous growth involving both upper maxillæ, and exhibited the specimen, comprising both superior maxillary bones, together with microscopical sections of the tumour. The growth was of a myeloid nature. The patient had made a good and rapid recovery, and was very little inconvenienced by the deprivation of what is generally considered an indispensable portion of *the* upper extremity.

Mr. Morgan, in paying a high compliment to the operators whose papers had just been read, renewed the subject of operations in this region, and quoted cases in his own experience.

The attendance of members was very meagre, owing probably to the oration at the College of Surgeons.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.

AN extra meeting of this Society was held in the Faculty Hall on Friday, the 11th inst. Dr. Joseph Coats presided, and there was a large attendance. The public business was announced to be a "Discussion on the Pathology and Treatment of Cerebral Abscess." Dr. William McEwen opened the proceedings by a very lengthy essay on the general aspects of cerebral abscess, which was simply a *résumé* of the subject with some cases interspersed. There was really nothing very controversial in Dr. McEwen's remarks save possibly his contention that cerebral abscess depended on these omnipotent germs of which we hear so much and see so little. Mr. Arthur E. Barker, of London, followed with a paper having no earthly bearing on Dr. McEwen's, but containing some good hints and some valuable information. Dr. Barr followed with a paper, said to be an old one, on disease of the middle ear, and consequently quite irrelevant to the two preceding papers. Much of Dr. Barr's paper was more suited to a popular than a professional audience. It is quite a new use of the term to call the reading of such lengthy and dreary essays a "discussion," and it was felt by many that the performance was a mere waste of time.

Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

SIR DOUGLAS MACLAGAN.—Last week, Sir Douglas Maclagan, Professor of Medical Jurisprudence and Public Health in the University of Edinburgh, was presented with his bust and portrait by his many friends. The immediate occasion of the presentation was the honour recently received at the hands of Her Majesty. The ceremony took place in the Freemasons' Hall before a large and representative company. The Lord Justice General occupied the chair, and was supported by Lord Moncrieff, Lord Balfour of Burleigh, the Lord Provost of Edinburgh, Sir Alexander Christison, Sir W. Muir, &c. Apologies of absence were read from Sir Joseph Fayrer, Sir Noël Paton, Mr. Erichsen, &c. In making the presentation, Lord Inglis made a most happy speech, stating that his chief qualification for the honourable post of presiding lay in the fact that he had been the intimate friend of Sir Douglas, since 1819, when they occupied the same benches at the Royal High School. He referred to the many honours which had fallen to the lot of the veteran professor, instancing, in particular, the curious co-incidence that Sir Douglas Maclagan had followed the example of his father in holding the offices of President both of the Royal College of Surgeons and of the Royal College of Physicians of Edinburgh, Sir Douglas had served the University well for close on twenty-five years, while by his manly, citizen-like bearing, he had always been a pleasant link between the University and the town. He was, moreover, a man of highly cultivated mind, well versed in literature, both classical and modern, a poet, a sweet singer, an ardent sportsman, a loyal volunteer, and a great officer in Her Majesty's body-guard for Scotland. Sir Douglas wore his years so lightly, they could not think of him as an old man. They trusted that he would long be spared to them. In accepting the bust and portrait Sir Douglas Maclagan said that his heart was too full of gratitude to permit of adequate expression. He thanked them all from the bottom of his heart. The bust which pleasantly recals the features of the honoured professor, is the work of Mr. Hutchinson, R.S.A., while the portrait is a charming likeness in Mr. Geo. Reid's best style.

University of Edinburgh.—The late Lord Gifford, one of the Senatus of Justice, Edinburgh, has bequeathed £80,000 to the four Universities of Scotland, for the foundation of chairs of Natural Theology. Edinburgh is to have £25,000 St. Andrews £15,000, and Glasgow and Aberdeen, £20,000 each.

Professor Rutherford's Apology,—Professor Rutherford has written to the *Lancet*, informing the members of the profession that no "gross charges" were brought against his late assistant by him, nor were illegal charges or any kind intentionally made against him, even by imputation! The letter has given rise to much comment in Edinburgh. It is felt more distinctly than before that the University Court must interfere with a view to getting at the bottom of the disturbing scandal.

Edinburgh Medico-Chirurgical Society. — The Edinburgh Medico-Chirurgical Society is to hold a special meeting to-night, for the discussion of empyema, in its medical and surgical aspects. The meeting will take place in the hall of the Royal College of Physicians of Edinburgh, which has been granted for the occasion. We shall give a *résumé* of the debate in our next issue.

Deputation to the Government.—A deputation from the University of Edinburgh had an interview with Mr. Goschen at the Treasury on Monday last, with reference to an application for a Government grant of £12,000 to meet with the cost of a site for the erection of an academic hall for the University of Edinburgh, the private donor having offered to provide the cost of the hall, which will amount to £40,000 or £50,000. The Marquis of Lothian, Sir William Muir, and Sir William Turner spoke in support, and Mr Goschen promised to give the subject his best consideration.

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Durham County Hospital.—The annual meeting of the governors and subscribers to this institution was held on the 1st. inst., when it was reported that during the past year there had been 419 in- and 1,513 out-patients, a decrease of 52 in-patients, and an increase of 270 out-patients, as compared with the preceding year. The income for the year was £2,286, and the expenditure amounted to £3,590, the latter amount including a balance of £1,229 brought forward from the year before.

Correspondence.

HOMŒOPATHY AT THE MARGARET STREET INFIRMARY FOR CONSUMPTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am surprised that no notice has been taken by any of the medical periodicals of the very strange proceedings which have lately been enlivening that most respectable and decorous institution, the Margaret Street Infirmary for Consumption. From its foundation some forty years ago, until quite lately, it has been a recognised stronghold of orthodox medicine. But for several years two of its medical officers having been perverted to the homœopathic creed, have been practising that odious system on the patients of the infirmary. After having suffered the innovation in silence for some time, a majority of the medical staff resolved to purge their institution of the heresy. They could not prevail on the senior physician to join them. He holds that every member of the staff has a perfect right to adopt any remedies and any method of treatment he thinks best, and that the laws of the infirmary give no authority to anyone to interfere with the medical views and practice of any of the medical officers. The majority naturally thought otherwise, so they stirred up the executive committee to put a stop to the innovation. The executive committee therefore addressed a letter to the heretics calling on them to cease their homœopathic treatment or else resign their appointments as physicians to the infirmary. The two members of the staff flatly refused to do as the committee required them. Thereupon the committee called a special general meeting of the governors to consider the matter. But when the special general meeting assembled on the 20th of December last, it was found that some formality required by the laws in the summoning of a special general meeting had not been complied with, therefore the chairman decided that they could not proceed to business; so it was adjourned to a future period not specified,—in fact, *sine die*. The annual general meeting which is fixed to take place on the 4th Wednesday of January of each year, was held as usual this year, and an unusually large number of the governors attended. Lord Grimthorpe was elected chairman. After some formal business, one of the governors moved, that the action of the seven members of the medical staff in issuing a circular to the governors in which they called themselves "The Medical Staff" was irregular. The chairman gave it as his opinion that these gentlemen, though they constituted a majority of the medical staff, had no right to call themselves "The Medical Staff" and the meeting voted that their conduct in so doing *was* irregular." The same governor next moved that the executive committee in calling on the two medical officers to desert from their peculiar practice or to resign, had also committed an irregularity. This motion was also agreed to by a majority of the governors present. The practical result of the annual meeting therefore was that the members of the medical staff could not be interfered with in their practice of any method they chose to adopt, and that they were practically irremovable. Moreover, the adherents of orthodox medicine and the executive committee were, by the votes of the governors, censured for their endeavour to preserve their institution from the contamination of homœopathy. In our medical societies where we are all of one mind, our opposition to homœopathy seems quite right and proper, and we all feel satisfied that we are consulting the honour and dignity of medicine in suppressing the heresy, but some how or other it did not look quite right for the adherents of scientific medicine to be opposing liberty of opinion in medical matters before a miscellaneous assembly, who, of course do not understand the feeling of the profession towards homœopathy, but think that medicine is a sort of "go as you please" race, and that anyone may practice just as he likes, which of course is true in a general way, but cannot be permitted in an institution established for orthodox medicine, like our infirmary. Since the London College of Physicians in its famous resolution of 1881, said it had "no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine," the homœopaths may taunt us with attempting to do what our college deliberately repudiates. Of course the defenders of scientific medicine will not sit down patiently under the rebuff administered to them by a set of non-medical persons, but will continue their efforts to remove the slur on the orthodoxy of the infirmary caused by the presence of these two homœopathizing members of the medical staff. But it is difficult to see what course they can adopt in the face of the laws of the infirmary which seem to allow the medical officers to introduce any novelty of practice they may think fit. Lord Grimthorpe, who is an old and constant supporter of the infirmary, strongly deprecated the plan of a special general meeting for the discussion of different modes of practice, which he said would only make a "row," which would be detrimental to the interests of the institution. But something must be done, the burning question is:—What can be done?

I am, Sir, yours, &c.,
A Governor.

London, Feb. 10, 1887.

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INTRA-PERITONEAL HÆMATOCELE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your report of the proceedings of the Pathological Society (*Medical Press*, Feb. 9) occurs this sentence: "Dr. Griffiths urged the belief that, notwithstanding recent controversy, effusions of blood in this region are true intra-peritoneal hæmatoceles, and that the hæmatomata of Mr. Lawson Tait and others are principally a new disease resulting from operative interference with the broad ligament." Of course I do not know whether your reporter or Dr. Griffiths is responsible for the meaning conveyed by this sentence, but whoever it may be due to, no more complete misrepresentation of what I have written on the subject could possibly be made, nor could the facts I have put on record be more completely distorted.

Effusions of blood arising from ruptured tubal pregnancies are intra-peritoneal hæmatoceles, I have seen not one single exception to this statement. I have never used the word hæmatomata at all, but I have shown what was well known before, that all operations affecting the broad ligament, even removing a parovarian cyst, may result in the formation of an extra-peritoneal hæmatocele, that is a hæmorrhage into the cavity of the broad ligament. The only instance of this kind that ever required interference in my practice, was after the removal of a parovarian cyst. But this extra-peritoneal hæmatocele is not a new disease, and arises from a number of other causes besides interference with the broad ligament, in fact even where the broad ligament has been interfered with, the effusion is due immediately to the occurrence of metrostaxis.

I am, yours, &c.,
Lawson Tait.

Birmingham, Feb. 11th.

[The complaint made by Mr. Lawson Tait should be addressed rather to Dr. Griffiths than to ourselves, since the *résumé* of our reporter is justified by the official abstract of the paper (*vide Lancet* and *British Medical Journal*, Feb. 5) published elsewhere. The word "hæmatomata" was employed by Dr. Griffiths as an alternative term for "sub-peritoneal effusions," and it may be fairly questioned whether Mr. Tait has any ground for his complaint, since he is not accused of calling these blood tumours intra-peritoneal.—Ed.]

◆

Literature.

A WEST INDIAN SANITORIUM. (a)

Wonders will they say never cease, and so we are here told, by way, doubtless, of confirming this truism, that, contrary to common surmise or report, Barbados "is (now) the healthiest station at which British troops are quartered." That may be so as we write, or in the estimation of our author, but it is not so in the opinion of sanitarians or physicians, and Mr. Moxly must be well aware that the medical records he appeals to are beyond the reach of experts as well as of the general public. They could only be referred to, if at all, at the War Office, or through a motion to that effect in the House, and Barbados must show that it is the "real and original" Elysium our author says it is, 'ere either of these measures or applications are entertained or enforced.

No doubt its present salubrity would compare favourably with that of the past, but then "the regulation number of men to a barrack-room was at the rate of one for every eighteen inches along each side wall with another row down the middle given equal space; that is, for a room thirty-nine feet long, seventy-eight men who used to live in it night and day" were huddled together, and it only requires a glance at Parkes' Hygiene to ascertain what that means. The condition of West Indian military camps and hospitals was indeed almost, if not quite, on a level with the condition of the jails and infirmaries that were visited by Howard during the first fifty years of the last century, but all this is now changed, and hence, in great part, at least, the present greater healthiness of these stations or quarters. Our author, indeed, admits all this, and thereby appears to us to cut the ground from under his own feet. Anyhow, to invite invalids to Barbados at this stage, with so many better or more attractive ones on all sides of us nearer home seems to us to savour of a blunder—if it is nothing worse—and this is, perhaps, as much as we need here say about the superior salubrity of this island.

As to the other features or attractions of the place, they are neither so varied nor so striking as to call for any extended notice at our hands, and the book says nothing about "Speculation-Spins," or "Garrison-hacks." The local market is probably too limited for ventures of that kind, and the society would appear to be almost entirely military. It is at least pleasant to hear that though the thermometer runs up there at times to 85° or more in the shade, "a death from sunstroke is absolutely unknown in the island." Then, again, scarlet fever is so mild in its seizures here that anxious mothers actually sigh for its supervention in the persons of their children while they are on the spot, so that one might go farther and fare worse than on a trip to Barbados, and to those who contemplate such a trip, or such an outing—for it is little more in these days—we can heartily recommend this candid, outspoken, and, withal, sensible and comprehensive little compilation.

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Improvements in Medical and Surgical Appliances.

A NEW DISINFECTING POWDER.

Condy's Fluid is probably as well known and as extensively used as any disinfectant with which the profession and the public are acquainted. Introduced originally by Mr Condy in 1857, it has held its own, and now in order to meet the growing demand for powders, as being more convenient, and less dangerous, Messrs Condy & Mitchell have manufactured a powder which combines the oxidating ingredients of Condy's fluid with a boro-sulphate antiseptic base. The advantages claimed for this new disinfectant, or rather old disinfectant in a new form, are—that it can be used in the dry state direct from the tin for sprinkling over offensive matters or foul surfaces; and being entirely soluble, it can be added to water to form a disinfecting fluid. Solutions of any strength, from faintest pink to complete saturation, are instantly obtainable. Condy's powder, like the fluid, leaves no odour, so that its effects can be ascertained. It cannot act as a mere blind for smells, and thereby inspire a false sense of security. Both the permanganate and boracic acid arrest decomposition, and this is generally accepted as proof of being anti-microbic; but independently of this, each has been shown by experiments to be destructive of bacteria and infusoria, although its constituents are non-poisonous to man. Considering how great a favourite Condy's Fluid has always been with the profession and the public, a great future is undoubtedly open to this powder.

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AN UNBREAKABLE THERMOMETER.

The Unbreakable Clinical Thermometer manufactured by Messrs. J. C. Fell & Co. is an ingenious endeavour to lessen the risk of breakage which the use of these fragile articles involves. By means of a very neat arrangement of india-rubber tongues inside the case, the thermometer is held perfectly fixed, and when the top is screwed on, it may fall with impunity. As it is generally while inside the case that they are broken, the danger will evidently be reduced to a minimum. It is about the same size as the ordinary thermometer case.

(a) "A West Indian Sanitorium, and a Guide to Barbados.' By the Rev. J. H. Moxly. London: Sampson Low & Co. 1886.

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IMMISCH'S WATCH-FACE CLINICAL THERMOMETER.

An important improvement has been made by Mr. Immisch in his clinical thermometer, which is calculated to make this instrument still more popular. It had been suggested to the maker that the pointer should be capable of being fixed when in use. This difficulty has now been effectually overcome by introducing a stop, which absolutely fixes the pointer when a temperature is taken. By simply pulling out a small knob just outside the pendant the pointer becomes fixed, and remains so till a push in the opposite direction again frees it. In appearance the little instrument is the same, and this addition does not in the least interfere with its reliability.

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THE EMERGENCY POCKET HYPODERMIC CASE.

We deferred noticing this little pocket case until we could speak from actual experience of its value. After a fair trial with most satisfactory results we recommend it to the profession. Useful to the city practitioner, it is almost a necessity to the country doctor, who, at a distance from the surgery in a case of emergency, cannot imagine how much trouble and anxiety he will be saved until he finds this miniature dispensary in his pocket, with its neatly arranged tubes of atropine cocaine, digitalin, ergotinin, morphia, pilocarpine, &c., &c., its tiny pestle and mortar for crushing and dissolving the tabloid about to be injected, and little silver syringe. Truly *multum in parvo.*

The makers are Messrs. Burroughs, Welcome, & Co., Snow Hill, London.

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NEW PLASTER OF MENTHOL.

The National Plaster Company of 67 Holborn Viaduct, London, have forwarded us a sample of an improved Menthol Plaster. It combines the advantages of the ordinary porous plaster with the peculiar qualities of menthol—qualities which are more marked when it is used in the form of a plaster than in the cone. It will, doubtless, be found very useful in those cases of local rheumatic or neuralgic pain, in the treatment of which menthol has acquired a reputation.

◆

MEDICATED SOAPS.

We have received from the Milton Chemical Company (Glasgow), a selection of their Medicated Toilet Soaps of various shapes, sizes, and descriptions. The Iodoform soap is a novelty, and has the merit of not conferring the not very popular odour of that otherwise useful drug. The Corrosive Sublimate Soap, which may be used in the cases in which it is indicated without fear of any untoward results from absorption or local irritation. The Blue Gum Tree and Yara Yara Soaps are also first-class soaps, with their own powerful but agreeable and characteristic odours which they impart to the skin.

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Medical News and Pass Lists.

The Hunterian Oration.—The annual oration in memory of the illustrious Hunter, was delivered on Monday afternoon in the theatre of the Royal College of Surgeons of England, by Mr. Savory, President of the College. The oration will be found in the columns of the *Times* Newspaper of Tuesday.

Bradford Children's Hospital.—At the annual general meeting of subscribers to this institution on the 28th ult., the secretary reported that the receipts amounted during the year to £552, and the expenditure to £526. The fund which was raised for the extension of the hospital amounts to over £4,600, and the committee are in search of a building suitable for the purpose.

A Fortunate Hospital.—In these days of hospital deficiency it is refreshing to learn that the receipts of at least one during the past year have nearly doubled its expenditure. At the fifty-ninth annual meeting of the governors of the Royal Free Hospital held last week, the secretary reported that the receipts from all sources amounted to £40,083, and the total ordinary expenditure to £11,121, as compared with £11,085 in 1885. The number of in-patients admitted was 1,813, the daily average in the wards being 138, as against 135 in 1885. The number of out-patients who received advice and medicine was 22,191.

Anderson's College Medical School.—At the ordinary meeting of the Faculty of Physicians and Surgeons of Glasgow, held on the 7th inst., Dr. John Pirie, Dr. Thomas Lapraik, and Dr. A. L. Kelly were elected Governors of Anderson's College as constituted under its new trust.

University of Cambridge.—At a congregation held on Thursday last, February 10th, the undermentioned degrees were conferred :—

Doctor in Science (Honoris Causa).—Alexander Agassiz, Professor of Comparative Zoology in the University of Harvard, U.S.A.

Bachelor in Medicine.—Edward John Sidebotham, Caius.

Bachelor in Surgery.—Edward Lycett Burd, Caius.

University of London.—The following Candidates having passed the examination for the Preliminary Scientific (M.B.) during the recent meetings of the Examiners, have received the M.B. of this University :—

Entire Examination.—First Division.

Ballance, Hamilton Ashley
Coles, Charles
Davies, Alban Davy
Dow, John Hardman
Fullerton, Alexander Young
Gibson, Henry Wilkes
Harris, William James
Parsons, John Herbert
Powell, T. Morgan Jones
Rider, Alonzo George
Sheen, Alfred William
Smith, George Samuel Stone
Ta'Bois, Alfred Charles
Umney, William Francis
Whitfield, Arthur
Whittaker, C. David, B.A.

Second Division.

Clegg, Richard
Davson, James B. Hoghton
Rows, Richard Gundry
Wilson, John Gratton

Passed Two Subjects of the Examination.†

Arnold, Frank Arthur (C., P.)
Badger, Arthur Roscoe (C., B.)
Bakewell, Robt Turle (C., P.)
Braithwaite, Charles B. (C., P.)
Carter, Ed. Barrett (C., B.)
Colclough, William F. (C., P.)
Daly, Stephen Joseph (C., P.)
Davies, Howard Owen (C., B.)
Given, John Cecil M. (P., B.)
Gowring, Benjamin W. N. (C., B.)
Grant, Francis Octavius (P., B.)
Green, Douglas, Richard (C., P.)
Huntley, Edgar (C., B.)
Mitchell, Stanley H. (C., P.)
Rentzsch, Sigismund H. (C., P.)
Seton, Bruce Gordon (C., P.)
Tribe, Alfred Gladstone (C., P.)
Wilmot, P. McKinnell C. (C., P.)

Passed One Subject of the Examination.†

Biggs, John James E. (C.)
Briscoe, John Edward (P.)
Brown, John James (P.)
Buckley, Joseph Richard (P.)
Davies, William Thomas (B.)
Ede, Frances (P.)
Finley, Harry (B.)
Fisher, John Herbert (C.)
Gilmour, Robert Thomas (P.)
Gully, Robert Cullum (B.)
Gutteridge, Edwin Lewis (P.)
James, Rupert (P.)
Jerome, George Percy (C.)
Johnson, Frederick (P.)
Langworthy, William S. (P.)
Nesfield, Stephen (P.)
Northcote, Percy (B.)
Parker, Henry Thomas (C.)
Penberthy, William (P.)
Reynolds Austin Edward (P.)
Rowbotham, Herbert H. (P.)
Slater, Howard (B.)
Smith, Reginald (B.)
Spencer, Charles B. P. (C.)
Sturge, Caroline (B.)
Tibbetts, Thomas Major (P.)
Tracey, Henry Eugene (P.)
Vincent, Thomas Swale (P.)
Wainwright, William L. (C.)
Wallace, Cuthbert Sidney (C.)
Way, Richard Henry (P.)
Williams, Lewis (B.)
Williamson, John (P.)

† The subjects taken up by these Candidates are indicated by initials after the name.—C. = Chemistry; P. Physics; B. Biology.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sendingthem to the Editor.

DR. GRAILY HEWITT.—Paper on "Interference with Locomotion as a Uterine Symptom" received; will appear in an early number.

SHIP SURGEONS.

U. S. C.—It is quite impossible to obtain. To attempt to give the desired information would be misleading and useless. We may, however, state that, generally speaking, whenever cabin-passengers are carried, the surgeon messes with them in the saloon, though at other times, as, *e g.* in port, he has to go down lower, and *feed* with the mates. It would be incorrect to apply the term *dine* to such a proceeding. A. S. C. might almost as well inquire where the animals "dine" at the Zoological Gardens. *They dine in their dens;* and these dens are almost without exception lighter, sweeter, and cleaner than an "officers' mess-room" on board ship: the language, too, is often less disgusting. As to uniform, ship surgeons are generally expected to wear some kind of uniform in the way of navy blue, and a certain amount of brass, but the latter need seldom extend lower than the cap.

EXTRA POSTAGE.

DR. BROWNE.—The postmaster who charged you extra postage because the journal was "stitched" does not understand his duties, and should be relieved of his functions. Our publisher has written to the Postmaster-General to this effect. A halfpenny stamp will carry this journal to any address in the United Kingdom, no matter what its weight, and whether stitched or unstitched. No subscriber should allow any out-of-the-way postmaster or postman to charge him extra postage Any attempt should be at once resisted, and complaint sent to the Postmaster-General or to our publisher.

VACCINATION FEES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to know if a medical officer of a workhouse is or is not entitled to payment for cases of successful vaccination performed on children. An answer will much oblige,

yours truly

N. J. M.

[No. The Act of Parliament provides only for payment of a fee to the dispensary medical officer. Therefore a workhouse medical officer, if he vaccinates, cannot be paid.—ED.]

PLURALITIES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In the issue for Feb. 2nd of the *Medical Press and Circular* I observed two paragraphs which seem to require some explanation. In the first paragraph, regarding the appointment of a dispensary doctor to the post of Assistant Medical Officer to the Dublin Metropolitan Police, the gentleman is congratulated on his appointment. In the second paragraph, regarding the appointment of a dispensary doctor to the office of Assistant Physician to the House of Industry Hospitals, the opinion is expressed that pluralities ought not to be allowed. Is there not a discrepancy here?

I am, Sir, yours, &c.,

Dublin. ALEXANDER STEWART.

[There is no discrepancy. The offices of dispensary medical officer and assistant medical officer to the police are quite compatible, and neither need clash with the other. But, we think, and Dublin experience proves, that hospital clinical teaching and dispensary duty can scarcely be well done by the same person, the hours of duty being incompatible. We have not the least desire to discourage any person from holding positions which he can do justice to, but it seems to us that when a practitioner becomes an hospital teacher, he might advantageously leave the dispensary for some one else.—ED.]

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Meetings of the Societies.

WEDNESDAY, FEBRUARY 16TH.

SOCIETY OF ARTS.—At 8 p.m., Mr. Henry H. Cunynghame: Uses, Objects, and Methods of Technical Education in Elementary Schools.

THURSDAY, FEBRUARY 17TH.

ROYAL INSTITUTION OF GREAT BRITAIN.—At 8 p.m., Prof. A W. Rücker: Molecular Forces.

PARKES MUSEUM OF HYGIENE.—At 5 p.m., Mr. Charles E. Cassal: Food Adulteration and Analysis.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Mr. Sedgwick: Notes on the Collapse of Cholera. Dr. Sidney Phillips: Some Points in the Treatment of Fever. Dr. A. H. N. Lewers: The best means of Dilating the Cervix Uteri.

FRIDAY, FEBRUARY 18TH.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At 7.30 p.m., Mr. C. E. Paget: A Practical Illustration of the Protective Influence of Vaccination.

ROYAL INSTITUTION OF GREAT BRITAIN.—At 9 p.m., Mr. William Crookes: Genesis of Elements.

MEDICAL TEMPERANCE ASSOCIATION.—At 4 p.m., Dr. W. Pearce on "The Absolute and Differental Diagnosis of Alcoholic Paralysis." Dr. Norman Kerr on "The Remarkable Decrease of Alcohol in Workhouses."

ACADEMY OF MEDICINE IN IRELAND.—The Surgical Section will meet in the College of Surgeons at 8 o'clock. Papers: Mr. J. K. Barton: On Œsophagotomy for the Removal of Foreign Bodies. Mr. McArdle: Resection of the Pylorhs. Mr. J. H. Scott: On Nerve Suture.

Vacancies.

Doncaster General Infirmary and Dispensary.—House Surgeon, Salary, £100 per annum, with board and residence in the house. Applications, with testimonials, to be sent to the Hon. Secretary not later than Feb. 21st.

Royal Albert Hospital, Devonport.—Honorary Surgical Staff. Applications, with testimonials, should be sent addressed to Chairman of the Selective Committee not later than Friday, the 18th of February.

West Herts Infirmary, Hemel Hempstead.—House-Surgeon and Dispenser, who shall also be Assistant Secretary. Salary £100 per annum, with board, furnished rooms, fire, lights, and attendance. Any further information can be obtained from the Assistant Secretary.

The General Hospital, Birmingham.—Two Assistant House-Surgeons. There are no salaries attached to the posts, but residence, board, and washing will be provided. Applications, with copy of testimonials, addressed to the House-Governor, to be sent in on or before Saturday, February 26th.

Preston and County of Lancaster Royal Infirmary.—Senior House Surgeon. Salary at the rate of £100 per annum, with lodging, washing, and board, exclusive of wine, spirits, and malt liquors. Applications, with testimonials, must be sent free on or before the 28th inst., addressed to the Secretary, Fishergate, Preston.

Appointments

BRODIE, F. C., M.R.C.S., L.R.C.P., L.S.A., House-Physician to the Middlesex Hospital.

CARTER, T. E., M.B.Lond., M.R.C.S., Surgeon to the Stamford and Rutland Infirmary.

CHAMPNEYS, F. H., M.A., M.B.Oxon., F.R.C.P.Lond., Consulting Physician to the Lying-in Hospital, Lambeth.

COSGRAVE, E. MACD., M.D., M.K.Q.C.P.I., Physician to the Heytesbury Industrial School, Dublin.

JORDAN, F., F.R.C.S.E., Consulting Surgeon to the Queen's Hospital, Birmingham.

POLLARD, R., M B.Dur., M.R.C.S., Physician to the Western Hospital, Torquay.

RAMSAY, R. H., M.D., C.M.Glas., Physician to the Western Hospital, Torquay.

SHORT, T. S., M.B., M.R.C.S., L.S.A. Cert San. Sci. Camb., Resident Medical Officer to the Jaffray Hospital, Birmingham.

STEWART, J., L.F.P. & S.Glas., Poor-law Medical Officer and Public Vaccinator for the District of Rotherham.

WHARRY, H. G. O., M.R.C.S., L.S.A., House-Surgeon and Secretary to the Scarborough Hospital and Dispensary.

Births.

BUSH.—On Feb. 10th, at Beaufort Lodge, Hounslow, the wife of Surgeon-Major Cecil Bush, M.B., Medical Staff, of a son.

CHEESEWRIGHT.—On Feb 11th, at Rawmarsh, Yorks, the wife of J. F. Cheesewright, M.R.C.S., of a son.

HEUTSCH.—On Feb. 11th, at 4 Portland Place, Camberwell, the wife of J. Page Heutsch, M.R.C.S., of a daughter.

RIEU.—On Feb. 10th, at 28 Woburn Square, London, the wife of Chas. Rieu, of a son.

Marriages.

COLTHURST—DAVIS.—Feb. 7th, at Holy Trinity, Paddington, Ludlow Tonson Colthurst, M.D., Surgeon R.N., to Lilie, eldest daughter of John Davis, Esq., B.L., of Youghal, co. Cork.

GOSTLING—PARKINSON.—On Feb. 10th, at St. Mark's Church, Hackney, W. Ayton Gostling, M.D., of Worthing, to Francis Marion, only daughter of Mr. G. H Parkinson, of London.

Deaths.

AMBLER.—On Feb. 6th, at 14 Colville Square, Bayswater, W., suddenly, Vincent Ambler, M.D.

FOOTE.—On Feb. 3rd, at Croft's House, Rotherham, Yorks, Harry D'Oyley Foote, M.D., M.R.C.S.E., L M., aged 52.

GASKOIN.—On Feb. 5th, at Caerleon, Monmouthshire, George Gaskoin, M R.C.S., late of Westbourne Park, London, aged 70.

HOWARD.—On Feb. 6th, at New Buckenham, Norfork (of diphtheria), Herbert Howard, M.R.C.S., L.R.C.P.Lond., aged 25.

MATHESON.—On Feb. 5th, at his residence, Granville Place, Portman Square, London, Duncan Matheson, L.R.C.P.Ed., L.F.P.S.Glas.

SMITH.—On Jan. 27th, at Portland House, Cheltenham, Thomas Smith M.D., M.R.C.P.L., aged 74.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, FEBRUARY 23, 1887. [No. 8.

Original Communications.

ON THE MANAGEMENT AND SELF-MANAGEMENT OF GOUT, OR THE URIC ACID DIATHESIS, AND "THE GOUTY."

By J. MORTIMER GRANVILLE, M.D.

THE remarks I have to make about gout are briefly these First, it is on the increase, and is now affecting classes of the population which were in former times free from its ravages. Second, its type has so changed that it is no longer instantly recognisable as it used to be. Third, it is bringing forth a crop of affections which are most grievous in themselves, hurtful to the individuals in whose organism they appear, and detrimental to the estate of health and happiness of which we are only the tenants for life, and for which as trustees, we are accountable. Fourth, this extension of the evil, this misleading change in its type, this development of new forms, and entail of further bad consequences, are in large measure, if not mainly, due to the views we have, in recent years, been led to take of the nature of the so-called "disease" and the manner of its causation. No one will fail to perceive that these are allegations of considerable gravity, and it is in the fullest sense of responsibility, I venture to make them.

In so far as gout is the result of an abnormal habit, or disorderly performance, of certain of the organic functions, due to an inherited defect, or habit, or both, it follows that this malady, like other constitutional peculiarities, whether good or evil, must have a tendency to increase with the population. And the rate of its increase will be greater or less than the rate of increase of the population in proportion as the entail of disease or disorder descends chiefly from the male or the female element of the community. Now it is noteworthy that whereas so recently as the commencement of the present century gout, in its divers forms, principally appeared among men, it is now decidedly prevalent among women. This is precisely what we should expect from the known laws of heredity. The fathers of the women now in their maturity were gouty, and their daughters are exhibiting the characteristics of the "constitution" they have inherited. Atavism, or the missing of one or two generations so far as overt disease is concerned, explains how it happened that the fathers of many gouty women did not actually exhibit the phenomena of gout in their own persons, though in a considerable proportion of instances some one member of the generation "skipped" was decidedly gouty, as though to show that the hereditary malady was present in the family, and entailed, though it did not declare itself in the life-history of the other members. In some families there occurs in every generation one individual who is, as it were, the scapegoat of the rest, and who suffers in his or her own person, as if vicariously, the miseries entailed upon all. This curious and unenviable anomaly is probably more common when the males preponderate in a generation, though there are many conspicuous instances of families in which the victim is wont to be a female. Generally speaking, however, if the males of a family are otherwise fairly healthy, they do not develope gout—even in a family which has the gouty constitution strongly marked and entailed—if the female members are generally affected. There are, however, two forms of gout, one which by preference shows itself in disorders and diseases of the nervous system, and another that puts on characteristic appearances and is more generally recognised. The former as a rule passes from mother to son, and father to daughter, while the latter passes down in direct line from father to son. Atavism is more common in respect to the characteristic gout of the direct line than to the anomalous or masked gout of the oblique descent, though this phenomenon is of frequent occurrence in the history of both varieties.

The "gouty constitution" may be said to mean an inherited tendency to the error of function which produces what we call "the gout," and this inherited tendency increases at a greater rate than the population, because while not all the members of a generation become parents, of those who do, an increasing number are affected with gout. It is not, of course, meant by this observation to imply that a majority of parents in the population are gouty, but the rate of extension or distribution of gout by heredity is proportionally greater than the birth-rate in its totality. We are not dealing with a disease which may or may not spread according to conditions and circumstances, but with an organic peculiarity, a characteristic type of development which obeys the natural laws of the development of species, and which can only be arrested or limited by the determining influences of an altered environment. In short, gout is not at root, so to say, a *disease*, but an aberration of function due to organised habits of life which have during a long series of generations influenced and are still influencing development. The proof that "gout" is increasing cannot be made by an appeal to vital statistics, because unhappily our registration system regards only the maladies that constitute the overt "causes of death," and does not at present, if it ever can, deal with the actual or underworking factors of disease. For example, a *bronchitis* may be accidental or gouty. As a matter of fact, a very large proportion of cases of "senile bronchitis" are probably of this character, although they are not so recorded. We have practically no registration of *disease*, and for the purposes of the Registrar-General's office medical practitioners state only the surface facts, without going deeply into the clinical history of their cases. It would be unreasonable to expect them to do more than they do. Meanwhile, the experience of every competent observer will attest the fact that there are at this moment more cases of gout, or of "gouty" trouble, than have been observed at any previous time within the recollection of those whose memories carry them back for a considerable period. And it is not less notorious that this malady in one or other of its cognisable forms is to be found far more commonly than used to be the case among the patients of hospitals who naturally belong to the lower, or lower middle, classes of the community. Some thirty years ago I remember a physician who was anxious to study this disease in a fairly large number of cases, with a view to the prosecution of a special series of chemical researches, being in such great difficulty to find opportunities for his inquiries that, although attached to a large hospital well placed in a populous district, he intimated his willingness to pay handsomely for every case that could be found for him. Of what was then called rheumatism there was an abundance, but of "gout" proper or even of "rheumatic gout" examples were comparatively infrequent. There could be no such difficulty now, even though the inquirer should fail to recognise the malady under certain of its altered guises and in many of its new developments.

The prevailing types of gout, as we see it, are less conspicuously local, or localised, than the forms of the malady familiar even three or four decades ago. The victim of gout in the generation of our fathers and grandfathers was a man, seldom a woman, with an enormously swollen foot or feet, an agony of acute pain, at least, during the paroxysm, and all the phenomena of an "inflamed" body, and turbulently excited mind. The typical sufferer of to-day, is very nearly, if not quite, as often a woman as a man, the hands are scarcely less commonly affected than the feet, and the pain and swelling are neither as formidable as they used to be. There is a tendency to deposit and consolidation around particular joints rather than enlargement of the whole of the extremity, and although the pain may be severe it is easily relieved, not because our drugs are more potent, but because the stress of the local disturbance is not commonly so great as in former times, and depression and weakness are to be feared and guarded against rather than excitement and strong inflammatory fever. I do not think any one who saw much of gout then, and who sees it now will question the accuracy of these assertions. Of the two maladies, whatever may be their relations or differences, rheumatism is more *acute* than gout as they appear to-day. It is confessedly true that in all disease there has been a modification of type, and sthenic characteristics are now less common than asthenic. Some attribute this change to the gradual disuse of alcoholic drinks, and others, without attempting to explain the fact, cite it as accounting for the change of practice with regard to blood-letting. If physicians ordered bleeding as freely as they prescribed it when we were children, no inconsiderable part of the sick population would succumb to the lancet. Nevertheless, the change of type in gout is especially remarkable, and it is still in progress. The strong belief, I am chiefly concerned, to express is that to this change is probably due the fact that a very notable proportion of cases of gout are not recognised. They do not present the characteristic symptoms of the malady. The stress of the disease does not fall on those parts of the organism in which we have been accustomed to look for and find it; and the unfamiliar forms of disturbance which spring from, and in truth are "the gout," in an undistinguishable garb, and a new and unsuspected guise, may perhaps be disregarded or misunderstood.

Without discussing the underlying *cause* of the gout, whether it be something wrong in the liver or the kidney or the nervous system, we may assume as a fundamental proposition that the problem to solve is how to get rid of an excess of uric acid in the blood. From some cause —no one knows what—the late Sir Henry Holland quoted Aretæus about the gout: Αιτιην δε ατρεκεα μουνοι θεοι ἔοικυῖχν δε ανθρωποι—there has come to exist in the organic life and function of the gouty a tendency to the presence of an excess of uric acid, or sodium urate, in the blood. We do not know *primâ facie* in any particular case, and we cannot always determine, by the most precise methods of clinico-chemical research, whether this excess be due to excessive or too rapid production or to small or too slow elimination. Still less do we know how far this particular element of the gouty state is to be regarded as the cause or as a symptom of the malady of which it undoubtedly forms a prominent part. Now to say the least it is presumption to assume without any certain premises that there is over-production of uric acid through excess of nitrogenous food, and madness to base our treatment on a mere hypothesis, because, if it should happen to be false, we may be depriving the sick and weakly organism of its necessary supplies in our clumsy attempt to prevent excessive production, whereas the whole fault is perhaps non-elimination. Acting on the hasty assumption I am trying to expose, meat has been denied to gouty patients in face of the fact that those animals which feed exclusively on flesh produce very little uric acid, while those which live exclusively on vegetables produce little else than uric acid; and sugar has been condemned, whereas it is demonstrable by direct experiment that sugar favours and augments the elimination of uric acid. To such blunders are those led who begin at the wrong end or jump to conclusions. Knowing no more than we do of the cause or nature of gout, and being simply aware that it is wholly wrong to have so much uric acid in the blood as is found there in gout, the common-sense view of remedial policy must be *to get rid of it*. This is the sole legitimate aim of the physician in dealing with gout, and the more directly and simply he sets himself to accomplish this issue the better it will be for his patient.

How to get rid of the uric acid? That is the question. I do not for one moment suppose, or mean to imply, that the accumulation of uric acid in the blood is the whole cause or essence of "gout," but it is beyond doubt an important feature of the disorder, and that one which, being changed, the morbid state will be changed also. Now uric acid is in a very high and obstinate degree insoluble, and as it cannot pass through the kidney in a crystalline form, it must be carried out in solution. To this end not less than seven or eight thousand times its bulk of water is required, and it is practically necessary that the water holding the uric acid in solution should not be already saturated with, or preoccupied in holding in solution, other acids or salts. Roughly and approximately, seven or eight pints of urine must be excreted daily to get rid of the uric acid formed, and to prevent accumulation. In short, if a gouty man would be well he must drink freely, and while he drinks, take such precautions as will serve to direct the flow of fluid out of the body into the channel which is peculiarly that best suited for the elimination of uric acid, *i e.*, the kidney. It cannot be doubted that in exceptional cases this acid, in combination with one of its corresponding bases, may be got rid of through the skin. Instances are recorded, and some may be remembered, in which the determination to the surface generally has been such as to cause the skin to be covered with a flour-like powder, which might be brushed off. Everybody is familiar with the so-called "chalk stones," which often lie close under the skin, *e.g.*, on the tips of the ears in this malady; and large accumulations of semi-fluid chalky matter in swellings on the extremities and near the joints are common enough. Nevertheless, it is not in this way that the elimination of urates should be sought, and, therefore, it is a mistake to try to promote perspiration in gout; still more is it a blunder to try to get rid of the morbid products by the intestines. The natural, and proper, mode of exit is by the renal excretion, and the gouty patient should keep his skin moderately, but only moderately, warm, and avoid a too free use of aperients, while he drinks copiously and notes that the fluid he imbibes is fully excreted. Both as a matter of observation and as a scientific inference I would strongly press this primary proposition; uric acid must be eliminated by or through the kidney, and to accomplish this the total quantity of renal excretion in every twenty-four hours must be sufficient. If due attention be paid to this matter I am persuaded a very great deal will be accomplished towards the maintenance of health. Another reason for making the renal organ the emunctory is to be found in the opinion which many good investigators have formed that in point of fact uric acid is chiefly produced by the kidney cells, and that when it is found in the blood that is because it has been thrown back into the blood by some block in the kidneys. If this be true, I do not assert that it is, for there is as much or more to be urged in support of the hypothesis that uric acid is formed in and by the liver, this is obviously an additional reason for keeping the renal organs well flushed. In any case the plan of ridding the blood of the uric acid which is in excess, whether that excess be due to over-production or to deficient elimination, by drinking freely and determining the flow towards the kidney is, I am convinced, the common sense and only true policy. If it be objected that the function of the kidney is likely to be impaired by disease in most advanced and not a few early cases of the uric acid diathesis, that is no sufficient objection to urge against the method, because if the blood-pressure be raised in the vessels of the kidney, the tubes are more likely to be filled, and thus kept patent than if they are not thus distended, and as a matter of fact the best treatment for a decidedly gouty or granular kidney is now recognised to be that which mechanically compels its action by favouring the retaxation of its blood-vessels, for example, the exhibition of nitro-glycerine. Moreover, the dilution of the blood itself by an abundant supply of fluid has the effect of rendering it better able to hold the uric acid in solution, and many have thought, and some are still of opinion that an "attack" of gout is, or may be, brought on by the blocking up of the tubes in the kidneys with crystals of uric acid. In as far as this is the fact "flushing" is the obvious remedy.

Assuming then that the gouty should make it a point of policy to drink very freely, what is it best they should drink? There is no other such solvent of uric acid or urate of sodium as pure water. I have very little hesitation in asserting that the gout may be kept in abeyance if not cured by any one who will make it a practice to drink some three or four pints of water daily. Cullen says, "for preventing or moderating the regular gout, water is the only proper drink." I would not, however, go so far as that for I believe beverages of a moderately stimulating nature are not only desirable but necessary in the great majority of gouty cases. There cannot, however, be any doubt that large quantities of pure or unloaded water ought to be taken with a view to the elimination of the uric acid. I have never been able to understand clearly why so many practitioners insist on their patients drinking water already charged with alkaline carbonates. The task of supplying a base for the acid is a needless one. The blood is already too heavily loaded with salts of uric acid, and is fast depositing the same. The idea of neutralising the acids on which the acidity of the urine depends, is I am persuaded, a misapprehension, for the urine becomes increasingly acid as it passes away the acids of the blood and restores the normal alkalinity of the circulating fluid.

(To be continued.)

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ON THE NORMAL SHAPE AND POSITION OF THE UTERUS.

(A Clinical Lecture Delivered at the London Hospital.)

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In the production of pelvic symptoms of the slighter kind, much is commonly attributed to displacements and distortions of the uterus. Before we can give their proper significance to these changes, we must understand what is the normal position and shape of the uterus, and to what extent this position and shape are liable to variation in a state of health.

There are two meanings which may be given to the term "normal," when applied to the position and shape of the uterus. 1. It is often taken to mean the position and shape *usually* found on examination of those who suffer from symptoms referred to the pelvic organs. Now these ailments are commoner in women who have had children than in those who have not. Moreover, in women who have had children, examination of the pelvic organs is undertaken and submitted to for slighter reasons than in the case of virgins. Therefore it is the case, that the few healthy women whom a gynæcologist examines, will be mostly women who have been mothers, and the idea of the shape and position of the healthy uterus which he would form from ordinary clinical experience, will represent the usual shape and position of the healthy uterus in parous women.

This shape and position is that the organ is either straight, or with a slight anterior concavity, so that the anterior surface presents an obtuse angle, opening forward; and that the long axis of the uterus lies in, or nearly in, the axis of the pelvic brim, so that no part of the body of the uterus, neither its anterior nor its posterior surface, can be reached by the finger in the vagina. This is the *usual position and shape of the uterus in healthy women who have borne children,* and it is commonly spoken of as the "normal position" and shape of the uterus. In the ordinary nomenclature, deviations from this position are spoken of as "displacements." When the uterus is so far inclined forwards that its anterior surface can be explored by the vaginal finger, this is *anteversion.* When it is inclined backwards, so that the vaginal finger can reach its posterior surface, we have *retroversion.* When the uterus is bent so as to be concave in front, *anteflexion* is said to be present, and when bent so that it is concave behind, there is *retroflexion.*

2. The other meaning which may be given to the term "normal," is the position and shape which is consistent with health. This is the more proper definition. Each one of the deviations from the usual position, anteflexion, anteversion, retroflexion, retroversion, has been shown to be consistent with health, and each has been by some writers considered as *the* normal one. Thus, for instance, Claudius (*a*) of Marburg, maintained in a closely reasoned paper that "the uterus is only in its normal position when it touches the posterior wall of the pelvis." In 70 out of 78 female dead bodies examined by him, the uterus occupied this position.

In comparing the different opinions that have been held as to the natural position of the uterus, we first ask, how has this position been ascertained? There are two ways in which the solution of the problem has been sought, viz., by the examination of the living, and by the dissection of the dead. By making sections of the frozen dead body, we seem to get the best picture of the mutual relations of parts, because we thus see them undisturbed. But this method has the drawback, that great changes occur in the interval between death and the freezing process. Thus in the well known section made by Braune (*b*) and in many of Pirogoff's sections, (*c*) the pelvic floor projection, which in life, according to the largest estimates, is only about an inch and a half, reaches about four inches. The position of the uterus may not be much altered, but the occurrence of such changes is enough to show that the evidence of frozen sections, when opposed to that of examination during life, is not absolutely conclusive. By examination during life we can ascertain the position and shape of the uterus very exactly. We can feel its whole outline by bimanual examination, and if we alter its position it is easy enough to perceive the change produced. Considering also how much more numerous are the opportunities for ascertaining the position of the uterus in the living subject, than those of looking at frozen sections, I regard the results of examination during life as the most trustworthy means of determining the normal position of the uterus. And even if it be the case (as has been sometimes said) that the results of examination of the living are fallacious, that the uterus

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(*a*) *Med. Times & Gazette.* 1865. Vol. I, p. 5.
(*b*) Topographisch-Anatomischen Atlas, Pl. II.
(*c*) Anatomia Topograpica, Fasc, 3 a.

may be put into an abnormal position by the method of examination; we should remember that the same error must lead to the production of similar pseudo-displacements in the ailing, and in them possibly to unnecessary mechanical treatment in consequence.

The true description of the "normal position" of the uterus is that this organ is movable within certain limits, and any position within these limits is a normal one. The usual position is in the axis of the pelvic inlet, but the uterine body may be inclined in front of or behind that axis, that is, anteverted or retroverted, consistently with health. Neither retroversion nor anteversion is a morbid state, and something more than the mere presence of these so-called "displacements" is required to warrant us in treating them as morbid. The uterus can be pushed up, or pulled down, or pushed to either side; it can also be turned forwards or backwards, or bent forwards or backwards, by appropriate manipulations, without difficulty, and without producing suffering. The limits of these movements cannot be exactly defined, because they are different in different subjects, according to the conformation and firmness of the structures to which the uterus is attached.

Any other definition of the normal position and shape of the uterus than that here given, viz., the position which is consistent with health, comfort, and painless functional activity, is an arbitrary standard, for the setting up of which there is no good reason, and which leads to mischievous errors in practice; such as, for instance, the overlooking of the true causes of symptoms by referring them to what is supposed to be a uterine displacement, but which is really the normal state of things; or the adoption of active treatment, not always free from danger to life, for the removal of conditions which are perfectly healthy.

The same causes that have led to difference of opinion as to the normal position of the uterus have produced also different views about its shape. Taking the class of healthy women whom we more commonly have occasion to examine, the organ is generally either straight as to its long axis, or with a slight curve concave anteriorly. But this, the *usual* shape, is not the only one consistent with health. The form of the uterus is often altered by childbearing. In virgins the uterus may be straight, or it may be, and in the majority is, bent forward. This bend may vary indefinitely in amount. All intermediate degrees are met with, between a uterus which is quite straight, and one so bent that the anterior surfaces of the body and cervix are nearly parallel, and form an acute angle at their junction. Any one of these shapes is normal, that is, consistent with perfect health, and painless functional activity.

The effect of child-bearing is to make the uterus straighter. In parous women, acute anteflexions are less often met with than in nulliparæ. I have found a uterus which was anteflexed before child-bearing gradually become more and more straight after each successive pregnancy. From this effect of functional activity one might expect that the growth of the organ at puberty, or the stimulus of marriage, might have the effect of rendering anteflexion less; but I know of no observations bearing on the point.

The uterus in different patients, possesses different degrees of flexibility. Its tissue may be firm and hard, so that the organ keeps its bent shape during any movement which is imparted to it, and the cervix may be pushed backwards or forwards without altering the shape of the uterus. In these cases the organ, if flexed, can be straightened by passing the sound, but resumes its shape when the instrument is removed, or by pulling down the cervix the bend can be rendered less acute, returning when the cervix is released. When the uterus is taken out of the body after death, the curve is still present. Specimens of uteri of this kind are to be found in several museums. There are other cases in which the uterus is soft, and can be readily bent this way or that. In these cases anteflexion can be made more or less acute by pushing the cervix forward or backward, or even anteflexion and retroflexion can be made to alternate with one another. Such a uterus when taken out of the body, shows no bend, nor any sign of disease. Bandl (*a*) who has investigated by post-mortem examination the shape of the uterus, states his result as follows:—"We find anteflexion still persisting after the uterus has been removed from the body only very seldom, as compared with its frequency in the living. Out of the last 200 cases examined, I only found a plainly persistent anteflexion four times." (This is not due to any very exclusive definition of an anteflexion on his part, as will appear from another quotation in which he says: "In the living woman, the phenomenon of anteflexion and anteversion of the uterus is one so common, that one might without gross error say that all women in whom the uterus is not in a condition of retroversion or retroflexion, present anteversion or anteflexion more or less pronounced.") (*b*)

Softness of the uterus has been looked upon as an effect of malnutrition. (*c*) It may be so, but our knowledge of the causes, significance, or effects of softness of the uterus is purely conjectural. There is no proof that softness of the uterus is inconsistent with a healthy state of the organ, or that great firmness of the uterus is a sign of health. I have found the uterus soft in persons who did not show any evidence of debility, and hard in patients the subjects of wasting disease. I imagine there may be the same differences between different uteri, as to consistence, that we find in the voluntary muscles of different individuals. I do not at all call in question the correctness of Dr. Hewitt's observations that in a certain class of patients treated by him the uterus was soft. But accepting this as a fact, I do not infer from it that in others not suffering from similar ailments the uterus was not soft. And while Hewitt looks on *softness* of the uterus as the condition which produces bending, Schultze (*d*) argues that *hardness* of the uterus, the result of chronic metritis is the cause of changes in its shape and position. The truth is that we have no means of estimating with any precision the state of the uterus as to hardness or softness, and no proof that variations either one way or the other are in themselves evidence of disease.

We have next to ask, how is the uterus maintained in its normal position? Or rather, how is its mobility restricted within normal limits? What are the forces which, under normal conditions, cause it to change its position? and what are those which restore it to its former place when a disturbing force is removed.

The agencies by which the uterus is kept in place are, the pelvic floor, the uterine ligaments so-called, and the intra-abdominal pressure.

In the production of the symptoms which accompany the minor uterine displacements, probably also in the production of the displacements themselves, and certainly in accounting for the variations in those symptoms, the intra-abdominal pressure plays a very important part.

The term "intra-abdominal pressure" means the pressure within the abdomen to which its contents, including the uterus and walls, are continually subject.

The abdominal viscera are affected like all other matter on this planet, by the force of gravity. If not supported, they would fall downwards, that is, in the erect posture, upon the pelvic floor, and in recumbency, upon the dorsal wall of the abdomen. When the structures which should give them support, are so altered that they do not fulfil their duty in this respect, the more weighty viscera, and those exposed to pressure from above do fall downwards, as we see in prolapsus uteri, movable kidney, movable liver, scrotal hernia, &c., conditions which all have in common this feature, that

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(*a*) *Archiv. für Gynäkologie*, Band. xxii. S. 417.
(*b*) Op. Cit., S. 411.
(*c*) Hewitt, Diseases of Women.
(*d*) *Lage Veranderungen der Gebärmutter*, s. 67.

they are present when the patient is erect, and disappear, or can be easily altered when the patient is recumbent.

The viscera within the abdomen are also subject to the pressure of the atmosphere, 15lb. to the square inch, which acts on every part of the outside of the abdominal cavity, and if not counteracted by pressure within, would tend to force together the walls of that cavity, to push the diaphragm downwards, the pelvic floor upwards, and the abdominal walls backward. The peritoneal sac in health, is rather a potential than an actual cavity. The viscera which the peritoneum covers are all in close contact with one another and with the walls of the abdomen, and there are only very small interstices left between them, which are filled with a little serous fluid. This can be seen to be the case by looking at any frozen section through the abdomen, in which it will be noticed at once that the outline of the intestine is not round, as it is when removed from the body, but polygonal, from the mutual pressure of the coils. From the way in which during health, the abdominal viscera are closely applied to one another, it results that they give one another mutual support. The pressure of the atmosphere outside, tends to press them together. If we assume that the abdominal walls are rigid above, in front, behind, and at the sides, it is plain that in the absence of any counter-pressure, the atmospheric pressure, 15lb. on the square inch, would tend to press the viscera up, and so counteract the effect of gravity.

But the walls of the abdomen are not rigid. The diaphragm is a muscular arch, which ascends and descends in respiration. The posterior abdominal wall is osseous and muscular, and becomes concave or convex in different postures. The anterior and lateral walls are muscular, and these muscles are sometimes loose and flabby, sometimes firm and contracted. The pressure within the abdomen is continually being modified by the condition of its muscular walls.

The intra-abdominal pressure is the resultant of these three forces: gravity, atmospheric pressure, and muscular action. These forces are always in action, and we cannot separate the effect of one from the other. The amount of this pressure has been measured, and it has been found, by the independent researches of different observers, that, in the same condition as to posture and muscular effort, it varies very little in different persons or in the same person at different times. Thus in the standing posture, without more effort than is needed to keep erect, the pressure within the bowel, or within the bladder, is equal to a column of water from 10 to 12 inches high. During muscular effort it is greatly increased, and in recumbency it is diminished, and may even become less than the pressure externally. We see this sometimes in passing a catheter with the patient lying down, when instead of urine coming out, air is sucked in, and then, on increasing the pressure with the hand on the hypogastrium, urine mixed with many air bubbles is forced out.

The intra-abdominal pressure falls on the pelvic floor vertically downwards, and when it is increased it pushes the pelvic floor downwards. When there are weak spots in the abdominal wall, as in the condition of the abdominal rings which leads to the common kinds of hernia, the intra-abdominal pressure leads to protrusion of the abdominal contents, and if the pelvic floor be weak, yielding and protrusion will take placein that situation.

The essential support of the uterus is the pelvic, or rather, as it might better be called, the abdominal floor. This structure has been described, from a mechanical point of view, in the most luminous manner by Dr. D. B. Hart. (*a*) He points out that it may be regarded as a kind of diaphragm formed mainly by muscular and fibrous tissues, and closing in the abdominal cavity below. This diaphragm is perforated by three openings; the anterior, the urethra, so small as to be insignificant; the posterior, the anus, firmly closed by a strong sphincter, and therefore, except for a few seconds now and then, non-existent. The middle opening, the vagina, is a large transverse slit, and the uterus is implanted into the upper part of the pelvic floor, at the upper part of the slit. This slit forms a valvular opening, closed above by the uterus, in the abdominal floor. It divides the floor into two parts, the anterior part being the upper and more movable, and, in the ordinary condition of the parts, closely applied to the posterior. In labour, the canal for the exit of the fœtus is formed by the anterior segment being pulled up, and the posterior driven down. In the ordinary form of prolapse, the anterior slides down upon the posterior.

This diaphragm, the abdominal floor, is strong enough to bear continually the intra-abdominal pressure, and to resist also the temporary increase in that pressure which accompanies muscular effort. During respiration, the abdominal floor, like the thoracic diaphragm, but to a less extent, ascends and descends; and it is forced downwards also by the increased intra-abdominal pressure which accompanies effort. In these movements the uterus moves with it. When the increased pressure is removed, the pelvic floor rises again, and the uterus with it. Healthy women often follow laborious occupations, and make great and prolonged physical exertions, without suffering.

The most important parts of the pelvic diaphragm, are the pelvic fascia and the levator ani muscle. Below these structures its bulk is made up of skin, superficial fascia, fat, and certain small muscles. The pelvic fascia forms a fibrous partition which completely separates the pelvic cavity above from the perineal space below. The levator ani is a broad fleshy layer which extends from the anterior and lateral parts of the pelvic wall downwards and inwards to the middle line, and forms, together with its fellow of the opposite side, a muscular floor to the greater part of the pelvic cavity. The upper half of the muscle is tendinous, and the lower half muscular. Its fibres pass downwards and backwards, its posterior edge crossing the rectum about an inch and a-half or two inches, above the anus, to be inserted into the coccyx side of the rectum, perineal raphé, and vagina. When the levator ani contracts, the coccyx is drawn forwards, the perineum pulled up, and the sides of the rectum and vagina pressed towards the middle line. With the finger in the rectum or vagina the muscle on each side can be felt as a tense band when the patient is told to draw up.

I arrive at the belief that these structures, the pelvic fascia and the levator ani, are the essential supports of the uterus, by a process of exclusion. The so-called uterine ligaments are in health never tense, so that they cannot act as ordinary uterine supports. The perineum may be destroyed, and the vaginal orifice dilated, without producing prolapse; and repair of these parts, when they are destroyed, and prolapse exists, does not cure prolapse. The only other structures which we can look upon as uterine supports are the fibrous and muscular constituents of the pelvic floor, of which the parts I have named are the most important.

The pelvic floor supports the downward pressure of the abdominal viscera, and prevents descent of the uterus. Bending or turning of the uterus forward or backwards is prevented by the support of the viscera in front and behind it. The pelvic brim is inclined at an angle of about 55 degrees to the horizon, and therefore, if the uterus be in the so-called normal position, that is, the axis of the pelvic brim, it will be inclined at an angle of about 35 degrees. In this position the downward intra-abdominal pressure will fall on the posterior surface of the uterus, and if there be nothing to prevent change in the position of the uterus, this pressure will force it into a position of anteversion. This it may do, but as a rule does not do so, for the viscera in the pelvis,

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(*a*) Hart & Barbour, Manual of Gynæcology, chap. iii, and other references given there.

as well as in other parts are so packed that they are in mutual contact and give one another mutual support. In front the uterus is supported, below by the bladder, and above, where the bladder ceases to be in contact with it, by small intestine. The bladder is the chief support of the uterus in front. It has been shown, by the experiments of Dr. John Williams (*a*) and those of Drs. Hicks and Goodhart (*b*) and can be observed clinically, that when the bladder is very full, the uterus is by it carried upwards and backwards. (*c*) In ordinary circumstances this viscus is regularly alternately gradually filled and suddenly emptied. It is emptied, partly by its own contraction but partly also by the intra-abdominal pressure. This is exerted by the pressure of the superincumbent intestines on the bladder, that is, as the bladder is emptied, the intestines descend and take the place which the bladder, when distended, occupied; replacing it as a support of the uterus in front. The importance of this latter force is shown by the difficulty which some women experience in micturating in the recumbent posture. In some cases, and probably in a good many others besides those in whom it is noticed, when the bladder is emptied the uterus falls forward on to it, the intra-abdominal pressure being then exerted on the bladder through the medium of the uterus, so that in these cases there is anteversion present when the bladder is empty, but not when it is full. Above and behind, the uterus is in contact with small intestine, which often occupies Douglas's pouch. Different opinions have been expressed by surgeons in the habit of performing abdominal section, as to the frequency with which intestine occupies Douglas's pouch. I do not think observations made during operations of this kind are of much importance in showing what is the natural state of things, for the performance of an operation implies that there is something abnormal. With the bladder and rectum empty, and the uterus in contact with the rectum the position of the uterus is that described by Claudius as the normal one, namely, a position of retroversion, with the body of the uterus touching, or almost touching, the posterior wall of the pelvis. This Dr. John Williams (*d*) has designated the lowest normal position of the uterus, and has shown experimentally that the uterus when in this position, is raised and carried forward by filling of the rectum. But clinical experience shows that this "lowest normal position" of the uterus is not during life the usual position of the organ, even when the rectum is empty, and when this is the case, it must be supported by bowel behind, or else the pressure of bowel above and in front would force it into a position of retroversion. But for coils of intestine to support the uterus behind, it is not necessary that they should reach down to the very bottom of the pouch of Douglas.

Although there is no doubt that the position of the uterus may be influenced by repletion or emptying of the rectum with fæces, yet as a matter of fact we do not find as a rule the position of the uterus different when the rectum is empty of fæces, from what it is when filled with them. The fact is, that the rectum is seldom quite empty, when its contents are not fæcal, they are often gaseous, and the one is as capable of giving the support which in ordinary circumstances is sufficient to support the uterus, as the other.

The effect of the bladder, in modifying the position of the uterus, is greater and more easily perceived. When full it may carry the uterus far upwards and backwards as to place it beyond the reach of the examining finger. When empty the body of the uterus may so sink down upon the bladder as to become nearly parallel with the anterior vaginal wall. Fritsch has suggested that fæcal masses in the sigmoid flexure may press the uterus down into a position of anteversion, a view supported by post-mortem examinations in which the condition of things necessary to permit this has been found. This is far more important than many of the alleged causes of anteversion, although it cannot be perceived during life.

The vagina and perineum are sometimes spoken of as supports of the uterus. Whatever importance the vagina has as a support to the uterus is derived from the muscular and fibrous structures of the pelvic floor which are inserted into it. I believe that the relation of the vagina to prolapse of the uterus is more often causal than preventive. There is good reason to think that prolapse of the vagina often leads to elongation of the cervix and prolapse of the uterus. On the other hand, we can easily drag down the cervix uteri to the vulva, the upper part of the vagina readily undergoing inversion as we do so. I therefore dismiss the vagina from the list of uterine supports, otherwise than as a part of the pelvic floor.

The assumed function of the perineum as a uterine support requires notice, because it has been described in large language, and the description illustrated by some strangely inaccurate diagrams, in a popular text-book on the diseases of women. The only importance of the perineum with respect to prolapse of the uterus is this: When the uterus descends, it passes through the vaginal canal. The orifice of this canal is its narrowest part, and therefore here the uterus meets with some resistance to its downward progress. When the perineum is torn through, the vaginal orifice is made large, and does not offer resistance to uterine descent. The uterus must have already sunk to a considerable extent before it meets with resistance from the vaginal orifice, so that if this resistance were insurmountable, all that it could do would be to prevent prolapse getting beyond a certain stage. But as a matter of fact, the resistance which the vaginal orifice offers is soon overcome by the dilatation of that orifice. I have seen complete prolapse, the vagina turned inside out, and the whole uterus outside the vulva, contained in the inverted vagina, in a virgin. I have also seen a case in which, at the first and only confinement, twenty years previously, the perineum was torn quite through into the anus. The patient suffered from incontinence of fæces, but there was no prolapse, notwithstanding that the support of the perineum had been lacking for twenty years. Similar cases have been seen by other observers. They show that the intact perineum does not prevent prolapse, and that destruction of the perineum does not cause prolapse.

The structures which are called ligaments of the uterus, and which from their name might be supposed to fix it (excepting the round ligaments), are folds of peritoneum passing from the uterus to the walls of the pelvis. In the normal state these ligaments are never tense, and therefore they cannot be agents in maintaining the uterus in its normal position, although no doubt they help in resisting sudden prolapse. But, as we commonly see in the case of large hernias, the peritoneum soon stretches and slips before a continually acting force, and therefore the assistance which it offers to prolapse is soon overcome. Savage (*a*) has shown that when the uterus is pulled down there is a certain point at which its progress is stopped by the utero-sacral ligaments. These have been called the musculi retractores uteri, but the muscular fibres in them are so few, that they cannot have any appreciable action as muscles.

The round ligaments run in a gentle curve from the inguinal canals, under the peritoneum to the uterus. In a normal state of parts, they do not pull on the uterus. Fritsch (*b*) attributes the rising of the uterus during pregnancy to the traction of these ligaments. If they were tense they might in the first few weeks do so, but they are not tense, and if they were, their effect after the fourth month would be to prevent the uterus from rising further. I therefore do not believe that the

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(*a*) *Lancet*, 1873, vol. ii.
(*b*) Obst. Trans., vol. xviii.
(*c*) This effect is illustrated in one of Pirogoff's plates. Fasc. 8 a, tab. 32, fig. 20.
(*d*) *Lancet*, 1878, vol. ii, p. 192.

(*a*) Surgery, Surgical Anatomy, &c., of Female Pelvic Organs.
(*b*) *Lage Veränderungen der Gebärmutter*, s. 12.

pulling of the round ligaments has any appreciable influence on the position of the uterus during pregnancy. As the uterus grows, the round ligaments grow too, and suit themselves to it. It has been shown by the experience of operators, that the uterus can be pulled upwards and forwards by pulling on the round ligaments, and they are therefore to be reckoned as one of the obstacles to the greater degrees of prolapse. The absence of tension of these ligaments when the uterus is in a normal position, shows that the uterus is not suspended by them. They do not prevent prolapse, although they may oppose and retard its later degrees.

Seeing therefore that the so-called ligaments of the uterus are never tense so long as the uterus is not lower down than usual, and that the perineum may be destroyed without affecting the position of the uterus, it seems to me that we are driven to regard the pelvic floor as the essential uterine support.

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Clinical Memoranda.

UNDEFINED DISEASE.

Case I.—*Purulent Sore Throat—Furred Tongue—Pyrexia—Anorexia—Debility—Typhoid Diagnosed?—Rapid Recovery—Full Diet—Chill—Severe Diarrhœa, troublesome in Checking—Recovery.*

By JOHN W. MARTIN, M.D., M.Ch.,
Sheffield.

This patient, Mr. P——, consulted me on the 11th of November, 1886. He is about 26 years of age, and unmarried. Constitutionally he is very gouty, and has had two severe attacks which laid him by for almost two whole winters. When seen he appeared to be suffering from the effects of a chill, and a severe cold. He complained of sore throat, and of being very weak. Examining the throat, I found it of a dusky red colour, very little tumefaction, and covered over with a slight nasty purulent looking secretion. Deglutition was very painful. The tongue was large looking, covered with a thick coating of white fur, and presented the ordinary appearances of a liverish looking tongue. The temperature was up to 101°; his visit to me was an evening one. There was no dicrotism in the pulse, no diarrhœa, or pain or tenderness in the abdomen. There was little or no variation between the morning and evening temperatures. His place of business is within the Rotherham district for water supply, and is low, lying close to the river Don. It is liable to being flooded during freshets on the river, and of necessity has a damp sub-soil. There had been a good deal of typhoid in the Rotherham district, and one of the leading employeés had not long before died of that disease.

Typhoid was clearly in my mind in studying the case, but the idea did not seem to be supported by the symptoms. Some kind of blood-poisoning had evidently taken place. Diphtheria was what I most feared. Though there was an abundant muco-purulent secretion covering the tonsils, at no time was there the slightest appearance of a membrane. Purgatives, diuretics, and gargles, improved the patient's general condition considerably, but the great weakness continued. The bowels acted regularly. The tongue was cleaner, but still presented the same evenly white furred appearance, very unlike the tongue usually seen in typhoid. There was no diarrhœa, gargouillment, or abdominal tenderness. Being in lodgings, and as he so far disliked giving trouble that he would not even ask for beef-tea, and other proper sick diet, to be prepared for him, I sent him home to London on the 15th November to be under his mother's care and nursing.

There the family medical man pronounced the case to be typhoid, though none of the usual train of symptoms appeared at any time when at home. By the 25th he was up out of bed, and eating freely of solid food. He had not the slightest relapse of any kind. Whilst at home, and lying at home, he felt himself doing well, and nothing very much the matter, beyond a steadily increasing desire for food. During the whole of December, and the Christmas holidays, he felt in excellent health, better than he had done for a couple of years.

He returned to Sheffield on the 5th of January. On the evening of the 8th, he again consulted me, greatly alarmed lest he might be suffering from a recurrent attack of typhoid. He had a slight sore throat, his bowels had been freely moved, without, however, the character of diarrhœa. He had taken a pill on the 6th, to the action of which he ascribed the loose state of the bowels. The tongue on this occasion, though still very far from presenting the typical characteristics of a true typhoid tongue, was more like one than on the former occasion. The pulse was weak and rapid, but otherwise a natural pulse; no dicrotism about it. Temperature 100°, the visit being paid in the afternoon. There was no abdominal pain or tenderness, and no trace of gargouillment. He looked well, and felt in all other respects very well. He was under observation from the 8th to the 14th, and remained during that time indoors. At first the following mixture was prescribed:—

℞ Potass bicarb., ʒij.;
Tr. aconiti, ♏xl.;
Aq. acetat. am., ʒiv.
Liq. morph., ♏xl.;
Syrupi, ℥j.:
M. Aquæ, ad ℥viij.

Sig.—Two tablespoonfuls to be taken with one of the powders, in effervescence, every 4 hours.

℞ Pulv. acid citric, grs. xij.;
Ft. pulv. mitte, viij.;

Sig.—"Powders."

Seen again the morning of the 10th. Throat felt much better. The looseness of the bowels had developed into a smart diarrhœa. Motions copious, loose, and painful when passed. Temperature 99°. Pulse 84. Tongue cleaner at the tip, still much furred at the back. Mixture stopped. Ordered—

℞ Tr. catechu, ʒij.;
Bismuthi carb., ℈ij.;
Mist. cretæ co. B.P. ad. ℥viij.
M. ℥j. every third hour.

Diet to consist of milk, with arrowroot, with bread soaked in it, sago, &c. No beef-tea or solids.

Visited again in the evening. Temperature 98·4. Other symptoms unchanged. Diarrhœa persistent, and very frequent. I ordered him to take ʒiss. of the mixture for a dose.

On the morning of the 11th no change in the condition of the bowels, or other symptoms. The tongue if anything more furred. Saw one of the motions, which was very fœtid smelling, soft, smooth, free from all lumps, looked bilious, but the natural colour was of course interfered with by the bismuth. I at once changed the treatment, and ordered—

℞ Acid sulph. dil., ʒij.;
Liq. morph., ʒj.;
Ext. ergotæ liq., ʒiij.;
Syrupi zingib., ℥j.;
Aquæ chloroformi, ad ℥viij.;
M. ʒj. every third hour.

At my evening visit I found he had had only one motion after the first dose, and none after the second. He felt a little desire to go still if he moved about much. Temperature 98°. Felt increased desire for food, and in every other respect very well.

On the 12th improvement continued. He was able to take some fish.

On the 13th, felt quite himself. On both these days, the temperature night and morning remained at 98° and 97·6°.

On the 14th he returned to business, taking a simple carminative mixture to allay a tendency to flatulence which still existed, but which, by the 16th, had ceased altogether.

Remarks.—This case appears to me to be one from which a good deal may be learned as to difficulties in making exact diagnosis. There can scarcely be a doubt, that in the outset, the case was the result of some malign miasmatic influence. The nasty pus-covered sore throat, and extreme debility, with pyrexia of an asthenic type, all point clearly in this direction. Facial appearance and expression, character of the tongue, and want of dicrotism in the pulse, together with the absence of diarrhœa, did not allow of one's committing oneself to the idea of true typhoid, an opinion, to my mind, much strengthened by the subsequent history of the case. I have never, so far, seen such a condition of the throat in cases of straight-going gastric catarrh, or gastro-enteritis. The absence of gastric or other abdominal pain, nausea, vomiting, or diarrhœa threw difficulties in the way of determining the nature of the case as one of these two complaints. Typhoid was favoured by the district in which he worked being affected, and by the fact of one of the employeès connected with the works having died from that complaint. From the general symptoms, I felt inclined to regard it more in the light of abortive diphtheria, if such there can be. The great soreness of all the muscles about the pharynx, the absence of much tumefaction, the character of the secretion covering it, and the extreme debility, favouring this view. At the time he again came under notice, the question was put, "Is there *any* chance of my present condition being due to a recurrence of what was pronounced to be typhoid in London?" There was on this occasion loose bowels, developing into diarrhœa, the motions being very fœtid, there was also pyrexia, and the character of the tongue was much more like what is seen in typhoid. There was pain and tenderness about the bowels, and, altogether it was impossible to express a decided opinion, though one felt tolerably certain it was not typhoid. The patient's perfect recovery in a few days of course made it impossible that it should be so. In London, after being a few days at home, *i.e.*, about the 18th, the case was pronounced to be typhoid, and yet some eight days after he was allowed full diet, consisting of solids of various kinds, and by the end of the month he was going about quite himself. For my own part, I feel the strongest doubts as to the case ever having been true typhoid, and, if it were, I certainly never would have ventured to place the patient so soon upon such a diet. The longer one lives and practices, the more one meets with what may be termed "border-land cases of disease," in which exact diagnosis is extremely difficult, or impossible, and in which all that can be done is carefully to recognise the symptoms, special and constitutional, present, and without expressing any decided opinion, deal with them on general principles. Some men find it good policy to give it a name, and stick to it, and there is much to be said in favour of such a course on grounds of policy, but it is not quite so satisfactory if two men are dealing with a case at a distance from one another, and independent one of the other.

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DIFFICULT PARTURITION—PROTRUSION OF THE UTERUS WITH UNDILATED OS UTERI.

By MARTIN O. CARROLL, M.Ch., L.M., T.C.D.,
St. Vincent, West Indies.

The following case will, I think, be interesting to your readers:—On Jan. the 28th, 1883, at 8 p.m., I was sent to attend an unmarried black woman, named Georgiana Dolphin, who was in labour with her first child. I found the labour pains very weak, and no dilatation of the os whatever. I accordingly returned to my house which was close by; at 11 p.m. I was sent for again, and on arriving found the pains very strong, and with scarcely any intermission between them. On examination I found the uterus protruding fully two inches outside of the vulva, the os was nearly impervious, and it was only by using a boring motion I could succeed in getting the little finger of my right hand into it, in the same way I got in the little finger of my left hand, and then by drawing them asunder I dilated the os sufficiently to admit of the introduction of both my first fingers, and after considerable difficulty the two first fingers of each hand, but do my best I could not dilate the os any more; the labour pains all this time were getting stronger and stronger, and the uterus protruding more and more so that it appeared as if the woman would have expelled it altogether; by using all my strength I succeeded in tearing open the uterus with my fingers, and delivered with the forceps; having removed the placenta, the uterus having contracted well I pushed it back into its place, put the woman for a few days on small doses of opium, and in two weeks she was up, walking about.

On the 18th day of this month (Jan., 1887) I made it my business to see the woman before publishing these details, she told me she had not had a child since, and has not suffered from any prolapse of the uterus, and, in fact, has never had a day's illness from any cause whatever.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

Meeting held Friday, January 21.

The President, Sir William Stokes in the Chair.

TREPHINING FOR MASTOID DISEASE WITH PARALYSIS AND APHASIA.

Mr. **Fitzgibbon** read a paper on a case of trephining for mastoid disease with paralysis and aphasia:—Miss A. E., æt. 27, was attacked by an ear-ache on the left side, in May, which continued for several weeks, when facial paralysis set in on the affected side. This symptom disappeared, shortly after facial paralysis appeared on the right side, with confusion of ideas and aphasia, and threatened loss of power of lower limbs, indicating intracranial mischief. He trephined the left mastoid cells, removing a portion of upper surface of petrous portion of temporal bone. After some days matter escaped from the opening in the bone, and the patient finally recovered perfectly both her physical and mental health.

The **President** said the case illustrated the importance of bone-drainage, the subject of which was discussed last year. He asked whether the suppuration was from an abscess or from the tract of the wound made by the trephine; and, secondly, whether the paralytic symptoms resulted from local inflammation of the bone itself, or, possibly of the periosteum?

Mr. **Wheeler** said that the night he himself saw the subject of this communication she was suffering from want of power in the lower limbs; she misapplied words, and had facial paralysis on the right side. Her history was, that an attack of scarlatina, some years before, was followed by discharge from her left ear. Having examined her ear by artificial light he perceived an aperture in the upper part of the tympanic membrane, and he was informed that a short time before there had been a discharge from the ear, which suddenly ceased. The temperature was high and the pulse rapid; the pupils responded equally, but he had no opportunity of making an ophthalmoscopic examination. He came to the conclusion that she was suffering from phlebitis perhaps a slight meningitis, and not improbably from an abscess in the tempero-sphenoidal lobe. His reason for thinking that an abscess might be present was that the train of symptoms and her history almost exactly corresponded to those of a patient of his own on whom he operated and successfully evacuated an abscess situated in the tempero-sphenoidal lobe, as reported to the Academy of Medicine some four years ago. Two symptoms very characteristic of intracranial abscess were absent—viz., abnormally slow pulse and abnormally low temperature. But the existing phlebitis and meningitis would account for this. The want of power in her lower limbs was due to irritation of the medulla oblongata, perhaps a local phlebitis of the vessels of the medulla, as the acoustic vein joins the veins on the anterior surface of the medulla oblongata. The facial paralysis on the right side was probably caused by the irritation of the centre of the seventh nerve, carried from the left side, as the centres of both nerves lie close together. The defect in speech was likely due to the fibres of the left restiform body running upwards. At the consultation he strongly advised operation. Although Mr. Fitzgibbon stated he placed the trephine a little higher up than that designated in the operation he (Mr. Wheeler) performed, on examination of the bone removed it would be seen that the mastoid cells had been opened, which would not have been the case had the trephine been placed higher up. Some persons thought that there was danger in opening the lateral sinus, but if the rule were adopted as laid down by him (Mr. Wheeler) there could be no danger of it—namely, first to bisect the mastoid process, all anterior or in front of the line keeping the operator well clear of the lateral sinus, and then to place the lower border of the trephine on a level with the external auditory meatus; the tympanum and mastoid cells would be opened, giving free exit for discharge; the dura mater would be exposed, and should pus exist between it and the cranium there would be freedom for its escape. Further, should an abscess exist in the tempero-sphenoidal lobe of the brain it might be conveniently tapped through the exposed dura mater or through the tegmen tympani should it not have burst through this slender portion of bone. Sections of the skull and brain which he exhibited demonstrated, he said, on the right side the operation which he performed; and on the left side, having first performed the operation, he removed the cerebellum to show that there was no danger of wounding the lateral sinus. He also perforated the dura mater exposed in the operation, and penetrated through it the tempero-sphenoidal lobe of the brain with a probe *in situ*. Hence, to tap an abscess in the sphenoidal lobe was the direct and correct course to adopt. The perforation in the tympanum was insufficient to evacuate the discharge in cases suitable for trephining,

Mr. Story failed to see what object was gained by trephining the mastoid at all, since pus was found nowhere. Of course, if the surgeon made up his mind that he had to take something out by trephining, let him do the operation, but he ought not to make a hole in the temporal bone to seek for pus and find none. The favourable termination of the case appeared to be a *post hoc* instead of a *propter hoc*, as regarded the *hoc*. Another point was that he did not see why the left ear was trephined instead of the right, as the lady had a running from both ears after scarlatina, and had paralysis of the facial nerve on the left side. The case was not to be regarded as one of those which would have died if left alone.

Mr. Pratt said he had seen eight cases of the kind. Of these four were operated on and recovered, while, of the others, two that were not operated on died, and he lost sight of the third. Moreover, pus welled into the wound when made by the trephine only in one case, but the pus that came afterwards appeared to come from inside the skull rather than from the wound itself. Hence the advisability of the operation. He asked how Mr. Fitzgibbon stopped the hæmorrhage?

Dr. Cox mentioned the case of a female whom he treated medically for similar symptoms, and she became restored to health. He asked how Mr. Fitzgibbon accounted for the paralysis, especially of the lower extremities, and whether he attributed the unsteadiness of gait to cerebral causes?

Mr. Thomson inquired at what period after the operation was performed did recovery result? because after the removal of the bone there were several days during which there was no discharge, and as the history of the case went on there did not seem to have been any great improvement for several weeks. If the opening had given an exit to any collection of pus, once the pus escaped there ought to have been some definite improvement. But the case seems to have covered a very long period, with fluctuations.

Mr. John H. Scott asked whether the purulent discharge had a strong fœtor?

Mr. Bennett said the tendency of Mr. Wheeler's remarks was to recommend trephining as a remedy for all cases of otorrhœa.

Mr. Wheeler said that he had distinctly defined the suitable cases, and indicated that there were many cases unsuitable.

Mr. Bennett enumerated several not relievable by the trephine, including pyæmia and the direct perforation of the lateral sinus by caries, and his opinion was that the only cases likely to be relieved were those in which the operation was done early for accumulation of pus in the mastoid cells, or where, with a bold stroke, an abscess of the brain was reached.

Mr. Fitzgibbon, in reply, said it was with the view of acquiring information himself on some of the questions discussed that he had brought the case forward. He attributed the paralysis to inflammation extending, in the first instance, to the facial nerve upon the left side, and the paralysis on the opposite side of the brain. The loss of power in the lower extremities was due to inflammation extending to the medulla oblongata, arising from the pus between the dura mater and the bone on the left side of the cranium. The granulations which he had described, but which Mr. Wheeler had not observed, might have been blebs of purulent matter which looked like granulations. At all events, they would not wipe off with wadding. He had placed the trephine above the mastoid process, trephining the petrous portion of the temporal bone, but involving the upper margin of the mastoid process; and the demonstration given by Mr. Wheeler justified the precaution he took in that respect, because a great deal more than half the disc of the trephine was involved in the petrous portion of the temporal bone, and the separation of that large mass would require a greater amount of force than might be required to give free exit to pus, and might extend so as to lacerate the lateral sinus. Mr. Story's question as to what was gained by the operation, since no pus was got out, had been answered sufficiently by Mr. Pratt. Believing suppuration had taken place before inflammation between the bone and the dura mater, which became extravasated on the occasion of a long carriage drive, thereby relieving the pressure, he had trephined in the position where the pus was most likely to present itself. That condition explained the paralysis on the left side, and paralysis supervening on the other side was from the extension of the inflammation to the nerve on the opposite side from the common origin. It was, however, clear that the surgeon should not let the patient die for want of making an effort to save life; and in the case under discussion Dr. Mayne had expressed the opinion that the girl must die, while believing that the operation could do no good. Hence the operation was justifiable, even though the indications were extremely ambiguous and questionable. The hæmorrhage was stopped with a piece of lint by putting his finger on it. Relief was given when he gave the pus free exit. The inflammatory condition had been going on, extending to the base of the brain, to the meninges and the medulla oblongata, and was subacute at the time of the operation; but the pain was relieved immediately the matter commenced to discharge through the trephine opening, and she never complained of the agonising pain in her head which she had done for a considerable number of days following the operation. The symptoms were generally relieved immediately after the operation, with the exception of great prostration and delusions, which took possession of her even when her physical condition was that of convalescence. There is an unpleasant fœtor from the discharge; it was more offensive than laudable pus would be. As to Mr. Bennett's objection to trephining in all such cases, he had himself the case of a woman named Margaret Robinson in which Mr. Wheeler would have trephined, but the milder operation of incision answered the purpose quite as well. It is a well-known fact that the incision of inflamed bones often led to the recovery of a bone which otherwise would go on into destructive caries.

The Section then adjourned to the 18th February.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

A Special Meeting was held on Wednesday last, February 16th, for the discussion of

EMPYEMA IN ITS MEDICAL AND SURGICAL ASPECTS.

The President, Prof. Grainger Stewart, M.D., in the chair.

The discussion was opened by Dr. William Russell, who detailed the treatment and progress of six cases which he had had recently under his care. He had much faith in a carefully conducted system of drainage for the usual run of cases. He was in the habit of making a double opening, through which was passed a continuous drainage tube. This afforded the freest outlet for the purulent effusion. This was an operation which every physician ought to be able to undertake. In cases of longer standing resection of a considerable portion of the thoracic wall might be necessary. This belonged more properly to the sphere of the surgeon.

Dr. Caverhill thought that sufficient care had not been bestowed on the after treatment of some of these cases. He exhibited two cases, where operative interference had been successful. In one of these he had instituted a most careful system of after treatment, with the view of obviating deformity. The result was most encouraging. It was a mistake to suppose that the appearance of pus necessarily indicated the presence of organisms. In one of his cases, where he had used the spray throughout, the pus had been repeatedly examined in the bacteriological laboratory with negative results.

Mr. John Duncan said they must treat an empyema as they would an abscess, and evacuate the pus. As in the case of the abscess, there were three possible lines they might follow:—Aspiration, drainage, resection. Before predicating too much as to aspiration, they must have a better understanding why the pus was formed. Pathologists had yet much to discover in this field. His own experience led him to distrust aspiration in the treatment of abscess. Similarly it appeared to him of limited efficacy in empyema. In recent cases, however, it might be tried with advantage. If of no further value it might possibly lead to encystment. Drainage had a much wider field of application. If the cavity were kept aseptic, and the drainage free, there was good chance of its being successful in young subjects, especially when the collection was encysted. There was no need for more than one opening. Its position must not be too low, else drainage was impeded, owing to the elevation of the diaphragm. The removal of a small portion of rib was an obvious advantage in the way of protecting the tube from pressure. For old-standing cases, however, especially those where the cautery was no longer aseptic, or where the lung was firmly tied down, their only hope lay in resection. They must resect freely, say, a portion of eight or nine ribs from the third downwards. He had operated thus in six patients, in three instances with complete success, and in three with partial success.

Dr. **Affleck** endorsed Mr. Duncan's statement that they must have a more exact pathology of the empyematous condition. It arose evidently in connection with varying forms of depreciation of the system. He had recently had a case, where a serous effusion of some standing became purulent after scarlatina. The diagnosis of an empyema was no easy matter. Most of the signs and symptoms which had been emphasised proved alternately fallacious. He thought more might be made of the peculiar cough. Though he had never seen it mentioned, he felt sure the cough in empyema had a markedly different tone from that in simple serous effusion. The treatment must, of course, vary with the condition and the causation.

Mr. **Hare** referred to some recent French observations, which went to prove that most pleurisies were ultimately tubercular in origin. This was of interest in connection with the preparation which Dr. Woodhead submitted at their last meeting. Probably at the present time, there was too great a tendency to adopt the severer forms of operative interference. The resulting deformities were sometimes most serious. In the selection of their line of treatment they must be guided by reason, and not merely by fashion.

Dr. **James** discussed the physical conditions which favoured the reparative process in the retracted lungs. Both inspiration and expiration were of value. Tapping had a wider range of application than was usually accorded to it. If it were only adopted early enough and used at sufficiently short intervals, they would have more success. They must not delay the second aspiration till the fluid has re-collected. The best site for puncture was between the fifth and sixth rib, rather behind the mid-axillary line. At this point, experiment had shown that the level of the fluid was highest. The association of tubercle with pleurisy was still a point which required definition. He had observed the peculiar cough, to which reference had been made, and attributed it to the increase of intra-thoracic pressure.

Mr. **Alex. Miller** agreed that much had to be done in elucidation of the causation of empyema. He had always believed that micro-organisms were necessarily present, but Dr. Caverhill's remarks seemed to point towards a negative possibility. The best point for puncture was as high as the third interspace. Post-mortem examination proved how high the diaphragm might reach in such cases.

Dr. **Hadden** believed in the efficacy of early tapping in pleurisy with effusion. If such cases were carefully watched and treated in the venous stage, there would be few empyemas, and little need for surgical interference.

Dr. **Napier** emphasised the absorbent powers of the venous surfaces. Probably mechanical interference explained, in some instances, the occurrence of the empyema. In his experience, large venous effusions were often absorbent quite apart from aspiration. Of course, his observations were made on the healthy country child. It might be difficult among town and especially hospital patients. He had been struck with the not unfrequent association of empyema and puerperal conditions.

Dr. **Hunter** said that the withdrawal of a certain amount of fluid undoubtedly aided nature's effort at absorption.

Dr. **Bramwell** spoke of the difficulty of diagnosis. More particularly in the young child might have a considerable collection of fluid and auscultation reveal nothing very abnormal. There was little doubt that empyema in the young child was frequently due to a superficial patch of localised pneumonia. In such cases, aspiration was of much value. In graver cases he was inclined to favour a system of continuous drainage on the syphon principle. This ensured the gradual withdrawal of all the fluid with a commensurate expansion of the lung. It obviated the chief object to resection, the opening up of the closed pleural cavity.

Dr. **Brakenridge** thought the fact of an occasional dependence of an empyema on localised patches of caseating pneumonia below the pleura introduced an element of considerable danger in attempting to aspirate. He had seen cases where the empyematous state was, if not produced by, certainly kept up by aspiration.

Dr. **Sinclair** thought the expiratory phase of distinct value in the curative process, as regarded the retracted lung, and cited the case of a cornet-player, who only recovered health after operation, when he was allowed to resume his playing.

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WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Friday, February 4th, 1887.

The President, Dr. **Alderson**, in the Chair.

LIVING SPECIMENS.

Mr. **Keetley** showed: (1) A case of cholecystotomy; (2) a case of arterio-venous aneurism of the cavernous; (3) sinus after treatment by compression.

ON THE NATURE AND TREATMENT OF HYPERTROPHIES AND TUMOURS OF THE NASAL AND PHARYNGEAL CAVITIES.

Dr. **Thudichum** read a paper on this subject. He related a number of cases of hypertrophy of one or other, or both lower turbinated bones, causing respiratory inadequacy and its consequences to lungs, nerves, and constitution. He showed how it led to malformations of the septum, and to its ulceration, perforation, and loss. He showed how these cases had been cured by the abscission of parts of the lower conchæ. He also related cases of hypertrophy, and of abscesses in the middle concha, and in the ethmoid cells, and how they had been cured by the ablation, either of the entire conchæ, or of a portion of the cells. He further gave an instance of the simultaneous or independent ablation of excrescences of the septum, all of which had yielded satisfactory results. He objected to surface cauterisation of the nose, and gave cases illustrating its results. In one case, that of an officer, surface burning in 27 sittings, had produced severe ashmatic attacks which only yielded after the ablation of the concha. He referred to the great variety of nervous symptoms connected with nasal hypertrophies, and to their disappearance after ablation of the hypertrophied parts, and put it as a general fact, that in cases of chronic hypertrophy of any of the four, respectively six or eight, turbinated bodies, causing obstruction or accompanying neurosis, ablation was indicated, and was in most cases the only means of effecting a cure. He gave several instances in which members of our profession had not only introduced and accompanied patients who had been so restored to health, but had themselves undergone such operation with results highly satisfactory to themselves. He showed how this refuted the observation which in the course of last year had been made in a medical journal, in which it was reported that a conclave of specialists at Brighton had declared such operations to be either unnecessary or unjustifiable, and had termed their result a mutilation. He maintained that these observations were not based upon any experience. The mutilation consisted in the existence of disabling disease, and its removal was the only cure. He believed that the profession would not place the slightest confidence in such imaginary objections. He alluded to a lecture by Dr. McBride, of Edinburgh, on nasal reflex neuroses, and showed that the literary quotation then given began only with 1881, while he, Dr. Thudichum, had taught the whole subject of reflex neuroses, from nasal disease, particularly asthma, hay fever, hemiopsia, convulsive twitchings, spasm of pylorus, perverted sense of smell, vertigo, loss of consciousness, cough and spasmodic sneezing, ever since 1875. He showed that both nose disease and neurosis or nerve complaint have a common dyscratic origin, and can be cured fundamentally only by the combination of operative and general treatment and not by either alone. He further showed that without such a constitutional basis the more serious reflexes, except sneezing, were never produced. He denied that the nose contained erectile tissue, or an erectile apparatus, and maintained that the word erectile was inappropriate to the parts of the conchæ provided with a multiplicity of venous sinuses. He maintained the superiority of the electro cautery proven to all other operative procedures, and quoted cases as proofs. One had been two and a-half years under forceps treatment in several hospitals in succession, but had been cured by electricity in two sittings. Another case was found to have two inches of steel wire fixed in his nasal cavity, being the residue of a broken snare unsuccessfully used eight months before. He also described the advantages of the use of cocaine, and the disadvantages of the use of general anæsthesia in these cases. He concluded with a novelty, namely, the proof of the permeability of the incisive canal, and showed that great attention must be given to all the foramina of the cavities adjacent to the nasal cavity, of which foramina there were no less than sixteen. The cases were illustrated by sketches on the black board.

Mr. **Spencer Watson** asked for further information with regard to the removal of the spongy bones with the actual cautery, and whether the platinum cautery would pass through the bone ?

Dr. **Clippingdale** did not agree that asthma was a neurosis dependent upon obstruction of the nose by polypi.

Dr. **Ball** said that there were many cases of chronic hypertrophic rhinitis which were curable without involving the removal of the spongy bone.

Mr. **Collyer** asked if general anæsthesia was used by Dr. Thudichum in his cases ?

Dr. **Bennett** would like to know whether there were any marked signs of syphilis in Dr. Thudichum's cases ?

Dr. **Newton Pitt** asked Dr. Thudichum if he had found any bacilli in any of his cases which he had described as tubercular ?

Mr. **Lloyd** inquired if hæmorrhage had ever proved troublesome after the operation ?

After some interesting remarks from the President, Dr. **Thudichum** in reply described in detail his method of removing the inferior turbinated bone with the electro cautery.

MULTIPLE NEURITIS AFTER DIPHTHERIA AND UNILATERAL PROGRESSIVE FACIAL ATROPHY.

Dr. **Campbell Pope** read notes of two cases under this title, each of which was contributed by Dr. C. W. Suckling. *Case* 1, was that of a woman, æt. 42, in whom the disease commenced when she was about eighteen years of age. Left side of face markedly smaller than right. Bones much atrophied. The horizontal ramus of the lower jaw is one inch shorter on the left than on the right and much diminished in thickness. The malar bone is also much atrophied. The fat is quite gone and the left eye being sunken and well marked fossæ being present above and below the zygoma. The skin is not altered in colour but the eye-lashes are scanty and there is complete alopecia over the left half of the front of the skull, this was concealed by her at the time she was photographed. The temperature is a degree higher on the left side; sensation is unaffected. Two well marked grooves are present on the left side of the forehead, due to atrophy of the face in the situation of the supra-orbital nerves. The general health is unaffected. The tongue, soft palate, and hard palate are normal, and there is no atrophy elsewhere. The faradic response is much increased on the left side, evidently owing to diminished resistance of the skin, &c. No cause can be assigned, but she had toothache a great deal when younger, and she thinks her face has got worse after her confinements. No syphilitic history.

MULTIPLE NEURITIS AFTER DIPHTHERIA.

Case 2.—A young man was admitted into the Queen's Hospital, Birmingham, three months ago, with almost complete paralysis which had commenced in the legs, and later on had affected the forearms. Ten weeks previously he had had a sore throat, his sister living in the same house died of diphtheria, and his larynx was anæsthetic on admission. There were well marked dropping of the hands and feet, emaciation, marked tenderness in the calf muscles, and along the nerve trunks. He suffered from shooting pains before admission. A prick of a pin caused two sensations, touch being first perceived and pain after. There was also some algesia. The reaction of degeneration was present in the extensor muscles of the legs and forearms. He is now improving gradually, taking forty minims of the liquor strychniæ three times daily, and being galvanised and rubbed. Faradic response has returned in the thecar and hypo-thecar muscles and in both forearms.

An interesting discussion followed, in which the President, Dr. Bennett, Mr. Mallan, Dr. Pitt, Dr. Blenkinsop, took part, and Dr. **Pope** replied.

CARD SPECIMENS.

The following were shown by Mr. H. **Percy Dunn** :—(1) Extensive rupture of the duodenum, following a kick from a horse. (2) Tuberculosis of the spleen from a child of three months. (3) Sarcoma of the testis. (4) Large intussusception from a child.

Dr. **Abraham**, some microscopical sections of sponge grafts.

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SESSION OF
The General Medical Council.

TUESDAY, February 15th.

The President, Sir Hy. W. **Acland**, Bart., in the Chair.

After the customary formalities on the introduction of new members, Dr. **McVail**, of Glasgow, desired to raise a question on a point of order as to the election of certain members by the Senatus Academicus of the Scotch universities, but this was over-ruled by the President on account of the requisite notice of motion not having been given. The President then delivered his annual address, which partook principally of the nature of a survey of medicine in its development and changes during the fifty years of Her Majesty's reign, and the acts and functions of the Council during its existence. The address was necessarily of great length, and we regret we have not space for it, owing to the great pressure of other matters. After its delivery the necessary routine questions and appointments of committees were gone through.

On the presentation of the table showing results of professional examinations held in 1886 for qualifications granted under the Medical Act by the bodies named in Schedule A of the Act, and one showing results of preliminary examinations in 1886, compiled by the registrar from such returns as have been supplied by the examining bodies, pursuant to the Council's request,

Dr. **A. Smith** called attention to the fact that the Apothecaries' Society of London had passed 214 candidates and rejected 447, and that the Faculty of Physicians and Surgeons of Glasgow had passed 65 and rejected 159. These results, he said, showed either that the examinations of the bodies in question had become much more stringent or that the education of the candidates was very defective.

Mr. **Macnamara** called attention to the circumstance that in regard to the highest percentage of marks obtained by the candidates, several of the universities had stated that information could not be supplied, and he urged the desirability of returns being made as to the lowest amount of information considered satisfactory by the examining bodies in preliminary education.

A table was also presented showing the number of exceptional cases that occurred during the year 1886 in regard to the length of the course of professional study, together with a statement of the action taken thereon by the several licensing bodies; and another table showing results of professional examinations held in 1886 for qualifications granted under the Dentists Act.

Dr. **Struthers** said it would be observed that the number of exceptional cases had greatly decreased since last year. The only bodies in which they had occurred were the Royal College of Physicians of London and the Royal College of Surgeons of England, in which the number of cases was 39 and 22 respectively. The number seemed to be large, and to require some explanation.

Sir Dyce Duckworth said that the cases that had occurred in the College of Physicians related chiefly to Colonial graduates. Only three or four had come from foreign universities, and in those cases the diplomas had been closely scrutinised, not only to ascertain that they were themselves genuine, but that the education was satisfactory.

VISITATION AND INSPECTION OF EXAMINATIONS.

Mr. Marshall, in bringing up the preliminary report by a subcommittee of the Executive suggested that the subject was so urgent and important that it ought to be dealt with by a larger body than the Executive Committee; and he proposed that the subject should be referred to a committee of the Council for consideration and report during the present session.

After various suggestions and modifications the following motion was put and agreed to:—"That Sections 2 and 3 of the Medical Act of 1886, together with the preliminary report by Dr. Humphry and Dr. Quain, on the Visitation and Inspection of Examinations under the Medical Acts of 1858 and 1886, with certain suggestions by Mr. Simon for the Council's future Inspections of Examinations, and the recommendations by the Executive Committee, be referred by the Council to a Committee to report on the subject to the Council at its present session."

The committee was then appointed, and Mr. Marshall was requested to act as chairman.

Mr. Marshall brought up various communications on the subject of diplomas in Sanitary Science for entry on the Minutes. He stated that the schemes and curricula all coincided in requiring that the candidates presenting themselves should be registered practitioners, and in some instances the candidates were required to be graduates in medicine of the university giving the diploma, or of some other body.

A communication was received from the University of New Zealand, applying for the recognition of its diplomas. It was ordered to be entered on the Minutes.

Communications were also received from the Apothecaries' Hall of Ireland, and the King and Queen's College of Physicians in Ireland, with reference to a conjoint scheme of education and examination, and ordered to be entered on the Minutes.

The remainder of the sitting was held with closed doors.

WEDNESDAY, FEBRUARY 16TH.

Sir Henry Acland, President, in the chair.

THE APOTHECARIES' HALL OF IRELAND AND THE CONJOINT SCHEME.

Dr. Struthers brought forward the following motion: "With reference to the 'scheme for constituting an Examining Board in Ireland by the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland,' received and entered in the Minutes of Nov. 20th, 1886, page 154; and to the communications to the Council from the King and Queen's College of Physicians in Ireland of Nov. 10th, 1886, and the Apothecaries' Hall of Ireland of Nov. 9th, 1886, received and entered in the Minutes of Nov. 9th, 1886, page 145; and to the 'Remarks,' with Appendix, by the King and Queen's College of Physicians, of date Dec. 31st, 1886, transmitted to the President by the College on Jan. 5th, 1887, and the 'Comments' thereon by the Governors and Court of the Apothecaries' Hall of Ireland, transmitted to the Registrar of the Council on Feb. 3rd, 1887, and received and entered in the Minutes of Feb. 15th, 1887: that the Council request the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland to reconsider the scheme, in the strong hope that they may be able to arrange with the Apothecaries' Hall of Ireland a scheme which shall include the Apothecaries' Hall with the two Colleges." He said he did not appear in any way as a special pleader for the Apothecaries' Society, but as performing what he considered a public duty. It was somewhat difficult to frame the motion because there was not now before the Council any motion for the approval of the scheme; but they had the scheme on their Minutes, and therefore could deal with it. The motion was simply that the Council should advise the two Dublin Colleges to reconsider the scheme with a view of admitting the Apothecaries' Hall into a triple scheme. If the apothecaries were left out of the scheme what was to happen? By the Act of 1886 it was provided that a medical corporation might apply to the Council to have examiners appointed, and if the Council declined to do so the body might go to the Privy Council, and if it appeared to the Privy Council that the General Council had failed to secure the maintenance of sufficient examinations, or that occasion had arisen for the General Council to appoint assistant examiners, then the Privy Council might notify their opinion to the General Council, and if the General Council failed to comply with such directions of the Privy Council, the Privy Council might themselves appoint assistant examiners, and the Apothecaries' Hall of Dublin might be started as a new and independent licensing body for medicine, surgery, and midwifery. That was the prospect before them, and if that were the case they might have the profession in Ireland and England flooded with practitioners, whatever their professional knowledge might be, under the name of "apothecaries." This question had been discussed very elaborately on former occasions by the Council; and in 1863, in answer to an application from the War Office, the following resolution was agreed to: "That this Council is of opinion that the registered licentiates of the Apothecaries' Company of Dublin are as apothecaries entitled to practise medicine in Great Britain and Ireland." The result was that the army and other boards received the apothecaries' diploma on the same footing as any other medical licence. After tracing the history of the establishment of conjoint examinations, he said that the other Colleges of Physicians and Surgeons must make up their minds to part with a few of their privileges and fees, and that the examinations must be made, though upon "reasonable terms." He made the motion on three grounds: first, as a measure of justice due to the apothecaries; secondly, as a matter of expediency to the other bodies; and thirdly, as a public duty. It was not for the interests of the public that these bodies should be tolerated as independent licensing bodies, flooding the country with practitioners with their name and qualification. He moved this as a measure of peace. If they had the three corporations united into a conjoint board, they would have an end to contention; if not, it would be every man for himself.

Dr. Bruce seconded the resolution.

Mr. Simon, in supporting the motion on the ground of the demands of public duty, asked if any reasonable person could say that it was for the public interest that a separate and competing examining board should be set up in Dublin? In proportion as the College of Physicians felt itself stronger and higher than the Company of Apothecaries, it was bound to adopt the course urged upon it. *Noblesse oblige.* They ought not to allow any narrow personal feeling to stand between them and the completion of a scheme that would be for the general good of the country. It could never be for the public benefit that the two corporations should force the Company of Apothecaries into a position in which they would have to take refuge in the power of the Privy Council or the Medical Council to appoint assistant examiners. The Apothecaries' Company had been legally recognised, whether wisely or not, as a medical authority, and the question was whether they were prepared to assent to a course which would make that body a competing authority against the two Colleges in Dublin.

Mr. Wheelhouse heartily supported the proposal of Dr. Struthers, believing that if the Apothecaries' Company were not admitted to the conjoint examination infinite harm and mischief would be done.

Mr. Teale and Dr. Banks also supported the motion, and Sir William Gull said that the same principle would equally apply to this side of St. George's Channel. The Apothecaries' Company had a distinct function to perform, and on public grounds, therefore, it ought to be maintained. The Council, he thought, would stultify itself if it did not adopt the motion of Dr. Struthers.

Dr. Glover said that recent legislation did not contemplate the destruction of existing bodies, but rather their continuation. As therefore the number of bodies could not be diminished, the only hope they had was in their fusion. With that view, and believing that, after all, the pharmaceutical side of medicine was very important, perhaps more important than ever, he was quite prepared to give a hearty vote in favour of the motion of Dr. Struthers.

Dr. Kidd said that the feeling of the profession in Ireland was that the three bodies ought to be fused, and that it would be a very serious injury to the community if a body were established to compete with the two Colleges in their conjoint scheme. Such a rivalry would be a competition downwards, and not upwards. He did not see how the dignity of the College of Physicians was affected. The intention of the Act of 1886 was to include the Apothecaries' Hall in any conjoint scheme, and it was the duty of the Council to encourage such inclusion.

Sir Wm. Turner said Dr. Struthers' statement was so convincing that he felt there was nothing left for him but to support the motion. There was one aspect of the case which was of very great importance—viz., what was in the mind of the legislature as regards this question when they framed the Act of 1886? They necessarily put into the front rank that which they considered to be the most important, and that was "combination." The mind of the legislature was that combination should take place whereever it was possible, but that if through any difficulty combination did not take place, then that a body which could show that it was doing its duty efficiently should not be extinguished. What, therefore, they should urge upon the bodies was that they should strive to carry out what he believed to be the prime meaning of the Act, and that the alternative proposition should not be required to come into operation if combination could be performed.

Mr. Collins hoped that the Council, if it passed this resolution, would also pass a resolution of which he had given notice—that they should nominate one examiner in surgery for the Apothecaries' Hall of Dublin, which he represented. If this was not done, and the recommendation of the Council was not adopted, the effect would be that that body would be disfranchised, at any rate till the next meeting of the Council in June.

Sir Dyce Duckworth said he could not follow Sir William Gull in regarding this question as having brought before the consideration of the Council the other question which had to do with London. The question of the Apothecaries' Hall in Dublin and its relation to the Royal College of Surgeons, was not at all on all fours with the question of the relations of the English bodies. The action taken by the London Colleges was perfectly well known; it had been taken after very full and careful deliberation.

Mr. Macnamara said, as a representative of the College of Surgeons in Ireland, he might say that the College had on several occasions gone to the College of Physicians to represent the justice of admitting the Apothecaries' Society into the conjoint scheme. He thought the resolution proposed by Professor Struthers, and for which he would vote most heartily, was a most desirable one, and it would be a sad thing if the College of Physicians would not listen to the voice of the Council on this point.

Dr. Aquilla Smith after quoting from evidence given by Mr. Macnamara in 1874 that he considered the present system of licensing in Ireland had been attended with a paralysing effect on the promotion of pharmacy, and that the Apothecaries' Company had abnegated their functions in becoming examiners in medicine, he proceeded to give an account of the proceedings taken by the two Colleges in reference to the application of the Apothecaries' Company to be admitted to the joint examination. When the application was received the Council of the College of Physicians held a special meeting, at which it was decided, *nem. con.*, that the Council of the College regretted its inability to accede to the proposal, because it believed that the intentions of the Medical Act were best carried out by the arrangement that had been made in accordance with that in force in England. Under the circumstances he thought it was hopeless to send the matter back to the College of Physicians for reconsideration.

Mr. Brudenell Carter said he thought it would be unworthy of the dignity of the Council to address a petition to the College of Physicians the prayer of which it had no legal power to enforce; he was therefore unable to vote for the motion of Dr. Struthers.

Dr. Struthers briefly replied, and on the motion being put from the chair, it was carried by 19 against 4, five members not voting.

The Council then adjourned.

THURSDAY, February 17th.

Sir Thomas Acland, President, in the Chair.

The first item on the programme was a communication from Dr. McVail, during the consideration of which strangers were requested to withdraw.

It was moved by Mr. Marshall, seconded by Dr. Heron Watson, and agreed to:—

"That pursuant to Clause 4 of the Minutes of February 17, the following letter by Mr. McVail be now entered in the Minutes."

"General Medical Council Office,
"229 Oxford Street, London, W.,
"February 16, 1887.

"Dear Sir,—The point of order that I rose to speak to yesterday concerned the Commissions of the Representatives of the Scottish Universities, as read by the Registrar.

"These Commissions in all four instances are from the Senates of the Universities; in three of them this is formally expressed; and in the case of Glasgow, although not definitely stated in the document, yet the Senate alone made the appointment.

"I desired to call your attention to the circumstances, first, that the Medical Act of 1886 does not, in the case of any one of these Universities, restrict the power of election to the Senate; and, second, that the Scottish Universities' Act of 1858 is likewise without any such limiting provision.

"I hold that in the Scottish Universities the duty of electing the Representatives to the General Medical Council falls on the same constituencies that return the Representatives to the Imperial Parliament.

"I therefore regard the Returns read before the General Council yesterday as being quite invalid.

"I am, dear Sir,
"Yours faithfully,
"O. C. McVail.

"To Sir Henry W. Acland,
'President of the General Medical Council."

Conjoint Scheme in Ireland.

Mr. Collins moved:—

"That the Governor and Court of the Apothecaries' Hall of Ireland, having failed in their efforts to enter into a conjoint scheme of examination with the other Irish Corporations or Universities, respectfully request that the General Medical Council will be pleased to nominate an Examiner in Surgery for the Hall (the Governor and Court having been advised that to ask for one in Midwifery is not requisite), to entitle them to issue registrable qualifications, in accordance with Clause 5 of the Medical Act (1886)."

He appealed to the Council not to allow the Apothecaries' Company to be without a registrable qualification. It was, and always had been the wish of the company to combine, and he therefore asked for an examiner in surgery to be appointed under the Act of Parliament of 1886.

The motion was seconded by Rev. Dr. Haughton.

Some discussion took place on a remark by Sir William Gull, who said the request should come from the corporation and not from their representative but Mr. Collin's request was ruled to be in order.

Dr. Leishman criticised the wording of the motion, which he said was open to misconstruction.

Sir Walter Foster said he thought the resolution was premature on the part of the Apothecaries' Company, inasmuch as it was part and parcel of a great question which would have to be decided later on. The intention of the Act was to force combinations in each of the three divisions of the Kingdom so as to lessen the number of competing and rival licensing bodies. The Apothecaries' Hall was at present a medical qualifying body, and must be recognised as such. If the motion were passed, Mr. Collins would be the Bismarck of the situation and would be in a condition to initiate aggressive measures. He recommended Mr. Collins to withdraw his motion, the necessity for it not having been proved.

Mr. Collins then asked for permission to modify the wording of his motion so as to stand as follows:—"That in conformity with the request of the governor and court of the Apothecaries' Hall of Ireland of Nov. 9th already entered on the minutes of the present Medical Council, this council will proceed to appoint an examiner in surgery to issue registrable qualifications in conformity with Clause 5 of the Medical Act (1886)."

Dr. Struthers said it followed from their decision of the day before that the motion ought to be deferred so as to give time to the corporations of Dublin, to consider the resolution then passed. He proposed as an amendment "That the Council defer coming to a decision on the motion of Mr. Collins, in order to give the Royal College of Physicians and the Royal College of Surgeons of Ireland, and the Apothecaries' Hall of Ireland, time to consider the resolution passed by the Council yesterday on the motion of Dr. Struthers."

Mr. Teale seconded the amendment.

Dr. Matthews Duncan, the Rev. Dr. Haughton and others spoke on the question.

Dr. Glover asked whether an answer to their resolution of the day before might not be received from the colleges before the session was over? to which Dr. A. Smith replied that there was no possibility of such a thing.

Mr. Macnamara said the College of Surgeons of Ireland was most anxious to admit the Apothecaries' Society, and make a tri-partite arrangement. He was nevertheless opposed to the motion now before them.

Dr. Quain appealed to the members not to waste time in idle discussion. The question was a simple one. If the position of the Apothecaries' Society were menaced a special meeting of the Council would doubtless be called. The amendment was agreed to by the proposer and seconder of the motion, and carried unanimously as a substantive motion.

Mr. Thomas Laffan's Memorial to the Privy Council.

Mr. Marshall moved, and Dr. Banks seconded, that a communication from the Lord President of the Privy Council, enclosing a memorial addressed to the Lords of the Council by Mr. Laffan, of Cashel, with respect to the efficiency of qualifying examinations under the Medical Acts, and requesting the Medical Council to furnish their lordships with their observations on the memorial in question. With the memorial were enclosed extracts from the report of the visitors of the Medical Council on the examinations of the Royal University of Ireland, which the memorial said, would "show that the candidates for the degrees of the University are shamefully deficient in clinical training," and also "another document to prove that that University itself imposes restrictions which stand in the way of the adequate training of the said candidates, and that it has declined to remove the same."

Dr. Banks said he would not go into the charges, which alleged interested motives. He repudiated the idea, and explained that no slight had been intended to the union doctors, and the refusal to recognise the clinical training at infirmaries was based on the principle that no proper supervision could be exercised by the University authorities over the means or system of training. He proposed therefore, in reply to the request of the Lord President of the Privy Council, "That the Council, having before it the regulations of the Royal University of Ireland with respect to the attendance of students on hospitals, is of opinion that it is not expedient to take any action on the subject."

Dr. Kidd seconded the proposal, and said that the mere fact of their being union hospitals rendered them, from their very nature, quite inadequate for the due teaching of clinical medicine and surgery.

Rev. Dr. Haughton said that he did not think the letter came under the 19th section of the Medical Act (1886) at all, the clause in question implying something very much more serious. He disapproved of the spirit of the letter, but this fact should not be allowed to influence them in considering the important points raised as to whether they were or were not too narrow in limiting the field of hospital teaching by their regulations. He said the University authorities reserved to themselves the right to recognise this or that institution, according to the character of the teaching. He thought it would be well to agree to a resolution recognising, as a general principle, that, if the hospital teaching of any institution in the country, and the practice, were considered good, that it should be more or less recognised.

Sir Wm. Gull moved that this communication be referred to a committee to report, and then the Council could discuss it.

Mr. Simon, in seconding the motion, asked that the committee should sit to-morrow, and suggested that it should be an United Kingdom Committee. He said that although Mr. Laffan adduced a great number of instances of the ignorance of candidates he omitted to state whether they passed or not.

Mr. Pettigrew said that Mr. Laffan's allegation had no foundation in fact. Further, the date of the examination referred to was anterior to the passing of the Act.

Mr. Macnamara thought it ought to be made clear that no unworthy motives had actuated the medical gentlemen of the Royal University, and expressed his regret that such a charge should have been brought.

Dr. Banks said he entirely accepted the amendment, and would be glad to see the matter referred to a committee. They had been actuated solely by the consideration that workhouse hospitals did not provide materials for clinical study.

Dr. Kidd endorsed the remarks as to the unsuitability of these institutions for purposes of clinical study, and thought that constituted a complete justification of the refusal.

The amendment was then put to the Council, and carried as a substantive motion.

The Council and its Relation to Conjoint Examinations.

Dr. Heron Watson then moved:—

"That considering the somewhat anomalous position in which the General Medical Council is placed by the opinion given by Mr. Muir Mackenzie on the clauses of the Medical Act, referring to the qualifying examinations held by a combination of medical authorities, and the relation of the General Medical Council to such contracting bodies as may agree to hold qualifying examinations under such scheme, it is desirable that a further opinion from the responsible legal advisers of the Government be obtained before the Council proceeds to take any steps arising out of the interpretation of Sections XV, XVIII, and XIX of the Medical Act, 1858, construed along with Sections 1, 2, 3, 4, 5, and 6 of the Medical Act, 1886, together with the consideration of any other points which may arise within this reference, and that it be referred to the Executive Committee to take the requisite steps to give effect to this."

He said the position of the Council was very distressing as concerned their conduct towards those bodies which had been excluded from the conjoined schemes. He wished to be enlightened as to what the scope of their duties really was. He would propose that a committee be appointed to prepare a series of questions to be submitted to the legal advisers of the Privy Council.

Mr. Wheelhouse said he was not satisfied with Mr. Muir Mackenzie's opinion as to one Act superseding the other. It would be well, therefore, to take the highest legal opinion on the subject, especially after what had taken place yesterday. There was no particular hurry.

Mr. Simon pointed out that there was no such thing as an *authoritative* legal opinion.

An amendment was moved by Dr. A. Smith, and seconded by Sir Dyce Duckworth, "That the Council, instead of proceeding to vote on the question originally proposed, do pass to the next order of the day."

The amendment was not carried, and the motion was then agreed to.

It was moved by Sir Wm. Turner, seconded by Mr. Marshall, and agreed to: "That the Executive Committee refer the case [in the foregoing clause], when prepared, confidentially to each member of the Council for suggestions."

Report of Finance Committee.

Dr. Quain moved the adoption of the Report from the Finance Committee and its entry on the Minutes, and this was seconded by Dr. A. Smith.

Sir Wm. Turner called attention to the last paragraph of the Report, bearing on the question of dental finance. The fund had fallen from £9,824 in 1881 to £7,465 in 1887, and if this diminution were to continue, the vanishing point of the fund was within measurable distance. He asked whether matters were to be allowed to go on in this condition.

Dr. Quain said that no reduction was possible in the expenses, which had been agreed upon as one-sixth of the general expenses of the Council. The 5,000 dentists gave more work than the 25,000 medical practitioners. He suggested that a separate Board which would answer every purpose could do the work at one-tenth the cost.

Mr. Marshall said that the fees for registration of dentists were just then at a very low ebb, but that there was every reason to expect that these would shortly increase in number.

The motion was then agreed to.

On Dr. Quain's suggestion, Sir Walter Foster and Mr. Brudenell Carter were nominated members of the Pharmacopœia Committee.

It was moved by Mr. Marshall, and seconded by Mr. Simon, and agreed to, "That the printing of Mr. McVail's letter in the Minutes be suspended until after the Chairman of Business has made a further communication to the Council."

The Council then adjourned.

FRIDAY, February 18th.

Sir Thos. Acland, President, in the Chair.

Mr. Marshall said he had received most distinct and emphatic information that there had been no irregularity in the matters to which he had alluded last night when he proposed postponing the publication of Mr. McVail's letter. He asked the Council therefore to authorise the letter to be printed in the minutes. The motion was seconded by Dr. Heron Watson and agreed to.

Dr. McVail expressed his surprise that no opportunity of affording an explanation was afforded him before communicating with Mr. Marshall. On learning the nature of the information he had been at once able to show that it was founded on error. He regretted that such a course should have been adopted in a public matter.

The Financial Condition of the Council.

Dr. Humphry moved that a committee be appointed to consider the past and present income and expenditure of the Council and to report to the Council whether any, and if so, what, diminution can be made in the further expenditure of the Council. He said that his motion referred to the scale of fees to members. The expenses of the Council were very great and had caused dissatisfaction. The present system had been established by the old council, and might with propriety be revised by the new. In the Report of the Finance Committee read yesterday it was stated that constant vigilance would be necessary to secure that the annual expenditure should be within the limit of income. During the last seven years the excess of income over expenditure had been £1,400, but there was now an estimated increase of expenditure amounting to £1,200, and under these circumstances, the matter called for serious consideration.

Mr Wheelhouse seconded the motion, and said the committee would afford a guarantee that an eye was kept on the expenditure of the Council.

Dr. McVail wished the motion could be extended so as to provide for the Council to sit in London, Edinburgh, and Dublin in rotation. He said that a rearrangement of the fees was inevitable. He proposed that the fees should be abolished, at any rate for the members residing in the city where the Council sat.

Dr. Quain characterised Dr. McVail's proposition as preposterous.

Mr. Macnamara said the question had long interested him. He proposed that the motion should include the words "and also and in what manner the income may be increased." He said he had an idea how this might be carried out.

Mr. Simon thought a much more serious economy might be effected by a more strict organisation of the work to be done by the Council. He said the Council had certain definite statutory duties to perform, and these should be attended to, to the exclusion of "fancy" work.

Mr. Pettigrew thought Dr. Humphry's motion was inopportune.

The motion was then put to the Council, with the addition suggested by Mr. Simon, and agreed to.

The following gentlemen were nominated as members of the committee:—Dr. Quain, Dr. Dyce Duckworth, Mr. Marshall, Dr. Glover, Mr. Wheelhouse, Dr. Humphry, Sir William Turner, Dr. Bruce, Dr. Kidd, Rev. Dr. Haughton.

Mr. Muir Mackenzie, the solicitor to the Council, at the request of the President, stated that the questions which had been asked on Thursday as to the construction of the Act of Parliament was a difficult one, but he still adhered to his opinion. The only satisfactory way to settle the question was to get the opinion of some counsel of eminence in consultation or otherwise. There were no legal proceedings by which a decision could be obtained.

The President said that the Executive Committe would draw up a case and arrange the matter before the Council broke up.

Mr. Marshall moved:—

"That he will now furnish information in regard to the exceptional cases directed to be inquired into in Clause 7 (p. 27) of the Minutes of February 15, 1887."

He explained that the matter related to the exceptional cases returned by different medical authorities in reference to recommendations to Council which used to be known as No. 20: The cases at the Royal Colleges of Surgeons and Physicians were all graduates of Colonial, or Indian, or foreign universities, and had complied with the recommendation as to the length of the period of study.

A discussion took place as to the admission of students from foreign or Colonial universities who had not passed in Latin, and as to the exemptions from examination in such cases.

The Final Report of the Visitation of Examiners' Committee.

Mr. Marshall said he had endeavoured to make the Report as complete and as comprehensible as possible, and now it was all but finished. He thought the results of the visitation would be more useful in the form of conclusions than as recommendations, which might or might not be adopted. He therefore moved:—

"That the Final Report by the Visitation of Examinations Committee be received and entered as an appendix to this year's volume of the Minutes, and that separate copies be printed for publication."

The motion was seconded by Mr. Teale.

Rev. Dr. Haughton asked whether steps should not be taken to give effect to the remarks contained in the Report.

Mr. Macnamara referred to the remarks of the Visiting Committee as to the want of knowledge on the part of candidates in writing prescriptions in Latin, and asked whether this was to be given up.

Dr. Leishman said the strictures were perfectly correct, but he doubted whether such remarks properly fell within the province of the Visiting Committee at all. He said that the lack of knowledge on this point was as marked in university graduates as in the others.

Dr. Glover while bearing testimony to the efficiency and immensity of the labour done by the Committee, thought that the Council should see their way to endorsing the complaints, or the contrary. Considering that the visitation cost £2,500, he did not think they had the worth of their money if the Report were simply to be simply entered on the minutes. The criticisms on the want of clinical knowledge exhibited by candidates at the Royal University of Ireland had been sent down to the Privy Council, and it would appear as if the Council had evaded the expression of a decided opinion.

Dr. McVail said that the object of the visitation was clearly to enable the Council to know and to judge of the value of these examinations, although at the end of the Report it was stated that the object was "neither to admonish nor advise the universities, but to offer to those interested in the matter a connected view of the various methods, details, and opinions brought to light, &c." He said that this was a very platonic view of the duties of the Council, and if this were all they would better have left the money in the bank. He thought that several passages in the Report as to the unsatisfactory nature of the examinations in surgery, merited more careful consideration. He then proceeded to criticise that portion of the Report which stated that the candidates at the examination in surgery at Glasgow each performed two operations, and alleged that, from the number of bodies available, this was impossible.

Dr. Leishman protested against Dr. McVail's endeavour to impugn the veracity of the report.

The President thought Dr. McVail's remarks were irrelevant and requested him to confine himself to the point.

Dr. McVail, in continuation, said that it was not his intention to attack anybody, he merely criticised the figures.

The President requested Dr. McVail to write down his amendment if he wished to make one.

Dr. **Quain** protested against the reckless waste of time in discussing such matters.

Dr. **Matthews Duncan** entirely disapproved of Mr. Macnamara's and Dr. Glover's remarks. He said the Visitors had been invested with no authority whatever, and their reports would receive no sanction from the Council. Great improvements had taken place in consequence of the representations of the Council.

Dr, **Kidd** said that the instances of ignorance on the part of candidates had occurred with men who, for the most part, had already been up two or three times. The number of rejections at that examination had, moreover, been higher than usual.

Mr. Marshall's motion was then put to the Council and carried.

A vote of thanks to the Committee of Visitors was proposed and agreed to.

Moved by Mr. **Marshall** and seconded by Mr. **Simon**, that the report by the Sub-Committee on the Registration of Colonial and Foreign titles and Foreign degrees, adopted by the Executive Committee, be received and entered in the minutes.

This motion was carried.

REGISTRATION OF FOREIGN AND COLONIAL DEGREES.

Mr. **Marshall** moved, and Mr. **Simon** seconded, that the following new standing order, suggested by the solicitor, by direction of the Executive Committee be now adopted by the Council:—"That when an application is made under the provisions of Section 16 of the Medical Act, 1886, by a medical practitioner—already on the Medical Register by virtue of an English, Scotch, or Irish Qualification—to have the description of a Foreign Degree in Medicine possessed by him to be added to his name as an additional title in the Register, the Registrar shall require from the applicant satisfactory proof of the date of the grant of the said degree, and also such further information as may be necessary, in order that the General Council shall be satisfied before the title is registered, that the degree was obtained after 'proper examination.'"

Sir **Walter Foster** expressed the hope that none but good and sound foreign degrees would obtain access to the Register.

Dr. **Glover** asked whether the additions of foreign degrees to men already on the Register would be more extensive than that under the Foreign Registration Clause?

Mr. **Marshall** said that in any case it would be necessary for the applicant to show that he had passed a good and proper examination.

The motion was carried.

ERASURE FROM THE REGISTER.

The second Standing Order was then moved by Mr. **Marshall**, that:—

"Any application by a registered medical practitioner for removal of his name from the Medical Register shall, in the first instance, be referred by the Branch Registrar to the medical authorities who granted the applicant his qualification or qualifications, to ascertain whether there is any valid objection to such removal. The General Registrar shall bring such application before the next meeting of the General Council, who will consider the application and any objections thereto, and the President may put from the chair to the General Council the question Whether the Registrar shall erase the applicant's name from the Medical Register?

"The General Registrar shall, upon the removal of the applicant's name from the Register, send notice of such removal to the applicant by a letter addressed to his registered address."

Dr. **Struthers** suggested that it would be an easy way to get rid of the case simply by acceding to a request on the part of any practitioner to have his name erased.

Dr. **McVail** said that if the Council acceded to such a request, the person would be entitled to register afresh if he thought fit.

The motion was then put and carried.

COMMUNICATION FROM THE APOTHECARIES' SOCIETY OF LONDON.

It was moved by Mr. **Marshall**, and seconded by Mr. R. B. **Carter**, that a communication from the Apothecaries' Society of London together with the correspondence therein referred to be received and entered in the minutes.

The motion was agreed to.

SATURDAY, FEBRUARY 19TH.

It was moved by Mr. R. **Brudenell Carter**—

"That inasmuch as the master, wardens, and Society of the Art and Mystery of Apothecaries of the City of London, having used their best endeavours to enter into a combination with some other corporation or university for the purpose of holding a qualifying examination in accordance with the provisions of the Medical Act of 1886, and having reported to the Council that they have been unable to enter into any such combination, have in consequence, and in further compliance with the Medical Act aforesaid, made application to the Council for the appointment of Assistant Examiners accordingly."

He took up the history of the Society and claimed for it a large share in the present standard of medical education. He alluded to the large number of practitioners holding the license, many of whom had petitioned for the continuation of the Society. He said that the position of the English Apothecaries' Society was not quite on a par with that of the Irish company. He called attention to the fact that the movers and seconders of the amendments to be proposed were none of them resident in London, and might therefore be supposed to be less familiar with the needs of the situation. The examiners at the Hall were men of unexceptionable capacity and eminence, and their examinations fulfilled every requirement. He said he anticipated that his motion was a merely formal one, and would be agreed to as a matter of course, in which case he would ask them to nominate the gentlemen now holding the post of examiners in surgery. It would, he said, be an injustice to postpone the consideration of this matter seeing that if this were done the society might suffer in consequence.

Dr. **Chambers**, in seconding the motion, said that Mr. Carter only asked the Council to carry out a statutory duty which, if it were not done by the Council, would be done by the Privy Council.

Mr. **Mitchell Banks** and Dr. **Struthers**, both having amendments much of the same nature, it was agreed to merge them both in that of Dr. Struthers.

Dr. **Struthers** proposed, and Mr. **Teale** seconded the motion—

"That the Council being of opinion that it would be contrary to the interests of the public to have two competing Examining Boards sitting in London, and that it is desirable that the Royal College of Physicians of London, and the Royal College of Surgeons of England, and the Apothecaries' Society of London should arrange to hold a qualifying examination conjointly, strongly recommend to these medical authorities to reconsider their position with a view to such an arrangement; and meantime defer coming to a decision on the application from the Apothecaries' Society of London of 12th February."

Mr. **Mitchell Banks** thought that the action of the Council yesterday with respect to the Irish Apothecaries' Company, rendered it impossible to accede to Mr. Carter's request. He knew very little for or against the Apothecaries' Company of Ireland, but he was quite aware of the excellent work done by the English Society. Whatever one's personal feelings on the subject might be, it was their duty, in public as in private life, to do, now and again, disagreeable things. He could not see a single reason, except the memory of the past, why the Society should be galvanised once more into life. It was not a teaching but rather a trading body, and no harm would accrue from its ceasing to exist. The position of the Apothecaries' Society had been, for the last twenty years, the most inferior among English licensing bodies, and that could not inspire confidence for the future. He deprecated the establishment of an inferior class of practitioners, who would always grovel in their corner and never rise to anything better. The time when the apothecary was a doctor was gone, and the period during which the doctor will continue to be an apothecary was, he hoped, rapidly drawing to an end. As to the cry of injustice, if he had to choose between committing an injustice to a trading company, composed of a limited number of respectable elderly gentlemen, and running the risk of flooding the profession with a host of inferior men, he would take the former course. He did not believe the Privy Council woud be induced to act over their heads, and if they did, then the sooner the General Medical Council were abolished the better.

Mr. **Wheelhouse** said that a very general feeling existed in the profession in favour of the combination of the Apothecaries' Society. He would advise that the matter be referred to the Colleges with the expression that it was the desire of the profession that the combination should, if possible, be effected.

Sir **Dyce Duckworth** said the College of Physicians in London had never recognised the examinations of the Hall. By exclusion from the Conjoint Scheme, the Apothecaries' Society would be left in the position of an independent city trading company, whereas, if admitted it would amount to a voluntary extinction. He could not hold out any hope that the College would reconsider their decision. (Mr. Carter observed that the Society of Apothecaries had sought admission into the conjoined board, because they could not otherwise have applied to the Council.) In his opinion, the best thing for the Council to do would be to refuse to name examiners, and so provide for the extinction of the Society as an examining body.

Dr. **Struthers** thought the existence of competing bodies would be very objectionable, and have a downward tendency. The clause under which they were requested to act, provided not only for the appointment of examiners in surgery, but also in medicine and midwifery, in fact of a whole examining board. He urged that the very name of apothecary was undesirable. He would never willingly be a party to perpetuating the separate existence of the Hall by granting additional examiners, and if necessary would prefer to throw the responsibility on the Privy Council. If the College of Physicians had done its duty in 1815, the Apothecaries' Act would not have been passed, and the difficulty would not have arisen. He would point out to the Apothecaries' Society that they would have to prove that they had failed to combine "on reasonable terms."

Mr. **Carter** said that the College of Physicians had declined to admit the Society on *any* terms, reasonable or otherwise.

Sir **Walter Foster** said that as a direct representative he felt called upon to say something on this question. He should support the amendment, not from any hostile feeling to the Apothecaries' Society, but in the interests of all the parties concerned. This question lay athwart the great scheme of medical reform which he had worked at for years. He must protest against any step in the direction of creating a separate licensing body, but it was also his duty to raise his voice against the position taken up by the Royal Colleges. He deprecated any further class distinction in the profession of which there were already too many.

Rev. Dr. **Haughton** said the "one-portal" scheme was a lunatic idea. All people were not born with the same capacities, and he did not need to look beyond the Council to be sure of this. He saw no objection to the existence of the Hall as a separate body. He did not believe in monopolies.

Sir **Wm. Turner** said he thought the representation should be made to the colleges irrespective of what their answer was likely to be. The alternative suggested by Mr. Carter's motion could only be considered when every other means of bringing about a combination had been exhausted.

Dr. **Heron Watson** said there was no urgency in arriving at a decision with respect to the Apothecaries' Society. If their representation to the Colleges were unsuccessful they would then have to do their duty. He did not think they had acted kindly towards their sister institution and even if it were recognised to be decrepit, it was neither just nor generous to leave an aged relative exposed to the cold and inclement atmosphere.

Dr. **Glover** regretted that three hours should have been spent in discussing a question that should not have arisen. He would be no party to obliging the Apothecaries' Society to knock at the doors of the various bodies who had already refused.

Mr. **Marshall** said that in his position as the representative of the Royal College of Surgeons, he should abstain from voting. He thought that if it were represented to the College of Physicians that the admission of the Apothecaries' Society was for the public good, they might reconsider their decision.

Mr. **Brudenell Carter**, speaking on the amendment, alluded to the circumstances under which the provision allowing of appeal to the Privy Council was inserted. They had been assured at the time that it was in no wise the intention of the government to extinguish the Society but merely to force them into combination. Unless, therefore, he received an undertaking that a special meeting of the Council would take place before the Act came into force, it would be incumbent on the Society at once to petition the Privy Council to appoint examiners. The Society of Apothecaries had acquired a vested interest in medical education in this country which would not be put aside, and therefore the sooner they dismissed that idea the better.

The amendment was then put to the Council and carried by 24 votes to 4, six members abstaining.

Dr. **Heron Watson** moved, and Sir **Wm. Turner** seconded:—

"That, having received the final report of the Visitation of Examinations Committee, the Council determine that it resolve itself into a committee to consider Report of the Visitors appointed by the General Medical Council, together with the answers of the several Universities, in the light of that Report, and that it do so resolve itself into committee upon Tuesday next."

Dr. **Bruce** moved as an amendment, seconded by the Rev. Dr. **Haughton**:—

"That, in receiving the final report from the Visitation of Examinations Committee, the General Medical Council is happy to find that all the Universities do provide a sufficient guarantee that their graduates possess the requisite knowledge and skill for the efficient practice of their profession."

The amendment was put to the Council and carried, and the Council then adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 23, 1887.

THE GENERAL MEDICAL COUNCIL.

This Medical Parliament has again met for the discussion of matters bearing on professional education, &c. Once again the sanguine may venture to anticipate that some good thing may come out of Nazareth and may await the report of the proceedings with hope, if not with confidence. The President's address naturally dealt with the progress and history of medicine during the reign of her Majesty. He was enabled to point to very tangible advances in every branch of practice. Even if medicine has not progressed *pari passu* with the sister sciences, the same enthusiasm and scientific ardour which have done so much to help onward the allied sciences have not been altogether unproductive. Still more to the point was his sketch of the efforts for comprehensive medical legislation. Matters have vastly improved in this respect since the *fiasco* of 1815, but we are sorrowfully obliged to bear witness to the fact that much still remains to be done. It is not for us to apportion the responsibility for the present unsatisfactory condition of things, and we still hope that this age of progress will not leave medical education and the status of the profession entirely at the mercy of those who are directly interested in the continuance of the actual *régime*. The great question which has practically absorbed so far the time and energy of the Council has been the anomalous position of the Apothecaries' Societies in England and Ireland in view of the refusal on the part of the Colleges of Physicians and Surgeons in London and Dublin to admit them to take part in the conjoint examining boards. It is very fortunate that this important question should have come forward now that the Council has been to some extent reconstructed. It is only becoming, that the profession at large which is vitally interested in the subject should possess a voice through their elected representatives.

After much discussion, the Council resolved to do the only thing, probably, that they could reasonably be expected to do. They declined to accede to the demands of both Apothecaries' Societies to nominate examiners for the time being, and elected to make representations to the various bodies concerned, to the effect that they should reconsider their refusal. There are, however, very few reasons to suppose that their representations will be attended with the result they desire. There is every reason, indeed, to anticipate that the Colleges will maintain their refusal, and, on the other hand, the Society of Apothecaries in both countries have everything to gain by continuing to exist as separate and independent bodies under the auspices of the Council.

As was pointed out, the position of the Apothecaries' Society in England and that of the Apothecaries' Company in Ireland, are not altogether alike. So far as the English Society is concerned, at any rate, they have very good reasons for supposing that their extinction as a licensing body is not a likely contingency. Mr. Brudenell Carter, in his eloquent address on the motion to name examiners in surgery, spoke very plainly in this sense. He peremptorily informed the Council that the idea that the Council could, by refusing to appoint examiners, lead to the extinction of the Society as a licensing body was to be dismissed, and he menaced the Council with an immediate appeal to the Privy Council if his demand were not acceded to.

The Council shelved the question for the time being, but the time is very near now when they will be called upon to decide what course to adopt. It is urged on the one hand that the nomination of examiners in surgery is a statutory duty, failing combination, and that any failure to fulfil that duty would be remedied by the Privy Council. The Act, however, expressly allows the Council a discretion in the discharge of this function, and it would be a pungent reflection on the utility and power of that august body should their decision be stultified by the superior council. The position is a difficult one, and whatever course the Council decide upon is attended with embarrassment. In all probability, should their representations to the Colleges fail—as they are likely to fail—to modify the situation, the responsibility of naming examiners will be left to the Privy Council.

The Report of the "Visiting Committee," prepared at an expense of about £2,500, came up for consideration; and after all the trouble and expense to which these investigations have given rise, it was resolved simply to enter them on the Minutes. The strictures contained in this very carefully conceived report are to be left to produce what effect they may, on perusal, by the bodies whose examinations have been criticised, but no steps are taken either to endorse or qualify them. It is certainly the moment to wonder *si le jeu vaut la chandelle*.

The communication from the Privy Council in reference to Mr. Thomas Laffan's memorial on the lack of clinical knowledge possessed by candidates at the Royal University examinations met with a very unsympathetic reception, and was coldly bowed out. The result, discouraging as it may seem, is one which might have been anticipated without difficulty. The Council is not a congenial atmosphere for complaints against the powers that be, unless the power be a comparatively feeble body, such as a society of apothecaries.

The question of finance came prominently to the front. The expenditure of the Council, especially under the new Act of Parliament, is perilously near their income, and the prospect of a deficit naturally fills their minds with dismay. It seems certain that some reduction in the scale of fees is inevitable, though it can hardly be expected to be exactly popular. Mr. McVail, a rather revolutionary member of the Council, proposed that the Council should sit in rotation at London, Edinburgh, and Dublin, and suggested that the members resident in the town where the Council sat should forego their fees. Since he must have been perfectly aware of the impracticability of such an itinerary, his suggestion as to the fees must be considered to be a disingenuous attempt to dock the London members of their hardly-earned due. It is needless to say his proposals met with scant sympathy. Mr. Macnamara was provided with a scheme for increasing the income of the Council, and as he did not think proper to impart the nature of his idea, we shall await his views with curiosity and interest.

The new members of the Council have, as might have been expected, taken an active part in the proceedings, but their influence must not be over-rated. They have been eager in their denunciation of the flagrant waste of time which mars the efforts and increases the expense of the sittings of the Council, but beyond calling attention to the fact their protests are not likely to be effectual.

There can be no doubt that the present is a very critical moment in the evolution of medicine as a profession in this country. The obstacles are such as to test the business capacity of the Council to its utmost. If one could only be assured that matters were discussed with a view to their settlement instead of from a purely corporative and interested standpoint, much indulgence might be extended to their errors of judgment. Judging from the past, however, procrastination has been their most powerful argument. The peculiar constitution of the Council is largely responsible for their masterly inactivity, and we can only express our regret that the interests of the profession, are in the hands and to be dealt with by a body undefined and undecided as to its attributes, its duties, and its powers.

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THE INFLUENCE OF SMALL-POX HOSPITALS.

The solution of this question has been lately brought to a crisis by the weighty remarks of Dr. Buchanan, the medical adviser of the Government, in the recently issued Supplement to the Local Government Board's Fifteenth Annual Report. In that Supplement, Mr. W. H. Power's further researches concerning the influence of Fulham Hospital upon the neighbourhood around it are given *in extenso*, and Dr. Buchanan regards it as irresistibly proved that a Small-pox Hospital can spread the disease for the distance of a mile (at least) around it. We commend our readers to the perusal of Mr. Power's latest report on the subject, and to compare it with his previous ones; it will be plainly seen that for the third time in succession, and with successive improvements in administrative machinery, tending to reduce the chances of personal infection, as by ambulances, hospital officials, visitors and callers, to zero, the same uniform gradation of small-pox incidence is observed from circumference to centre of the mile area taken as the standard of investigation. Moreover, though no such precise inquiry has been made concerning the other four hospitals in London, yet the evidence of the health officers of the districts in which they are severally situated, based on the same method of analysis as that originated by Mr. Power, leads to the same conclusion concerning the institutions at Deptford, Stockwell, Homerton, and Hampstead. And, further, to show that this behaviour is not peculiar to the Asylum Board Hospitals, similar evidence is forthcoming concerning Highgate Hospital and some of the few hospitals that exist in the country. But, as Dr. Buchanan justly points out, the number of these provincial hospitals is inconsiderable compared to that which the metropolis contains; and hence the deduction, which is expressed by graphic statistical diagrams, that much of the unenviable pre-eminence of London in the matter of Small-pox has been due to the presence of such places in its midst.

The powerful indictment thus set forth is sought to be minimised by a short appended memorandum by Dr. Bridges, Inspector of the Poor-law Department at Whitehall, who for many years past has been entrusted with administrative supervision of the doings of the Asylums Board. In this document, Dr. Bridges accepts the facts as to the increased incidence around the hospitals, but poses as an apologist for them, relying on certain *ex parte* statements of the Registrar-General. He concerns himself mainly with disputing the mode in which infection has been distributed from Fulham, the particular hospital investigated, and cavils at certain minor *data* from which Mr. Power's exhaustive conclusions are drawn. For example, such matters as that the quarter-mile circle nearest the hospital escaped invasion at one time and was hit at another, and that the meteorological conditions of January, 1881, and May, 1884, though admittedly similar, were not precisely identical, are seriously put forward in answer to the broad generalisations arrived at by Mr. Power. Dr. Bridges' paper is, in fact, a mere *rechauffé* of stale objections which have been satisfactorily answered over and over again, and which can find favour only with those who are startled by the novelty of the new theory, so opposed to all their preconceived notions and the teaching of the schools, or with people who have not taken the trouble to master the subject from the first in all its bearings. His attitude is entirely negative, for while criticising, he fails to suggest.

For the Metropolitan Asylums Board, as a body in the main representative of the ratepayers of London, the question now becomes a serious one as to their future action with respect to the isolation of Small-pox. Since, in spite of the fact that the majority of cases during the 1884-5 epidemic were treated in extra urban hospitals, the greatly diminished numbers received into the intra-urban institutions still continued to spread the disease in their several districts, it is desirable either that some new policy should be instituted; or that the Royal Commission's recommendations as to the use of wards devised to burn their own infected air on the plan recommended by Burdon-Sanderson should be carried out without delay.

In the meantime, the Asylums Board is in a curious position, bandied about as it is, shuttlecock-fashion, between two Government Departments. It would be well if the Local Government Board could make up its mind to give advice firmly, decisively, and unanimously to that body. To this end, we cannot help thinking that it would be a distinct gain on all sides if in the future the Asylums Board were advised by the medical and scientific, rather than by the poor-law and administrative departments of the Imperial Government.

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THE APOTHECARIES' COMPANIES AND THE CONJOINT EXAMINATIONS.

We cannot but congratulate the Medical Council upon the solid sense they have shown in dealing with the exclusion of the Apothecaries' Companies of London and Dublin from the conjunctions of Colleges for the purpose of examination, and we most earnestly trust that the Colleges will emulate the business-like view of the subject which the Council has adopted, and will receive in good part the appeal made to them to shake hands with their old rivals and make them partners in the work which they have to do.

The case of the Irish Apothecaries came first under consideration upon the presentation of the Conjoint Examination Scheme of the Irish Colleges—of a challenge by the College of Physicians of the legal status of the Hall, a reply in vindication, and finally, a demand by the "Hall" for an assistant examiner to enable them to start the granting of independent diplomas forthwith. Very properly the General Medical Council unhesitatingly put aside the cases made *pro* and *con* on the question of legal status. We have already discussed this subject for the purpose of showing that, though the contention of the College of Physicians as to the legal incapacity of the "Hall" to grant medical licences under its charters was almost indisputable, the fact remained that the Act of 1858 and the subsequent proceedings of the Council had condoned that incapacity, and placed the "Hall" in as good a position to grant qualifications as the Irish College of Physicians itself, or any other licensing centre in the Kingdom.

Neither the statement of the College nor the replication by the "Hall" have in the least altered this opinion, and we say that the Council was wise in entirely disregarding a bygone controversy and proceeding to settle the question of to-day.

As to that settlement no second opinion is possible. It is clearly for the benefit of the public, of the medical profession, and of the Colleges and "Halls" themselves that their functions and forces should be joined in the erection of one strong and competent licensing centre for England and for Ireland. It was clearly the intention of the Medical Act of 1886 that this should be done, for it provided for the separate existence of any of these bodies only as an exceptional and inconvenient arrangement, and it was certainly the feeling of the Irish Colleges that there was nothing to prevent a coalition, for in 1875 they formally agreed to such an arrangement, and bound themselves to carry it out. We cannot be expected to assess the personal objections of individual Fellows of the Irish College of Physicians, nor to sympathise in any great degree with the aristocratic sentiment which prevents them recollecting we are living in the year 1887.

It is sufficient for us to know that there are no tangible hindrances to the admission of the Irish "Hall" to the conjoint examination scheme, while there exist obvious, numerous, and overwhelming objections to its erection into a separate licensing centre.

The General Medical Council, for these reasons, voted by 19 to 4 (six not voting) to send back the Irish Conjoint Scheme with a strong recommendation to the Colleges to instate the "Hall." That advice will be willingly adopted by the Irish College of Surgeons, and we repeat the earnest expression of the hope that the Fellows of the College of Physicians will withdraw their objection to the arrangement. They have, we think, sufficiently vindicated the dignity of their College by their public declaration that they repudiate the pretensions of the Hall to equality with them.

Surely they may now, in view of the objects to be promoted, concede something to the almost unanimous wish of the Medical Council and the undisputed opinion of the profession at large. We anticipate with confidence that their good sense will lead their decision towards a cordial *rapprochement* of all the Irish licensing corporations.

The Medical Council have applied to the London Colleges and the Apothecaries' Company exactly the same ruling as that made in the Irish case. They have by 20 votes to 4 strongly recommended the Colleges to admit the Hall to co-operation, and have, pending their decision, refused to provide the assistant examiners necessary to the "Hall's" separate existence.

Every appeal that we have made to the Irish College of Physicians we repeat with greater emphasis to the London Colleges. We feel of course that they are in a much stronger position than the Irish Colleges, but, on the other hand, the London "Hall" is in a much stronger position than its sister in Dublin, inasmuch as it has always been, beyond dispute, a medical licensing body and has done very large work in qualifying. It was for many years the sister of the College of Surgeons, and no cavil can be raised against its recognition as an ancient and highly respectable institution.

But Englishmen are, we think, much less likely than Irishmen to be swayed in matters of business by sentiment, and we are therefore sanguine that the consideration of rank and status will not avail to prevent an effective settlement, once for all, of long-disputed jealousies.

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Notes on Current Topics.

Evidence in Cases of Assault.

A gentleman residing at Lewisham, was charged before Mr. Montagu Williams, at the Greenwich Police Court last week, with assaulting a young woman in his employment as governess, by kissing her. The offence is not perhaps a serious one, but seeing that the defendant is alleged to have committed it after the plaintiff had gone to bed—"retired to rest," as she put it, it was certainly reprehensible. The defence was that the charge was "trumped up," but the magistrate, in the exercise of his discretion, fined him, and expressed his sense of the impropriety of the defendant's conduct. So far we cordially endorse his worship's remarks, but in view of the energetic repudiation on the part of the accused of any such indiscretion, we cannot refrain from calling attention to the extremely unsatisfactory nature of cases which are decided on a single, and perhaps unavoidably, unsupported testimony. It is not for us to question the wisdom or accuracy of the decision—against which the defendant has appealed—but the moment uncorroborated evidence by interested parties is accepted as conclusive, the door is opened to *chantage* of every description. No one suffers more from this procedure than the medical man, who is not unfrequently, alas! the victim of deliberate or delusive accusations of this kind. It may be urged, of course, that unless such evidence be admitted as proof of the offence conviction would be impossible. This would doubtless be the case, but there is a venerable maxim which says that it is better the guilty should escape than the innocent suffer. Further, if the victim of the assault felt aggrieved the best thing to do would be to leave, as promptly as may be, the inhospitable roof which had failed to shelter her. If the assault has not been carried beyond a kiss no great harm will have accrued, and anything of a graver nature would infallibly leave traces which could be adduced as circumstantial evidence of the transaction. Nobody is more anxious than we are to afford every possible protection to young women against insult or injury, but there are certain elementary rules which cannot be abrogated or held in abeyance without grave danger to society in the person of its members. The possibility of being charged and convicted on such grounds makes life in great centres an unavoidable peril for the best of men. Half the harm is done when the charge is made, and this quite irrespective of the result. We hope, rather than anticipate, now that the hysterical phase of excitement has passed, that some protection may be afforded to men, and that in future their sex shall not be considered *primâ facie* evidence of the offence.

Antiseptic Vandals.

If there be one antiseptic agent more than another which has made rapid strides into public favour, and this notwithstanding a penetrating and disagreeable odour, that agent is iodoform. For some occult reason, possibly connected with its chemical formula, it was elected to the freedom of the corporation of barber surgeons in all the countries of Europe. It has become an universal favourite in the treatment of everything, from a dog-bite to a chancre. This is the moment that certain individuals of ill-omen have selected to insinuate doubts as to its antiseptic powers. "'Twas ever thus from childhood's hour . . . I never loved a bird or flower, but 'twas the first to fade away." The poet, it is true, was not alluding to iodoform, but his plaintive language is very appropriate under the circumstances. The attack on iodoform is only part of a conspiracy against antiseptics in general. A gang—for they hardly deserve a better title—of scientific men, regardless of the alleged good effects which have followed their use, have undertaken to show that these good effects are in no wise attributable to the disinfectants and antiseptics on which we had relied to soothe our declining years. With the utmost disregard for our feelings, they openly laugh at the polished copper spray producer, and sneer at the admirable arrangement of our antiseptic dressings. They care nothing apparently for the *mise-en-scène* which their employment affords, and they cruelly insist that all is vanity. If their infamous designs be accomplished, it will only remain for us, metaphorically speaking, to hang our harp on the willow trees and weep the departed glories of antiseptic surgery.

The Resources of Journalism.

The *Pall Mall Gazette*, in its anxiety to maintain its reputation as a sensational journal, has thought fit to inaugurate a most objectionable form of "competition," an idiotic kind of *réclame* which has of late been much in vogue. They ask the opinion of their readers as to the best doctor "of all," the best woman's doctor and so on. Curiously enough none of the gentlemen to whom the *Pall Mall* have been the means of bringing an undesirable and perhaps unexpected publicity, figure on the list. If this sort of thing continue, it will scarcely be necessary to take a *plébiscite* of our readers in order to ascertain which is the most obnoxious journal.

Sanitary Assurance.

The annual meeting of the Sanitary Assurance Association was held on Monday, Sir Joseph Fayrer in the chair. From the report it appeared that the business of the Association during 1886 has been much greater than in any previous year, the income having been £804, as against £462 in 1885. Of all the properties inspected' in only two cases of first inspection had the arrangements been such that the Council could certify the sanitary condition of the property without alteration. Several meetings had been held for the purpose of revising the Sanitary Registration of Buildings Bill of 1886. In the new Bill the principle of compulsory registration would be restricted to schools, colleges, hospitals, asylums, hotels, and lodging houses.

Hospital Sunday Funds.

Not so much for the pecuniary value of the collection for the hospitals made in the various places of worship, is the amount contributed to medical charities valuable, but rather as an evidence of the respect and honour in which medicine as a profession is held by the people. It is gratifying to know that amongst all English-speaking peoples the medical charities are deemed worthy of support, and that a yearly contribution is so freely and generously given. Already the amounts collected in our principal centres of population have reached such proportions that the distribution necessitates an organised staff to properly carry out the work. The collection itself reacts healthily on the general public. The subscriber comes to feel a personal interest in the success of institutions for the welfare of which he has made sacrifices, and he naturally desires evidence of the success of the charities for which the collection was taken. In fact, a subscription when continued for some years assumes the character of a tax, and the broad and undeniable principle that there should be "no taxation without representation" comes to the front. That this question of representation is being seriously considered wherever the Fund exists is evident to all who give the matter serious thought. Recently it has occupied the mind of many subscribers to the Dublin Hospital Sunday Fund. Had there been a deputed representative from the Fund on the Whitworth Hospital Committee of Drumcondra, it is more than possible that the necessity for those grave complaints that have been made by letters and by leaders in the daily press, and the requests for withholding the annual grant would never have arisen. This latter is so serious a matter, that except in extreme cases we would be most unwilling to recommend its adoption, and we sincerely trust it may not be necessary with the hospital in question. Prevention is always better than cure, and a representative of the Hospital Sunday Fund on the Whitworth Committee would at least rescue that Hospital from the control of the family clique that is said to frustrate its usefulness and cripple its capacity for good work. Such a condition of things is more in conformity with mediæval times than the nineteenth century; and as the composition of the Committee is little in harmony with the age, the safer and quicker method would be for the Hospital Sunday Fund Committee to demand its reconstruction according to the original scheme of the Hospital's foundation—election by subscribers.

The Committee of the proposed "Victoria" Hospital at Bournemouth have received promises of subscriptions amounting to £2,800 towards the hospital which is to be erected on commemoration of the Queen's Jubilee. The Committee of the existing Cottage Hospital have £2,000 in hand towards the erection of a building which they have agreed to hand over to the Jubilee Committee, in order that there shall be one large and central institution.

The Lunacy Laws.

AN evening contemporary has very properly called attention to the danger to the public resulting from the natural reluctance of medical men, in the present state of the law, to sign certificates for the detention of persons supposed to be insane, which is once more illustrated by a letter from Dr. Forbes Winslow. It appears that Dr. Winslow gave his opinion, in reference to a case which was reported in the papers on Thursday, that serious harm would result if the person concerned were not locked up, but seven other medical men successively refused to sign a second certificate. It is no doubt a doctor's duty, as Dr. Winslow says, to act in these cases upon his honest opinion, and take the consequences. But this, says our contemporary, supposes a higher degree of public spirit than we have a right to look for in the average man, medical or non-medical. It is unfortunate that this should be the case, but until our legislators consent to afford medical men proper protection in the conscientious discharge of their duties, it is scarcely fair to tax them with a want of public spirit when they decline to run the risk of worry and ruin, in consigning to a suitable asylum, persons who, whatever their actual condition, may subsequently in a moment of comparative lucidity, make their medical man the unhappy object of their mania of persecution. The responsibility rests with the legislature which, as a general rule, thinks very much more of party than of public interests.

The late Professor Schroeder.

WE are able to add to what appeared last week a few particulars of interest regarding the death of this most eminent gynæcologist. About six years ago Professor Schroeder had the misfortune to get in the course of an operation some foul matter in the right eye. There followed acute inflammation of the eye, erysipelas of the face, and later pneumonia, the infective character of which was not, however, at the time suspected. After a protracted illness his health was restored, and he was sent to Cairo to recruit. From that time, however, he had been subject to attacks of giddiness and syncope, which were attributed to weakness of the heart. He was repeatedly urged by his colleagues whom he consulted to relax his labours, but it seemed impossible for the active, restless man rejoicing in work to do this. Last winter he was again attacked with serious illness, and he was sent to Nice. In November last year threatening symptoms again made their appearance, but he rallied, until fourteen days before his death symptoms of serious brain disease confined him to his bed. The symptoms were very complicated, and the friends who attended him, Professors Leyden, Gerhardt, von Bergmann, and Westphal could not decide as to the precise nature of the affection. The diagnosis lay between cerebral abscess, cerebral tumour, and meningitis, but no nearer decision could be reached. The prognosis, however, was the worst possible, and for some days before the mournful event took place all hope of his recovery was abandoned. He died on the 7th inst., leaving a widow and nine children, all of them young. The autopsy was conducted by Professor Virchow, and reported on by him before the Berlin Medical Society on the 9th inst. In the posterior part of the right cerebral hemisphere was an encapsuled abscess, about the size of a walnut. This had broken through towards the right ventricle, causing sharp hæmorrhage and acute inflammation. In the mediastinum also near the right lung and the œsophagus remains of a smaller abscess were found. No other trace of disease was discoverable. It is a sad reflection to have to make that the highest medical skill of the German imperial city was not able to save a valuable life that clearly could have been saved.

Libel Action against the "Lancet."

WE are happy to be enabled to congratulate our contemporary on the Platonic termination of the action for libel which Dr. Burnes thought fit to bring. By an oversight Dr. Burnes was asserted not to be on the official Register, an error which arose from a trifling misconception as to the manner in which he spelled his name. Naturally our contemporary hastened to make *amende honorable*, and there the matter should have ended.

Privileges of Licentiates.

WE recently noted a reply by the Editor of a medical contemporary to the effect that Licentiates of an Irish or Scotch Corporation were not entitled to dispense drugs in England, to which interpretation of the law we gave an unqualified contradiction, quoting the 31st section of the Medical Act, for the purpose of showing that every form of professional practice is open to every registered medical practitioner in any part of the Kingdom. The Secretary of the Edinburgh College of Surgeons has also addressed a letter to the same effect to the Editor, to which the following answer is now given:—

> "The answer in the *Journal* was intended to convey that, though a member of the Scotch or Irish medical corporation could, a member of a Scotch or Irish surgical corporation could not, without contravening the provisions of the Apothecaries' Act of 1815. To this answer we adhere, being informed that the Society of Apothecaries has no doubt on the subject, though when applied to (as it constantly has been) to allow prosecutions against persons who, registered only in respect of a surgical qualification, were practising as apothecaries, it has refused to do so."

With infinite respect for the interpretation of their own law by the Society of Apothecaries, we entertain no doubt that the Medical Act swept away any monopoly they possessed, *as against registered practitioners*. They still possess powers of prohibition and prosecution against unregistered persons, but, in the eye of the law, all registered practitioners are fully entitled to follow any or every branch of the profession in any part of the world over which the Medical Act has jurisdiction.

THERE recently died, at the age of 46, "the living skeleton," a man who for a long time served to illustrate the lectures on anatomy, delivered at Harvard, by Professor Holmes. The weight of the body did not exceed forty pounds, and during his life, the man directed that it should become the property of the College Museum on his death.

"Jacob Testimonial."

We are asked by the Honorary Secretaries and Treasurers of this Fund to inform gentlemen who have promised subscriptions that it is necessary to forward the amount promised to ensure their names being published in the address about to be presented. Any mistake in the lists published weekly will be corrected on the error being pointed out to the Honorary Secretaries.

The Penalty of Advertising.

It is satisfactory to note that some of our licensing bodies take a becoming view of of their duties and responsibilities. At the meeting on Saturday of the General Medical Council, communications were received from the Royal College of Surgeons in Ireland and the Queen's College of Physicians, announcing the withdrawal of the diplomas granted to William Edward Robson, of Estate House, Dundalk, and now residing at New Englefield, Staines, for having wilfully violated their regulations by publishing advertisements derogatory to the reputation, honour and dignity of the College—and, it might have been added, of the profession. If this course were consistently followed in all cases, a vast amount of good would be done, for persons so devoid of *esprit de corps* and self-respect as to advertise quack nostrums are not calculated to enhance the profession in public esteem.

Rare Case of Malformed Heart.

A case of congenital malformation, interesting from its rarity, is reported in a recent number of an American exchange. At the Colombian Maternity, Washington, a coloured woman in good health was delivered of a male child. At the moment of birth the child was cyanotic, and it was only after artificial respiration and stimulating applications vitality was restored. The baby lived fifty-four hours, during which time it had difficulty of breathing; very rapid pulse and action of the heart. The examination of the viscera had to be hurriedly made, and revealed the following: Lungs healthy, as was the abdominal viscera. The heart was found to possess only three cavities, two auricles and a ventricle. From this ventricle sprung the aorta, and immediately in front of the aorta at its origin was a small vessel three millimetres in diameter, that bifurcated eight millimetres from its origin. From the position, course, and bifurcation of this vessel, Dr. Lamb, of the Army Medical Museum, considered it was the pulmonary artery. The auricles were unequal in size, the left being the larger. The foramen of Botal was sufficiently large as to admit the tip of the little finger. In the position of the tricuspid valve there was a little ring of fibrous tissue, three millimetres in diameter. There was no opening, but a slight pouch-like depression seemed to mark the position of a rudimentary right ventricle. The left ventricle was normal, both in appearance and size, if in anything different from the normal, it was in a slight hypertrophy of the walls, which measured nine inches in thickness. Time did not allow of anything like a complete examination of the vessels, &c., a fact greatly to be regretted when we think how important a careful dissection of the pulmonary vessels would have been.

Medical Council Finance.

The Medical Council reports that in 1886 it received £9,741, and outlayed £8,991. It has earned £1,372 less than in 1885, but, on the other hand, has spent £3,092 less, so that it is £750 the richer of the year's operations. The increased expenditure is referable in some measure to the cost of the election of Direct Representatives, which cost, for England £483, for Scotland £204, and for Ireland £139—total £1,006. The apparent money-saving of the year is in the printing of the Pharmacopœia £2,150, and visitation of examinations £1,941. It is calculated that the enlargement of the Council by the addition of Direct Representatives will be £1,200 a year, and we do not doubt that they will be well worth the money. Already they have made their mark in the decisions arrived at by the Council.

The Diseased Meat Traffic in Dublin.

The disgusting trade in fevered carrion which the Board of Guardians in Dublin are driving has been brought last week into notice by the seizure of four pleuro-pneumonic bullocks which were in course of shipment to England. The guardians very properly destroyed these animals, but, as they would neither eat them themselves, nor insult the paupers in their workhouses by offering the meat to them, they sold them at about fourpence a pound to secret traders who acted as their agents to dispose of the diseased and poisonous carrion to butchers for the use of the purchasing classes. If this beastly trade were carried on by half-starved tradesmen it could be understood, but the astonishing part of the matter is that the guardians who lend themselves to this disreputable trade consider themselves highly respectable gentlemen, and they conduct their carrion market under the patronage of the inspectors appointed by Dublin Castle. In no part of Ireland is the selling of fever-poisoned meat prevalent except in Dublin, and in no part of the world would such trade be tolerated by the authorities except in Ireland.

Registration of Foreign Degrees.

The Medical Council has been constructing the standing orders under which it will register foreign and colonial degrees. The necessity for caution in this matter will be readily understood when the number of such degrees, some valuable and some absolutely fraudulent, which are granted under all circumstances, and in all parts of the world, is considered. Furthermore, the danger of affording undue facilities to idle and ignorant students to go abroad for a brief period and bring home registrable licences which their education would not enable them to obtain at home, must not be forgotten. The Council has very properly reserved to itself the right to debate whether the degree for which registration is solicited has or has not been granted after "proper examination." It is to be hoped that a recognition of a licence shall be in each case restricted to the recognition of the individual, and shall not cover a licence for all time. The means at the disposal of the Council to determine the merits of a particular examination are, in the great majority of cases, insufficiently precise to justify the Council to make a general recognition of their licences.

The Committee of the National Dental Hospital, Great Portland Street, London, inform us that it has been resolved to admit registered female medical students to the practice of the Hospital.

Lady Jessel has recently paid into the bankers of University College Hospital, London, a donation of £2,000 for the permanent endowment of a bed, to be called the "George Jessel" bed. The annual festival dinner of the charity will take place on April 27th, the Right Hon. Mr. Goschen, M.P., in the chair.

Dr. Laffan, of Cashel, has presented to the General Medical Council a very formidable indictment of the Royal Irish University, on the ground that its "candidates are shamefully deficient in clinical teaching," and that the "University imposes restrictions which stand in the way of adequate clinical training." He quotes the reports of the Visitors in confirmation of his charge, and his complaint is that the University does not accept certificates of clinical study from workhouse hospitals. this communication was addressed by Dr. Laffan to the Privy Council and sent on by them to the Medical Council, where it was referred to a committee for report. Time has not yet permitted of such report being made.

At the Societies.

PATHOLOGICAL SOCIETY.

At the last meeting of the Pathological Society of London a discussion, originating in a paper communicated by Dr. Hale White, arose, on the occurrence of loss of teeth in the subjects of locomotor ataxy, numerous references being made to recorded cases. The author did not, as yet, claim the dignity of a definite symptom of tabes for this occurrence, but he thought it desirable, in such a connection that many more instances in point should be carefully observed; and Dr. Semon mentioned that in tabes dorsalis loss of teeth was encountered under two sets of conditions. In one class the teeth fell out, painlessly, as described by Dr. White; in the other parts of the alveoli bearing with them quite healthy teeth came away, also without pain. Spontaneous and painless falling out of teeth had, he said recently been noticed in two of Dr. Ord's cases. Several other speakers having testified to similar experiences in their own practices, Mr. Bland Sutton drew attention to the fact that in carnivorous animals softening of the alveolus with consequent loss of teeth had been observed in association with softening of the cord and perforating ulcer of the foot. Sir James Paget commented on the highly interesting nature of the subject under discussion, and urged the solution of the problems involved through united efforts made by dentists and pathologists.

The next communication was one by Mr. D'Arcy Power, on specimens of inter-muscular synovial cysts exhibited by him, and it was discussed by Mr Godlee and Mr. Charters Symonds. Dr. Hyla Greves then showed an example of endothelioma of the dura mater, taken from a woman, æt. 60 whose health had been good up to fifteen months before her decease. Pain in the region of the right parietal bone then ensued, succeeded by epileptiform seizures, and ultimately left hemiplegia and double optic neuritis. *Post-mortem* the dura mater was found adherent over the affected part and to a greyish tumour composed of endothelial cells, containing "nests," which was deeply embedded near the fissue of Rolando. Dr. Carrington referred to a description of dura matral endothelioma given by Wilks and Moxon; and Mr. Eve mentioned a specimen presented by Mr. Goodhart to the Royal College of Surgeons, and which, on examination he was surprised to find was an angeiolithic sarcoma. Mr. J. Hutchinson, jr. urged that the term "psaminoma" should be dropped in favour of "calcifying endothelioma," and referred to a tumour of this description formerly reported by him. The growths in question differed, he said, from sarcomata in that they remained isolated.

On behalf of Dr. Jacob, of Leeds, Dr. Semon next exhibited photographs and microscopic specimens illustrating a case of hyperplastic syphilitic laryngitis in a child five months old, the subject of congenital syphilis, and on discussion arising on the communication, Dr. W. B. Hadden described an instance of aneurism of the mitral valve in a child, æt. 2½. Acute rheumatism and syphilis were both negatived in connection with the cases, the cause of death being bronchitis. There was a history of occasional blueness, but no cardiac murmur was detected during life. Both auricles and the left ventricle were dilated; the aneurismal sac was perforated, the edges being fringed by vegetations. Localised endocarditis was assigned as the cause of the aneurism, but whether originated during intra- or extra-uterine life no suggestion could be made. Dr. Coupland considered the case a remarkable one because of the primary origin of the affection in the mitral valve. Usually this became secondarily affected from the aortic.

Mr Shattock next showed a specimen of ectopia vesicæ, and propounded an anatomical explanation of the deformity which Sir James Paget characterised as ingenious and probable. Mr. H. Clutton then described a case of retro-pharyngeal abscess occurring in a man subject to epileptic fits. The abscess cavity communicated in front with the œsophagus by three round openings, and by one with the larynx. It also opened into the lung where the gangrenous pneumonia had been set up by the purulent discharge thus reaching the organ. Mr. Clutton was not able to offer any plausible explanation of the formation of the abscess, but Mr. Shield thought this might be found in the occurrence of hæmorrhage during an epileptic attack. In children he ascribed such abscesses to the influence of specific fevers, a theory rejected, however, by Dr. Angel Money on account of the extreme youth of many of the subjects of such abcessess. Dr. E. Clarke instanced a case in which careful search revealed a narrow sinus between the abscess and a curious cervical vertebra. The last communication of the evening was by Mr. Pearce Gould on a case of horny growth on the penis of a man, æt. 50.

MEDICAL SOCIETY OF LONDON—Monday, Feb. 21st.

Dr. E. Milner read a paper on the different modes of administering mercury in syphilis, and the indications for their application. The theme is not a new one, but the discussion shows that it is far from exhausted. Dr. Milner advises the use of the green iodide of mercury, with Donovan's solution and iodide of sodium in the treatment of syphilis in persons like barmaids, &c., who drink spirits freely. Inunction was, he said, especially indicated in the very early and the late stages of the disease in light-haired, abstemious persons, and finally, mercurial vapour in the local treatment of indurated sores or ulceration of the extremities. The course must extend over at least a year, and marriage should not take place under four years from the date of infection. Dr. Althaus spoke very highly of the tannate of mercury internally, and for inunction, of the oleate of mercury and blue ointment rubbed up with lanoline. Mr. Henry de Méric mentioned cases where, even at a late stage, mercury had relieved the symptoms when iodide of potassium had failed. There seemed to be a general opinion that while the iodides were very active in modifying or removing tertiary symptoms, they had no effect on the disease itself, which was liable to recur after some lapse of time.

It is surprising, after all the care and energy bestowed on the treatment and observation of syphilis, that such a wide divergence of opinion as to its effects and as to the influence of mercury in modifying its course should still be possible. Among men of great experience some pin their faith to the drug and others as enthusiastically oppose it.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

The Edinburgh Medico-Chirurgical Society.—A special meeting of this Society was held on Wednesday last for the purpose of carrying on the debate on "Empyema in its Medical and Surgical Aspects," adjourned at the previous meeting, and reported in these columns. A good deal of interest was manifested in the debate, and there was a large attendance of members. One Edinburgh correspondent has furnished a *resumé* of the proceedings, which will be found in another column under the head of "Transactions of Societies."

Accommodation for Lunatics in Scotland.—A memorial from the Magistrates and Commissioners of the burgh of Hillhead, Glasgow, relative to the proposed asylum at Hartwood Hill, has been forwarded to the Right Hon. A. J. Balfour, Secretary of State for Scotland. The memorialists explain the position of the ratepayers, the amount of the existing taxation, and the nature of the lunacy accommodation already provided. The proposed expenditure, the memorial goes on to say, will, if incurred, entail an unnecessary and double taxation for lunacy purposes on the ratepayers. They therefore crave:—1st, That the General Board of Commissioners in Lunacy for Scotland and the District Board of Glasgow be directed in the meantime to suspend building operations; and 2nd, That on being satisfied of the justice of the memorialists' claim, may move Government to introduce a bill dividing the said district of Glasgow according to the areas of management before mentioned, or restoring the power formerly existing to apply for and obtain such division or such other divisions as may appear just.

University of Edinburgh.—Purchase of Site for Union.—The Committee who are arranging for the Students' Union at the University of Edinburgh have at last acquired a most desirable site in close proximity to the Medical Buildings. It is the large stance presently occupied by Mr. Turpy's livery stables. The Committee have purchased it at a cost of £2,000. It is estimated that the buildings will cost about £10,000. Mr. Sydney Mitchell has been chosen as architect for the Union.

Scarlatina in Edinburgh.—The epidemic of scarlatina in Edinburgh continues serious. On Friday last there were 173 cases in the City Fever Hospital, 85 children and 88 adults. Only two cases have proved fatal in hospital. Two members of the profession have thought it necessary to appeal to the public through the medium of the daily press.

Dr. Johnstone McFie and the Glasgow Eye Infirmary.—The *affaire* McFie has created a good deal of talk in professional circles in Glasgow. We understand that the medical officers of this institution were appointed *ad vitam aut culpam*, yet in this case no *culpa* being hinted at, Dr. McFie is unceremoniously dropped at the annual meeting by simply not being re-elected. Dr. McFie is most fairly entitled to an explanation. Of course, at this institution all power and authority seem to be vested in the direct successors of McKenzie and Rainy, and it has been jealously guarded as their preserve, and the happy hunting ground for patients. We have recently had an example here of what looks uncommonly like palpable nepotism. We hope no such influence has been at work here.

Literary Notes and Gossip.

The List of the Fellows, Members and Licentiates of the Royal College of Physicians of London for 1887 is now obtainable. It contains nothing beyond the names, but these are arranged in several ways, so as to admit of ready reference, whatever may be the status of the person whose name is required.

⁂

France has lost, in the person of Prof. Béclard, a prominent official member of the medical profession, he having been for many years Dean of the Medical School of Paris. He has long been known as a writer of renown, his work on the heat phenomena attending muscular contraction having secured him a wide reputation in scientific circles. He was buried amid considerable ceremony on the 12th inst.

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The French medical and scientific journals announce that a prize of fifty thousand francs is offered by the French Minister of Education for a discovery rendering electricity economically applicable in the shape of heat, light, chemical action, mechanical power, transmission of messages, or treatment of disease. A committee, with M. Bertrand, of the Academy of Sciences, as chairman, will adjudicate.

⁂

We understand that a work is well forward for the press by Dr. J. Milner Fothergill. Its subject matter is "vasorenal change *versus* Bright's disease," on which he contributed a letter to our columns some time ago. It will contain some advanced views it is said; and will attract a certain attention, though pathological topics have not figured largely in his extensive writings. Perhaps he is turning over a new leaf.

⁂

Dr. Dukes' works on School Hygiene, Moral and Physical, are well known and appreciated. The present, "Health at School," is a new and enlarged edition of his previous work on the subject. It comprises the consideration of the moral and physical training of lads prior to school life; on the choice of a school, and finally, on school life from its various aspects. For parents, schoolmasters, and others interested in schools, this volume will be found full of useful information, and the style is as commendable as the subject matter.

⁂

Dr. Buchanan's report to hand, "Report of the Medical Officer of the Local Government Board," which has been delayed, owing to the preparation of the Cholera Blue Book, is unusually interesting, since it contains important memoranda on the connection of scarlatina with disease in milch cows, on the influence of Metropolitan Small-pox Hospitals on the public health, as well as useful scientific reports on foot-and-mouth disease, tuberculosis, and the precise action of chemical disinfecting agents. We purpose to return to the volume at a later date, and to speak in more detail of the subjects of which it treats,

⁂

Nothing perhaps is more amusing than the involuntary errors of authors who, for reasons best known to themselves, have taken up a subject or the history of a subject with the details of which they are not familiar. Such a mishap—*inter alia*—has occurred in a history of medicine recently published, in which Eustachius is credited with having discovered a passage of communication between the middle ear and the *thoracic duct*. Such an error is calculated to make Eustachius turn in his grave. Matters touching medicine are peculiarly difficult to handle by unprofessional hands, and there was no need of this particular error to demonstrate the fact that the author was not a medical man.

⁂

GRAY'S ANATOMY, which it is presumed everyone who has "read up" for the profession during the past half century knows almost as well as his alphabet, has undergone a metamorphosis of a kind that will at once commend itself to students. In the new edition (the eleventh) to hand, Mr. Pick, of St. George's Hospital, the editor, has re-arranged and incorporated matter to such an extent as virtually to make it a new book; whilst the publishers have aided this praiseworthy change by printing the whole of the arteries, veins, and nerves in colours, instead of in ordinary white and black woodcuts, as in previous editions. Of course these alterations have necessitated an increase in price, but this will probably not be objected to in the face of such manifest improvements.

⁂

MANY of the diaries, the season for which is happily now past, think it necessary to state some event or another in connection with each day. The result is, that unless the compilers are archæologists as well as literary drudges, they are now and again run rather close for an incident for a particular date. Some of the less scrupulous of the community elude the difficulty by accommodating events to dates, much after the fashion that Scott is said to have done with historical facts. One can support the announcement of the death of Queen Anne, although the event is not now possessed of extreme political significance, but the death of Mr. So-and-So, Police magistrate in 1873 is more of an enigma. Perhaps the gentleman in question was a relative. It would be interesting to know what principles guide the editors of these diaries in their choice of events, and by what standard they guage their importance and utility.

⁂

TIME passes so rapidly that it seems but a few months since the death, in the prime of early manhood of Dr. Handsel Griffiths, the author of that very original and valuable *Text-Book of Materia Medica and Pharmacy*; yet two editions have appeared edited by other pens, and to the initiative of this author may be attributed many of the changes in the teaching of materia that have taken place of late years in our schools. The present edition of the work issued during the past few days, is edited by Mr. Alfred S. Gubb, gold medalist in materia medica at the Westminster Hospital. A hasty glance through its pages inclines us to pronounce on the thoroughness of his labours, he has brought the work into conformity with the new Pharmacopœia, has added a copious index, and has included in the section on Pharmacy a revision of Griffith's valuable "Notes on the Pharmacopœial Preparations." We hope to review the book more fully at a later date.

⁂

MUCH mischief may be occasioned by the publication of injudicious instructions to collectors of fungi, especially when care is not taken to be precise respecting the characteristics of those which are safe for human consumption. In this connection we commend for perusal the review of a work on British Fungi which has been written for *Nature* over the well-known initials "M. C. C." The book criticised professes to be an elementary text-book on the fungi of Great Britain, but the numerous errors and ignorance contained in it are freely exposed by the fungologist, who will be at once recognised by the initials in question. He most of all, however, protests, and very properly, against the mischief done by the author of the text-book in classifying under the head of "edible" fungi several poisonous species of mushroom, and concerning the results likely to follow from such a proceeding. "M. C. C." charitably hopes he may not be made conscious of his error in a coroner's court. We trust due warning may be given as to the dangerous tendencies of a guide so little calculated to lead to a due appreciation of scientific studies.

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THE publication of the "Index Catalogue" of the library in the office of the Surgeon-General of the United States Army, at Washington, is steadily proceeding, the seventh volume of this magnificent work of reference being now available for use. This instalment of the Catalogue covers entries from "Insignares" to "Leghorn," inclusive, and contains 14,688 author titles, representing 5,987 volumes and 12,372 pamphlets, besides 6,371 subject titles of separate books and pamphlets, and 34,903 titles of articles in periodicals. The great labour on which Dr. Billings and his staff of assistants have been so long engaged is now about one half completed, the number of volumes which the Catalogue is expected to fill being fourteen. So far it is an enduring monument to the patience, learning, and skilful classification of the eminent physician entrusted with its compilation, and we earnestly wish for him long life and health, not only to finish his Herculean task, but also to enjoy the gratitude of those working members of the profession who find in this "Index Catalogue" such invaluable assistance in the prosecution of original observations.

⁂

IF evidence were needed to prove the value of publishing works on special subjects in a concise and practical form, the volume before us by Dr. Urban Pritchard, "Diseases of the Ear" (London: H. K. Lewis), would well supply the want. There is no doubt that the general practitioner requires more information on ear diseases than is to be found in most text-books on general surgery. He feels the want of directions how to diagnose many cases that come before him which will not yield to simply glycerine drops and haphazard inflation, and when diagnosed, how to remedy them. Yet, on the other hand, he does not want to wade through pages and pages of the history of the subject or vague theoretical reasonings. The happy medium has been most happily struck in Dr. Pritchard's work. We have conscientiously read the book, and do not hesitate to pronounce it to be one of the most concise and readable that we have hitherto met with on the subject. Specialists requiring an exhaustive work on otology must seek elsewhere; and yet the book contains everything necessary to students preparing for the higher surgical examinations. The value of the handbook is enhanced by the addition of an appendix of formulæ at the end. The illustrations, though not of the highest order, are clear and diagrammatic and serve considerably to elucidate the text.

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NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, Jan. 26th.—The Science and Art of Obstetrics, by T. Parren, M.D., LL.D. Strümpell's Text-book of Medicine, translated by Drs. Vickery and Knapp. Zeisel's Pathology and Treatment of Syphilis, translated by H. Raphael, M.D. The Year-book of Treatment for 1886. Hip Diseases in Childhood, by G. A. Wright, F.R.C.S. Physical Diagnosis of Lung Diseases, by J. M. Finny, M.D. On Aphasia, by James Ross, M.D. The Bronchial Catarrh of Children, by J. Carmichael, M.D. Gray's Anatomy, Descriptive and Surgical, Eleventh Edition, revised by T. Pickering Pick, F.R.C.S. Animal Food in Health and Disease, by J. Berkett, M.D. Leçons sur les Malades du Système Nervous, par Professor Charcot. St. Bartholomew's Hospital Reports, vol. xxii. Diseases of the Ear, by A. Hartmann, M.D., translated by J. Erskine, M.A., M.B. Electricity in the Treatment of Disease, by J. R. Tunmer, M.R.C.S. Fifteenth Annual Report of the Local Government Board. The Asclepiad, vol. iv. Brain, Part xxxvi. Annual Report of the Crichton Royal Asylum. Proceedings of the Society for the Study of Inebriety. The Medical Annual for 1887, edited by Percy Wilde, M.D. Pulmonary Consumption, by Jas. Weaver, M.D. Medical Galvanism, by Herbert Tibbits, M.D. Atlas of Veneieal Diseases, by P. H. Maclaren, M.D., F.R.C.S.

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Olympia, Kensington.—Some 300 children of the Foundling Hospital attended the afternoon performance of the Hippodrome on Tuesday last, on the invitation of a lady patroness of the Hospital. A correspondent writes:—"It was a sight not soon to be forgotten to see them in their snowy white linen caps, tippets, and aprons, a costume well known to those who frequent the church attached to the Foundling Hospital. It was as though snow had fallen heavily on just one portion of the vast building. The children took the liveliest interest in the whole performance."

Correspondence.

THE BACILLUS FALLACY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you permit me to add as my mite to this controversy a quotation from Sir Charles Cameron's new work, "The History of the Royal College of Surgeons of Ireland"? On pages 19-20 Sir Charles refers to a Treatise on Consumption of the Lungs, "with a previous account of nutrition and the structure and use of the lungs," 8vo, pp. 276, published in 1727 by Sir Edward Barry, Bart., M.D., who states that under certain conditions consumption is contagious, but that unlike the acute fevers, its infective action is slow. He refers to a theory of the causation of the disease which is essentially the same as that lately advanced by Koch and others. Quoting from Martin's book on consumption, p. 57 *et seq.*, he says:—"Ulcers in the lungs, when narrowly viewed with microscopes, are covered with little insects, and thence concludes that they take their first origene from such *animalcules*, which, being inspired with the air, fix their situation on the lungs and erode and ulcerate their vessels." Barry rejects this hypothesis on the ground that the atmosphere teams with minute organisms which enter the body, but have no permanent abiding place therein, unless in disorganised structures incapable of resisting their attack. What were the "animalcules" seen by Martin? The above extract from Sir C. Cameron's "History" reminds us that not only what is true is not new, but also what is new (Koch's *deductions e.g.*) is not always true. The mere *presence* of a bacillus does not indicate tubercle, and, assuming that tubercle is the most favourable soil for the development of bacilli, we have yet to discover (perhaps *re*discover) what the favouring element in that soil really is. The "hereditary" (?) element in tubercular phthisis is the "receptivity" of the soil. In what does this "receptivity" consist?

I am, &c.,

London, Feb. 19th. Stop-Koch.

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ARTIFICIAL FECUNDATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—*A propos* of the above subject, to which you referred in your issue of the 2nd inst., it may be interesting to refer your readers to Sir Charles Cameron's recently published work on "The History of the Royal College of Surgeons in Ireland," on p. 7 of which appear the following lines:—"Dr. O'Connor, a native of Kerry, was physician to the celebrated John Zobieski, King of Poland. O'Connor received his medical education at Montpelier (then and long after a celebrated seat of medical learning). He proceeded to Paris, where he was admitted professionally to the Royal chambers, and thereupon added to his titles—*è Regiâ Cameræ Parisiensis Societate*. He passed the latter portion of his life in London, and died there in 1698, at the early age of thirty-two. He wrote the treatises, 'De Humane Hypogastri Saromatei,' 'Dissertationes Medico-Physicæ,' and 'Evangelium Medici.' In the last-named work he advances an opinion that generation may be effected without actual contact of the sexes, an opinion verified by recent experimental results."

Yours very truly,
A Fellow of the College.

◆

UNUSUAL SITE FOR HYDATID CYST.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If Mr. Muskett will refer to pages 152-153 of Sir Astley Cooper's work on "Diseases of the Testis" (second edition, 1841), he will find the following:—"Of the animal hydatid in the testis:" "I have never seen this disease in the living subject, and therefore I know nothing of the symptoms which it produces. But Mr. Davie, who was formerly a dissector for our lectures at St. Thomas's Hospital, after one of the lectures, brought me a testis the epididymis of which contained a cyst, formed by adhesion; and within that cyst was an hydatid, having a pearly appearance, perfectly detached from the bag in which it was contained, and filled with a fluid of a watery appearance. The testis was somewhat larger than usual; but I do not think it was twice its natural size."

I am, &c.,

Holly House, Sunderland,
Feb. 16. James Murphy.

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INTRA-PERITONEAL HÆMATOCELE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If Mr. Lawson Tait will look at the original report of my statement at the Pathological Society he will see that my contention is this—that pelvic effusions of blood in women are—firstly, divisible into two classes, perimetric or intra-peritoneal, to which the term hæmatocele should be and is very generally, confined; and parametric, or sub-peritoneal, to which the term hæmatoma should be, and is extensively, particularly in Germany, applied; secondly, that the majority of large and recognisable effusions are intra-peritoneal; and thirdly, that the large sub-peritoneal effusions, on which some abdominal operators have lately laid so much stress, are for the most part a new variety of disease due to a vessel in the broad ligament having been unintentionally injured or left insecure in an operation involving this part.

These matters can only be decided by careful and accurate observation, and if in any future discussion on this subject Mr. Lawson Tait will give detailed accounts of the seat of the effusion and of the consequent displacement of pelvic viscera as seen by him in cases in which he has opened the abdomen for blood or inflammatory effusions, a valuable addition will be made to the observations required.

I feel sure that Mr. Lawson Tait will also recognise the difference between misrepresentation, which is neither honourable nor useful, and criticism, which is often an aid to investigation.

This use of the term hæmatoma was suggested by Dr. Matthews Duncan, and is in accord with a mass of the best literature of the subject.

114 Harley Street, W., Yours faithfully,
February 19th. Walter S. A. Griffith.

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Medical News.

Royal University of Ireland.—The following additional Examiners in the Faculty of Medicine have been appointed for 1887.—Medicine: Stephen M'Swiney. Midwifery: John A. Byrne and H. M. Jones. Medical Jurisprudence: E. W. Davy and M. M'Hugh. Materia Medica: F. J. Quinlan and J. S. Read.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 29, Bombay 25, Madras 40, Paris 26, Brussels 22, Amsterdam 22, Rotterdam 23, The Hague 19, Copenhagen 25, Stockholm 22, Christiania 20, St. Petersburg 31, Berlin 23, Hamburg 28, Dresden 19, Breslau 29, Munich 26, Vienna 27, Prague 29, Buda-Pesth 34, Trieste 40, Rome 26, Venice 29, Cairo 40, Alexandria 30, New York 28, Brooklyn 21, Philadelphia 20, and Baltimore 18.

Cancer Hospital, Brompton.—The annual meeting of the governors of this charity was held at Brompton on Wednesday the 16th instant. Mr. Geo. T. Hertslet in the chair. The report of the committee showed that during the past year 1,628 new patients were received, 652 being in-patients and 976 out-patients. The total number of visits of new and old out-patients were 6,276, against 5,360 in 1885. This continued increase pointed to the necessity for increased funds, the reliable income of the charity being about £3,000 a year less than the ordinary expenditure, and an earnest appeal is made by the committee for continued support to enable them to carry on the important work of alleviating, and as far as possible arresting, the growth of this terrible disease. The medical staff give courses of lectures in the lecture room of the hospital during the first three months of the year which are open to all medical practitioners and students. The report and balance sheet were unanimously adopted, and the usual votes of thanks concluded the proceedings.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

James W. (Belfast).—Seeing that three millions have disappeared since the Black Forty-seven, while 706,000 of the four and a-half millions that remain are in receipt of pauper charity. and that this population is diminishing at the rate of one hundred thousand a year, we doubt the expediency of the Jubilee scheme you suggest. We think it, in short, impracticable at present.

Physician.—Sewill's "Student's Guide" contains enough for the general practitioner. Of larger and more exhaustive works, Tomes, Salter, or Stocken are the best.

Dr. Pearse (Plymouth).—The statement is somewhat vague; we have forwarded your letter to author, who is resident in the Riviera.

GYMNASTICS IN FEMALE COLLEGES.

A **recent** presidential decree in France, says *Science*. regulates the nstruction in gymnastics in the *lycées* and colleges for girls. The instruction must be given by female teachers, who must have received a certificate of aptitude from the proper authorities. Such teachers are to receive from 1,200 to 2,000 francs per year each (about £48 to £80), and may be required to teach sixteen hours a week. They must teach at least twelve hours a week.

A Puzzled Student.—Hardly a fair question to set. Myrobalanus is from the Greek μύρον "ointment" and βάλανος an "acorn," or any similar fruit. The myrobalans (a dried Indian fruit) are said to have laxative as well as astringent qualities. They are almost unknown in medicine in this country.

W. B. G. (Bristol).—The application was certainly a reasonable one, and deserved more courteous treatment. We would advise you to write to the Local Government Board, stating briefly and plainly your case, and doubtless an investigation will be the result.

THE CAUSES OF WARS.

A **well-known** French statistician has analysed these, and arrives at the following conclusions anent them:—He limits his inquiries to the last four centuries, and examines two hundred and eighty-six wars in all. Of these fifty-five were civil wars; forty-four were wars of conquest and land robbery; forty-one were wars of succession, or of crown claims; thirty were, as M. Leroy-Beaulieu puts it, wars under pretence of helping allies; twenty-eight were professedly religious wars, but most of these were waged on an old monarchical principle, *Cujus regio, illius religio*; twenty-four were wars of retaliation; twenty-two were wars for taxes; twenty-two were wars of commercial rivalry; eight were wars on so-called points of honour or prerogative. Amongst the wickedly capricious causes of the wars of the French monarchs of the seventeenth and eighteenth centuries, we find such entries as "A war for a window," and "A war for a glove."

Kensingtonian.—We have given all the information in our possession about the proposed Jubilee Hospital at the West End. The rumour which you have heard that it is being promoted principally by Jews may or may not be correct. We understand that two members of the medical staff belong to that persuasion. We further understand that some of its supporters are making a house-to-house canvass on its behalf near Earl's Court and West Kensington.

Evan Jones.—The subject is occupying our serious consideration. We hope to deal with it shortly.

Dr. M. (Sheffield).—In type, awaiting space. The proceedings of the Medical Council have crowded out a good deal of other matter.

Neurologist.—True, indeed, such things do at times occur, and as to the phantasms you describe, would not this meet the requirements of your theory? Keats is, we believe, the writer of it:

> . . . . things unreal and phantoms vain
> Which morbid minds spew forth as fumes
> That circling rise and take on lying forms.

A Puzzled Inquirer.—'Tis so, and the gall bladder and the fat of the python are much sought after by the natives of Burma. The former is in high esteem for its medicinal virtues, and as to the latter, the fat is used as an ointment for the cure of rheumatism, strains, and other similar inflictions.

Naval Surgeon.—You are quite right, and the jelly-like matter found in the nests of the commom swift, as well as, or rather chiefly in that of his smaller congener, the Chinese swiftlet, is nothing more nor less than "inspissated mucus from the salivary glands" of these birds. Unable as they are to perch on the ground by reason of the shortness of their legs, they either seize upon a nest already used, or they pick up such materials on the wing, such as feathers, thistledown, &c., as come next to hand. These materials they cement together with their copious mucus, for which purpose their salivary glands are peculiarly developed. As the spider, in short, spins its web out of its own body, so the swift finds it cheaper in the end to build a nest out of its own secretions, and hence the pure mucus which your Celestial neighbours are so fond of. We advise you not to touch it.

A Governor (London).—Letter unavoidably held over, it shall appear in our next.

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Meetings of the Societies.

Wednesday, February 23rd

Hunterian Society.—At 8 p.m., Dr. Scarth: A Review of Forty Cases of Diphtheria, illustrating its Manner of Spreading, and its Relations to other Fevers, to Diathesis, and to Neurotic and Paralytic Conditions.

British Gynæcological Society.—At 8.30 p.m., Specimens will be shown. Adjourned Discussion on Dr. Fitzgerald's paper on the Use and Abuse of Pessaries. Council at 8 p.m.

Neurological Society of London.—At 8.30 p.m., Exhibition of Clinical Cases.

Friday, February 25th.

Clinical Society of London.—At 8.30 p.m., Dr. Hughlings Jackson: A Case of Paralysis of Left Leg from Subcortical Disease. Dr. Carrington: A Case of Rheumatic Hyperpyrexia treated by the Cold Bath. Dr. Hadden: A Case of Epilepsy following an Injury to the Leg. Mr. Bowlby: Cases of Profuse Hæmaturia in connection with Granular Kidney. Living Specimens: Dr. Arthur Davies: Two Cases of Myxœdema (male and female).

Saturday, February 26th.

Royal Institution of Great Britain.—At 3 p.m., The Righ Hon. Lord Rayleigh: Sound.

Vacancies.

Salford and Pendleton Royal Hospital.—District Surgeon. Salary £80 per annum, with board and lodging. Diplomas and testimonials must be sent to the hospital on or before Monday, the 28th inst.

West Herts Infirmary, Hemel Hempstead.—House-surgeon and Dispenser, who shall also be Assistant Secretary. Salary £100 per annum, with board, furnished rooms, fire, lights, and attendance. Any further information can be obtained from the Assistant Secretary.

Preston and County of Lancaster Royal Infirmary.—Senior House Surgeon. Salary at the rate of £100 per annum, with lodging, washing, and board, exclusive of wine, spirits, and malt liquors. Applications with testimonials must be sent free on or before the 28th inst., addressed to the Secretary.

Dumfries and Galloway Royal Infirmary.—Assistant House-surgeon. Board and washing. No salary. Applications to be sent to the Treasurer before the 28th inst.

Appointments

Clarke, F. H., M.B., C.M.Ed., House-Surgeon to the Great Yarmouth Hospital.

Fitzgerald, G. C., B.A., M.B., B.C.Camb.. M.R.C.S., Junior Assistant Medical Officer to Cane Hill Asylum, Surrey.

Hinshelwood J., M.A., M.B., C.M., House-Surgeon to the North Riding Infirmary, Middlesbrough-on-Tees.

O'Brien, P. M., M.R.C.S, Resident Medical Officer to the North London Hospital for Consumption, Hampstead.

Skelding, H., M.B., B.A.Camb., M.R.C.S., Resident Surgeon to the Bedford General Infirmary.

Stacy, J. H., L.R.C.P., L.R.C.S.Ed., Medical Officer to the First District of the Henstead Union, Norfolk; also Medical Officer to the Sixth District of the Norwich Union.

Symes, G. D., M.R.C.S., Assistant Medical Officer to the Lancashire County Asylum, Rainhill.

Waldo, F. J., M.A., M.D.Cantab., M.R.C.S., Assistant Physician to the Chelsea Hospital for Women.

Wheatly, A. W., M.B., S. Sc.C.Dur., M.R.C.S., Surgical Registrar and Anæsthetist to the National Orthopædic Hospital.

Births.

Farr.—Feb. 16, at St. Heliers, Ealing, the wife of Earnest Farr, M.R.C.S., of a son.

Gardner.—Feb. 19th, at Clifton, the widow of E. Barton Gardner, Surgeon-Major, M.D., of a daughter.

Marriages.

Craig—Snoad.—Feb. 16th, at Knighton Parish Church, Leicester, Jas. Craig, M.B. Ch.M., to Amy, daughter of E. H. Snoad, M.R.C.S., of Aylestone.

Duckworth—Smith.—Feb. 16, at Donaghmore, Richard Henry D'Olier, M.B., L.R.C.S.I., to Florence Henrietta Josephine, youngest daughter of the late Henry J. Smith, F.R.C.S.I., of Rallybrophy, Queen's County.

James—Driffield.—Feb. 17th, at Prescot Parish Church, David James, M.D.Ed., of Ashton, to Letitia, daughter of the late W. W. Driffield, of Liverpool.

Deaths.

Braddon.—On Feb. 5th, suddenly, at his residence, Ham House, Upton-on-Severn, Charles Braddon, M.R.C.S., aged 71.

Edwards.—On Feb. 19th, suddenly, at 493 King's Road, Chelsea, Mary Amelia, wife of C. A. Edwards, L.R.C.P., L.R.C.S.Ed.

Prentis.—On Feb. 14th, at Calcutta (on his way to England), Surgeon-Major Chas. Prentis, Bengal Medical Service, M.R.C.S.; aged 51.

Rider.—On Feb. 10th, John Rider, of Wellington, Shropshire, M.R.C.S., L.S.A., aged 64.

Ritchie.—On Feb. 15th, suddenly, at Liverpool, Mr. Barry Ritchie M.D., J.P., of Belfast, aged 70.

The Medical Press and Circular.

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VOL. XCIV.] WEDNESDAY, MARCH 2, 1887. [No. 9.

Clinical Lecture

ON

THE TREATMENT OF TYPHOID FEVER. (*a*)

By Professor H. NOTHNAGEL.

Vienna.

WHEN in relation to the treatment of typhoid fever, we keep in view the plan we always follow as regards treatment, and lay before ourselves the questions of the indications: 1. The *indicatio causalis.* 2. The *indicatio morbi.* 3. The *indicatio symptomatica,* we must say to ourselves that as regards the first there is nothing to be said. The *indicatio morbi* would consist in having a remedy able to destroy the bacillus of typhoid without destroying the individual.

I take a decided stand as regards the treatment of the acute infective diseases upon the point that we must search for such so-called specific remedies. In quinine we have had such a specific remedy for malaria for the last two hundred years. We know that quinine renders malaria poison innocuous, without damaging the organism, and if syphilis, as it really seems to do, depends on an infection by bacilli, we know that mercury and iodine gradually destroy the syphilis bacilli without the organism being destroyed or damaged. The task of therapeutics, as regards the acute infective disease, is in general to search for specific remedies; that would be a real treatment of the disease, everything else that we employ, kairin, antipyrin, quinine, tartarised antimony, &c., is only symptomatic treatment. Have we any remedies that act specifically or not? No. Iodide of potassium has been recommended, as it has been recommended for pneumonia. Long ago I tried iodide of potassium for typhoid without any success. In parenthesis, I will also remark here, that I have tried iodide of potassium in croupous pneumonia up to 14 grms. in 24 hours without any injurious effects. Then I mention that it was stated recently by Ehrlich that thallin exercised a certain specific action upon typhoid. You know that Dr. v. Jaksch first recommended thallin as a remedy that reduced high temperatures, and it is one that has borne out the claims made for it, in a remarkable manner.

According to the observations we have made here in the Klinik, however, in typhoid it has not appeared to us that thallin does exercise any specific action upon typhoid. Ehrlich expresses himself cautiously and reservedly, he has stated that it appears that thallin exercises a specific action upon the typhoid process; according to the observations that we have instituted in our Klinik it is decisive that we succeed in keeping patients apyretic by methodical and continuous treatment by thallin, the disease has run its course in all the cases almost without fever, but notwithstanding this it lasts longer than it usually does without; we have seen nothing of any specific action that must declare itself by a cutting short of the process; as soon as we left off the thallin, the temperature quickly mounted up and the symptoms of the disease became more pronounced. Of all the remedies that have been recommended for typhoid, not one has stood the test, not even calomel, which was recommended to shorten the disease, to render it abortive as it were. Calomel was first recommended towards the end of the forties by Thierfelder and Wunderlich and frequently afterwards, the last communication on the abortive action of calomel on typhoid have come from Weil who was then in Heidelberg, but is now in Dorpat. On the whole, I agree with the opinions of Weil. If calomel is given as an abortifacient in typhoid it is the rule that it should be given in the first week when the diagnosis of typhoid is first probable. In this way a milder course, not a cure, but a shortening of the disease, is obtained; I have not been able to convince myself that it is so really. I believe that we are liable to great deceptions when we have no statistics of observations that extend over hundreds of cases; the objection is always possible that the case was one that ran a shorter course spontaneously. Calomel may be looked upon as acting in two ways, first as a purgative that removes the bacilli from the intestinal canal, and that thus removes a mass of material that would otherwise be taken up into the circulation. If this conception is correct that which is obtained with calomel will also be obtained by means of other purgatives that can be given in diseases of the intestinal tract, for example with ol. ricini. I have in fact, after comparative investigations gained the impression that castor oil acts exactly like calomel. Those observers who plead for the abortive action of calomel have also pronounced the following opinions:—You are aware that, according to the investigations of Koch, sublimate is the most powerful parasiticide. Calomel on being retained in the intestine becomes converted into sublimate and in this way, it is claimed, the bacilli in the intestines are destroyed. But this has not been proved, and we come to the result of our observations made hitherto, that we do not possess a specific for typhoid fever.

Symptomatic treatment is then the only one remaining, and what we are able to perform in the treatment of typhoid is done by means of symptomatic treatment. We must now be quite clear what indications we have as regards symptomatic treatment. These as regards typhoid may be extraordinarily numerous. If intestinal bleeding takes place the indication arises to treat the hæmorrhage, or if decubitus takes place, or a serious affection of the lungs, we must treat these, in short, the indications are extraordinarily varied in accordance with the complications. I will, however, at present refrain from entering upon the treatment of all these complications for their treatment is the same in typhoid as when these symptoms appear independently. If you have intestinal hæmorrhage to treat from an ulcer in typhoid, or in consequence of carcinoma, or as a result of an embolism of the *anteria mesaraica,* &c., in all these cases the hæmorrhage is treated in the same way; and the same with the treatment of hypostasis of the lungs and atelectasis in the course of typhoid as when these symptoms come on in the course of whooping-cough, measles, or in an old man in the course of a bronchial catarrh, the treatment in all these cases is the same.

(*a*) A Clinical Lecture delivered in the Medical Klinik of the University of Vienna, January, 1887.

What I shall describe here are the indications that an uncomplicated case of typhoid presents. What is our task here? The organism itself is in a position to overcome the typhoid poison, whether it be that the cells of the organism eat up and so destroy the bacilli of the disease, whether it be that the bacilli destroy themselves by means of the secretions which they afford, and thus it matters not what the process may be; we see eventfully that the bacilli come to nought and the man is restored to health. We see on the other hand, however, that a typhoid patient becomes much exhausted, much emaciated on account of insufficient ingestion of nourishment, the patients eat insufficiently, they have no appetite and when they are sensible they generally desire nothing. Secondly patients emaciate on account of the direct loss that the fever brings with it. You know that in fever increased metamorphosis of tissue takes place, more urea and more carbonic acid are excreted, the acid products of tissue change are produced in richer quantity, first the albumen circulating with the nutriment is taken, then the organic albumen is used up, then the carbo-hydrates, the fats, in the body are attacked, in short, the man emaciates, he becomes exhausted in consequence of the fever. Thirdly, we see that emaciation can be brought about by mere accidental things, for example copious diarrhœa, if the intestinal contents which would be otherwise resorbed, do not become so in consequence of the diarrhœa.

There are thus various factors that can reduce the system during typhoid fever. It is an indication of the first rank in typhoid to enable the system to hold out. Food must be given, the fever reduced and the abnormal secretions kept within bounds. These are the three indications that meet us in every case of typhoid, even in the uncomplicated ones. You understand that we are less compelled to answer these indications in the milder cases, that run their course in ten or twelve days, when at the same time the fever is not so high, &c. The first thing we have to aim at then is to feed the patient. I, as well as a number of other clinicists, have completely broken with the old tradition of putting fever patients upon a so-called bland diet; for a number of years past I have taken my stand upon the point that we must feed such patients energetically, and I would put it to you as the first and most urgent indication to feed such cases well. It is self evident that you should not give them roast pork, mutton cutlets, vegetables, cabbages, or great lumps of potatoes, &c., for you will not forget that the patients are suffering from fever, and that in typhoid the digestive powers are reduced; above all you should not forget that they have a serious intestinal lesion, ulcers of the bowels. We must then give our patients food, but in the form that is most easily digestible, and thus in the fluid form.

(*To be concluded in our next.*)

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Original Communications.

ON THE MANAGEMENT AND SELF-MANAGEMENT OF GOUT, OR THE URIC ACID DIATHESIS, AND "THE GOUTY."

By J. MORTIMER GRANVILLE, M.D.

(*Concluded from page* 168.)

It is clearly conducive to the solvent power of the fluid and helps to maintain the natural heat of the body to take as much as may be of the water consumed with this purpose warm. And here I must be allowed to make a statement based on observation and experience which, however opposed it may seem to the views propounded by some excellent authorities, appears to me to be of very great importance. It is that tea not too strong, made with what is called "black" tea, the water being only just boiled so that it has not lost its capacity for taking up extractives, and not being allowed to stand too long on the tea leaves, lest the residual extractive should be taken up, is a most admirable stimulant to the kidney function and supplies precisely the sort of drink which the gouty require. I have never seen a great tea drinker who suffered badly from gout. There may be such persons, but I do not chance to have met one. It is inexplicable to me that "the faculty" should condemn tea. I have drank on the average three or four pints daily of fairly strong tea for the last forty years or more, and in spite of a strong tendency to gout, I have succeeded in keeping it in abeyance, and am not conscious of any ailment for which tea can by any stretch of ingenuity be held responsible. Confessedly we councillors of the unhealthy are apt to shape our advice too much in accordance with our own particular likes and dislikes and personal experiences, so that it may well be that I am too warm in my eulogium of tea, but I must protest that the vigorous opponents of tea drinking are even more open to reproach because the evidence they have to produce in support of their arguments is at the most purely negative. Let the gouty, then, if it please them, drink plentifully of not over-strong tea. There is no reason in the world why they should not take sugar in it, and milk is admitted by all to be beneficial, so that by the combined leave of those who agree with, and those who differ from, me, the patient be he ever so gouty may enjoy his tea in peace, and withal if he will only give his mind to it, do much to relieve himself of the gout by its use. For those who dislike tea, as it is the fashion to drink it in this country, there is the Russian method, lemon juice being added to the infusion of tea leaves instead of milk and sugar. The tea will stand for a nearly, but not quite, equal quantity of water in the process of kidney flushing. Any other bland fluid may be substituted, but allowance must be made for the depreciation of the solvent power of pure water by the increased specific gravity due to the matters dissolved in the beverage.

I have of late used distilled water—saturated with hydrogen gas (to about 2 per cent. by measure) and slightly iodised,—with advantage as a solvent or diluent drink. Not less than four pints of water, either holding proportionally very small solids or pure, is to be consumed in the twenty-four hours; precautions being taken by measuring both the fluids consumed and the urine passed, and by testing the latter to make sure that the water thus taken is properly eliminated, and so it answers the purpose of carrying off the uric acid or urates which it is required to eliminate. This last point can readily be determined by estimating the uric acid and the urea quantitatively. Haycraft's uric acid test and the hypobromite test for urea are so facile that no difficulty will be encountered in having the proper examination made at suitable intervals, and no gouty person who desires to be well should allow the facts, as to the manner in which his organism performs its functions to be ignored. It is on the due performance of these functions that health depends, and, as a rule, long before any symptoms of gout declare themselves there are warning signs of defective eliminations which it is all important to recognise. A rough and ready mode of ascertaining that matters are not far wrong, well within the reach of the gouty person himself, would be to make sure that, while the total quantity of fluid eliminated in twenty-four hours is not less than three-and-a-half or four pints in summer when much fluid is unavoidably lost by the skin, and five or six pints in winter, the mean specific gravity does not fall lower than 1015. If the density of the fluid be higher than 1015, while the quantity is large there must be an excess of solids and more fluid is requisite, for the preventive treatment of gout by the promotion of a free and full flow of water through the blood duly eliminated by the kidney. I next pass to the subject of diet and regimen.

What ought the gouty to eat and drink, do and wear? It would perhaps be too crude an answer to this grave question, to say what they like and what *likes* them, that is agrees with them; and yet if we were to argue for a month this is precisely what the outcome would amount to. There is positively no such thing as "a diet for gout," I doubt whether there is really a strict diet for any disease or disorder. I agree with the American physician who lately affirmed that there never was a dyspeptic cured by dieting. I do not deny that it may be possible to find relief in what is called dyspepsia (or difficulty in digesting) by the avoidance of anything and everything which offers the least obstacle to solution and absorption; but, in the same way, it could be possible to find a *modus vivendi* with a broken leg by carefully abstaining from the least endeavour to use it. There is a great deal of inbred perversity in the organism, and if it be too much humoured, or if any great concession be made to its pretences of incapacity, matters are apt to go from bad to worse until at length it will not discharge its functions in a manner consonant with the conditions of comfort or even a tolerable life. I can fancy how this remark will excite the scorn of the single-minded pathologist who looks for some organic fault or lesion as the *cause* of every abnormal state, forgetful of the fact in evolution and development that the environment elicits an attempt to comply with its exigencies, and that the organism is progressively modified by adaption to the function it is striving to perform, so that organisation is really secondary to function, and no inconsiderable proportion of the morbid anatomy discovered by the student of pathology, is the consequence and not the cause of the disorderly action he attributes to it.

We do not give enough attention to this view of the relation of cause to effect, in dealing with pathological conditions during life. Disorderly habits are themselves the sufficient causes of much that is regarded as "organic disease." Difficult digestion, assimilation, impaired nutrition and defective disassimilation, are often in their origin simply disorderly habits of the organism, and these errors of functions when they are formulated will *develop* the organic changes that constitute disease. If we recognise this fact and bear it in mind it will be easy to see that "giving way" to such habits, and even encouraging them by diet and treatment may do mischief. When people tell me they *cannot* eat and drink ordinary food and beverages, I make a point of inquiring curiously into the grounds of their belief in impossibility, because I have had patients who could not possibly eat eggs having never, as a matter of history, tried to take them. They have told me they could not and believed it to be so until on making the experiment, they found the particular articles of food suit them excellently well. I believe one half the "cannots," and "disagrees," are purely imaginary. If they have a real existence—setting aside absolute idiosyncracies, which are very rare,—they are tokens of something amiss which ought to be grappled with, not avoided by a dietary which is either empirical or an embodiment of the weak principle of compromise. I do not for an instant deny that there are cases in which we cannot hope to do more than devise a way of making life tolerable by finding a *modus vivendi* with disease; but to justify the recourse to this expedient it must, I conceive, be ascertained beyond question that the disease so treated is *incurable*. To adopt this method in all cases is simply a trouble-saving routine which glosses over a fault and deceives both patient and doctor.

The sufferer from gout needs above all things to be well nourished and to this end he must be well, though wisely fed. Weakness is the condition above all others to be dealt with in gout. How many lives are lost by placing the gouty on a diet from which meat has been excluded, because, forsooth, there chance to be a little albuminuria or some gouty dyspepsia; although the presence of a trace of albumen in the renal excreta of gouty patients is one of the very commonest of experiences, and in the majority of cases it means nothing more than imperfect disassimilation the prognosis being favourable. We doctors make woful mistakes in the importance we attach to certain phenomena which we regard as pathological simply because we do not make it a practice to examine the excreta in *all* cases. To do this would "take too much time" and so we test only for such things as we expect to find in particular cases. If we examined thoroughly in all cases, we should find the very same things to which we are sometimes directed by symptoms in cases where there were no such symptoms, because the symptoms and the phenomena associated have no necessary or constant connection. It is just and expedient that the sick should know this, and attach due importance to it. Many a condemned patient has actually nothing more momentous to struggle against than his neighbours.

Meat in fair quantity, say from 6 to 8 ounces twice daily on the average, (or 10 ounces for men living ordinary lives), and more for those who are much worried or who work their brains heavily; with fish, soup, bread, potatoes and a fair supply of other vegetables, and fruits, particularly those which are slightly acid, ought to be looked upon, as an indispensable diet. There should be no fixed rule of life, and above all things, there should be no great monotony in the way of living in gout. The digestive organs resent any attempt to coerce them into what is thought to be good behaviour, and loss of appetite, flatulency, and sleeplessness result. Sufficient exercise, by walking and riding, especially is desirable; but extreme fatigue should be avoided. I have deferred what I have to say about stimulants until this point, because their abuse is generally connected with the sense of fatigue and exhaustion. I believe some stimulant is almost invariably requisite in gout, but what is taken ought to be *taken with food.* It is not in my experience, wise to take whisky or any other proximate form of alcohol, wines are far better. For ordinary purposes, I recommend the lighter white wines, such as hock; with dinner a fairly good claret, after dinner an old port, matured in the wood, not left in cask so long as to lose all its goodness, but long enough to ensure perfect maturity of the fermentative process; very good madeira, of fair age, is also an excellent wine for the gouty. I do not think as a rule sherry is to be recommended. Champagne, if fairly dry, *i.e.*, not heavily liquered, is very desirable as an occasional wine. It contains a relatively small proportion of alcohol; but as a rule the dyspeptic find that it produces, or increases, flatulency if taken habitually. As to quantity: two glasses at dinner, and one after; a glass-and-a-half at luncheon or a tumblerful of Pilsener beer, with a glass of claret or port wine and water, with a biscuit before retiring to rest when either the hour is late or much fatigue of mind or body has been incurred since dinner, may be regarded as an average rule of habit. It is a mistake to go to bed with the stomach empty, if there be any sense of exhaustion, or if, as so often happens in gouty cases there is a tendency to sleeplessness. To remedy the latter evil, a most grave one when the habit of wakefulness is formed, a moderate and light supper of fish or whipped eggs, but with little bread, which takes a very long time to digest —is desirable. The clothing of the gouty should be light, and not too warm. This is, I have been led to conclude by experience and observation, a most important matter. The organism should be encouraged, and even compelled, to maintain its natural temperature, in spite of ordinary losses by radiation. Heat-production is one of the functions which stand in special need of the stimulus of habit. If the body is fairly, but only moderately clothed, there will be a proportionately large consumption of fat and sugar to serve as fuel, and the liver will be kept well up to its work, whichi s a point of the very highest moment. The rheumatic—popularly so-called but really the gouty who think they suffer from rheumatic pains—may do well to envelope their bodies in thick flannels, but the gouty will, I am convinced, act more wisely if they strive to maintain their body-heat by brisk movement and a good circulation. In short, as regards eating, drinking, exercise, and clothing, I think the life of the sufferer from gout ought to be above, and before all other things, *natural.*

Every day's experience strengthens my very strong conviction that nothing whatever is gained, but, on the contrary, much is lost, by attempting to lay down a Rule for the gouty. They are emphatically lawless people. Each one has for himself alone to live down his disease, and he can only do this by making health *with happiness* his object. If he think only of health as the prize and makes sacrifices to secure it he will fail. A happy life is quite as important as a healthy one, and it is distinctly not true that the two ideas are inseparable. A sanitary life is very often a very sorrowful one. The gouty need bright and cheerful surroundings. The brain is not only the organ of the mind but the centre of the nervous system, and if the mind becomes depressed or moody, the brain gives away, and the body follows suit. Beyond the hints I have tried to throw out for the management of the patient who suffers from gout we shall do wisely if we can induce him to abstain from considering himself an invalid, and if we refuse to treat him as one.

The outlook from the patient's point of view in gout ought not to be gloomy, above all, it should not be one conceived in a spirit of resignation to the malady. There is nothing less reasonable or expedient than that the gouty should look upon the disorder which causes them so much distress as incurable. It is not in any proper sense a *disease*, although no affection better merits the term in its literal meaning. Gout is, strictly speaking, a morbid habit, and like other habits, this one ought to be struggled against, and reduced, if not eradicated. The aim of the sufferer should be to rid himself of his burden, not by dosing himself with physic or living the life of an ascetic, but by establishing a habit of health throughout his organism. This is not to be accomplished by self-mortification, but by taking such precautions as are necessary to counteract the mischievous tendency of the gouty habit, and then *living* earnestly and actively a life of hope, energy, and rational liberty. People may worry themselves into illnesses by the very measures they take to avoid them, and such worrying is very commonly *the* cause of successive attacks of gout. Linnæus was wise in his generation when he set to work to cure himself of the gout by eating wild strawberries and succeeded. One last word of warning against a particular practice of self-dosing to which the gouty are especially prone. Under pretence of "unloading the liver" they use purgatives recklessly. When the fluid is thus diverted from the kidney the uric acid accumulates and an attack of gout is precipitated.

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PREVENTIVE MEDICINE AND ABORTIVE TREATMENT.

By C. R. ILLINGWORTH, M.D. Ed., M.R.C.S. Eng.,

Medical Officer for the Rishton District, Blackburn.

(Continued from page 94.)

According to M. Pasteur and other eminent scientists, every fermentation has its particular organic ferment. It has yet to be shown, however, that it is impossible for animal or vegetable tissue, by the oxidation or other chemical change of its constituents, to develope a chemical ferment which shall, by its action upon the debilitated or degenerate elements of that tissue, produce micro-organisms. The line drawn between chemical and organic fermentations is in fact too hard and fast; and I am of opinion that experiments should be directed with a view to determine the possibility of such a relationship existing between chemical ferments and animal tissues, as I have suggested. It is no proof that because certain micro-organisms, on injection into the blood or tissues of an animal, produce certain diseased conditions, that the particular organisms themselves have not been produced originally by a chemical ferment acting upon such lowly-organised tissues as granulations and pus, or upon the more highly organised tissues, when, though free from micro-organic life, their vital energy has become prostrate by disease, debility, or injury. I go further. I question the existence of any organic ferment.

It is, I think, to the many and varied processes of chemical fermentation we must look for an explanation of the numerous diseases and phenomena caused by germs. The differences observed between one disease and another depend in my opinion not only upon the kind of fermentation, but upon the seat of the fermentative process; whether in the blood, in the tissues, or in material altogether external to the human organism.

The result of these fermentative processes, sooner or later, in such degenerate or debilitated tissues, I hold to be the same in all—the development of micrococci or bacteria. These organisms, by invasion of the tissues from the seat of their development, cause disease in the form dependent upon the nature of the ferment and the seat of the fermentation. In rheumatic fever, for instance, the seat of the fermentative process is in the blood, debilitated by exposure of the system to any condition which may induce the febrile state. As an example of a fermentative process in the tissues I may instance erysipelas, where, in a wound or breach of surface, fermentation is set up amongst the discharges, with the result of development of bacilli. These invade the surrounding parts and thus cause acute inflammatory action, firstly from the irritation excited by their presence, and secondly by their liquefying action on the constituents of the tissues, an action similar to that of "comma" and other bacilli on gelatine and other cultivating media. This irritation and liquefaction explains the diarrhœa of typhoid also; the entrance of the typhoid bacilli into the mucous membrane of the parts of intestine affected being the cause. Other examples of the development of micro-organic life by fermentative processes taking place in the tissues are found in hydrophobia and septicæmia.

As instances of the same processes taking place in tissues altogether external to the human organism, we have those by which are produced the germs of scarlet fever, measles, and diphtheria. It is, I think, more than possible that the germs of these diseases have their origin in fermentations amongst degenerate vegetable tissues, or a mixture of vegetable and animal tissues. Certain it is, however, that the micro-organisms resulting have such vitality and power of proliferation that they are able literally to take root upon sound mucous surfaces, and thus, by their consequent development and absorption, to set up diseases peculiar to each form of germ.

In some cases the process of fermentation itself gives rise to disease, irrespective of the subsequent germ-formation. This occurs in cholera and diarrhœa, both the direct result of abnormal fermentative processes in the digestive tract, and both frequently requiring treatment of a special nature for the destruction of bacilli, developed as a result of the process, which have penetrated into the substance of the mucous membrane of the intestine.

In other cases, again, micro-organisms are developed by fermentation amongst the products of disease, which, so far as has yet been ascertained, are powerless to produce disease in the human organism. Of this nature are the tubercle bacillus of tuberculosis, and the pneumococcus of pneumonia.

The practical outcome of such a theory of diseases of this nature is important, inasmuch as the treatment of them becomes at once either antifermentative or germicidal, and sometimes both combined. By the early application, for instance, of pure phenol in glycerine to an ulcerated nostril before the first symptom of erythema on the corresponding cheek, an attack of erysipelas may be prevented. In twelve cases of erysipelas of the face which I have attended during the last year, I have found ulceration of the nostril. I cured all of them very rapidly by applying carbolised glycerine (1 in 10) to the ulcerated part, and rubbing a 1 in 12 zinc and glycerine ointment well into the erysipelatous patches, whilst I fortified the blood with the time-honoured steel in full doses. By the administration of carbolic acid in premonitory diarrhœa, an attack of cholera may be averted, by checking the abnormal fermentation which has commenced. By the thorough use of pure phenol to every portion of a wound caused by a rabid dog, for the destruction of the ferment lodged there by the bite, all fear of an attack of hydrophobia, from the formation of invading micro-organisms, may be removed. Such are instances of the power of preventive medicine.

To give examples of abortive treatment by germicidal remedies, I might mention that of scarlet fever and diphtheria, where, by the administration of the biniodide of mercury every two hours, in solution of potassic iodide, those germs which have found an entrance to the circulation, and whose presence there is indicated by the scarlatinal rash and enlarged cervical and submaxillary glands, are rapidly followed and destroyed, with the grand result of rapid restoration to health, and the prevention of those fearful sequelæ to which multitudes have fallen victims.

The treatment of syphilis by the biniodide is another example; but I have said enough to indicate the importance of the question of fermentation and germ-origin as bearing on the treatment of disease.

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A MODIFIED FORM OF URETHROTOME.

By WILLIAM JAMES FLEMING, M.D.,

Surgeon to the Glasgow Royal Infirmary.

A large majority of surgeons are agreed that internal division is the best treatment of many strictures of the urethra. Of the innumerable instruments for the performance of this operation which I have seen or been able to find described, all of them, while possessing many good and ingenious qualities, have had also some one or more faulty features. My aim has been to combine in one instrument all the good and eliminate all the bad points, so that I do not claim for my instrument many original features, only that it possesses the merits and avoids the faults of its predecessors.

There seems to me to be required in a perfect urethrotome at least seven qualities, viz.:—

1. To be used with one hand.
2. To cut either from before back or from behind forward.
3. To incise any part of the circumference of the urethra.
4. To be easily regulated so as to cut to any depth, even when the blades are out of sight in the urethra.
5. To be of the smallest calibre possible when the blades are sheathed.
6. To be adapted to carry a guide bougie.
7. To be easily cleaned.

The value of the first of these may not be apparent, but with one hand you have a much more delicate sense of touch, which is all you have to rely upon in this operation. Who would hold a probe or a catheter, with both hands? It is also advantageous to be able to grasp and steady the urethra with the free hand. To attain this the projection of the knives must be produced by flexion of the fingers, because this is more powerful than extension, and much more completely under our control, —I presume in consequence of our habituation to use all instruments by the aid of the flexor muscles.

That this instrument possesses the other qualities of a perfect urethrotome as given above will be seen from the following description:—

It consists essentially of a jointed knife (A, Fig. 1), which can be projected from a sheath (B) to regulated distances. This is effected by pressure on the button (C, Figs. 1 and 2), which is continuous with the steel rod (E, Fig. 2), tightly fitting the tube (F), the end of this rod being the knife (*a*), and the rod being reduced and tempered for a short distance from the knife. The other blade (*b*) also runs into a fine tempered endpiece, which rests against the solid probe point either straight (H) or curved (H'), which screws on at (*o*). The blades are withdrawn on removal of the pressure by the spring (K, Fig. 2). The extent of projection of the knives is regulated by the graduated wheel (L) turning on the screw (*d*), and held in place after setting to the required number (French gauge) by the spring wedge (*c*). The whole tube (F) carrying the knives is only slotted for a short distance, and the steel rod is squared and fitted to a square box at the point (*f*, Fig. 2). To clean the instrument screw off H, turn the milled head (C) until the two parts of the rod which are united by a screw at (k, Fig. 2) are separated. The anterior part of the rod with the blades can then be drawn out at the end (*o*). The spring box unscrews at (*m*, Fig. 1).

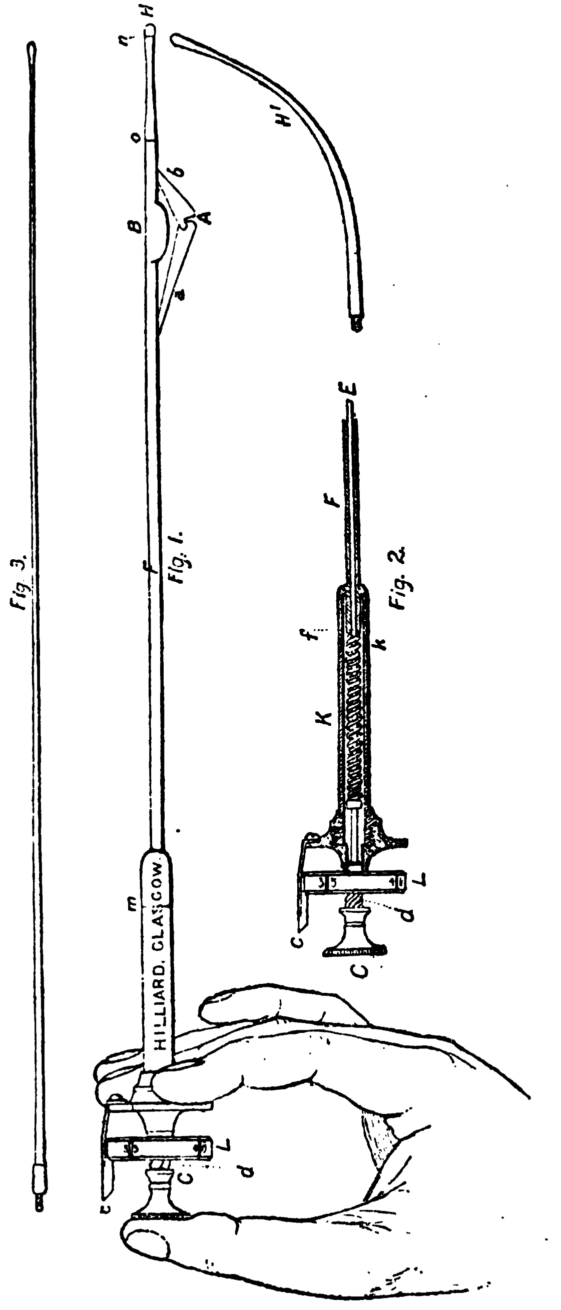

Fig. 3 is the conducting bougie, which can be screwed on at (*n*, Fig. 1) in place of the probe point.

The tube carrying the knife-rod is only slotted for 2¼ inches, and is thus rigid. The square socket at (*f*, Fig. 2) prevents twisting of the knives. The instrument has been most satisfactorily made for me by Messrs. Hilliard and Son, Renfield Street, Glasgow.

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Clinical Records.

CHARING-CROSS HOSPITAL.

Under the care of Mr. J. Astley Bloxam, F.R.C.S.

Case I.—*Fracture of Patella—Fragments wired four weeks after.*

Susan C., æt. 20, cook. On the 8th October patient fell down four steps on to her right knee on the stone pavement. She came to the hospital two days later with considerable bruising and ecchymosis of the knee, and as a fracture of the patella was diagnosed, she was advised to come in. This she refused to do and returned home. She could walk with the leg fully extended, but could not extend it when flexed. The swelling and ecchymosis gradually disappeared until last Sunday, when she knocked the damaged knee against the door-post and the swelling immediately returned. She was, however, still able to walk, and came on foot to the hospital on Oct. 28. This time she consented to become an in-patient. The right patella was found to be fractured about the middle, and the fragments well apart and freely movable, no crepitus. There was, moreover, a good deal of effusion into the joint. The joint is swollen, and this is particularly well-marked at the sides of the ligamentum patellæ. Splints were applied to secure immobility, and an ice-bag applied to the injured knee.

Nov. 8th.—To-day, the patient being under ether, Mr. Bloxam made a longitudinal incision over the centre of the patella about two and a-half inches long (under the spray) exposing both fragments of the patella, between which an interval of more than half an inch was seen, filled with clotted blood. This was removed as far as possible. A hole was then drilled in the lower fragment, the external aperture being about a quarter of an inch below the broken edge. The instrument used was a trocar with its canula, so that the wire could be passed without difficulty when the trocar was withdrawn. The canula, however, was so tightly gripped that it broke on an endeavour being made to remove it, and some trouble was experienced in withdrawing the fragment left in the bone. The upper fragment was bored with a bradawl. The wire was then passed through and the fragments brought into close apposition, the ends of the wire being hammered down. A counter opening was made on the outer side of the joint, and a drainage tube passed through it. The external wound was then closed by sutures. An antiseptic dressing was applied, and back and side splints put on, the whole being suspended from a cradle. Evening temperature 99·6° F.

9th.—Morning temperature 100°, evening temperature 100·4°.

10th.—Patient is free from pain. Dressings left undisturbed.

12th.—To-day the dressings were removed under the spray. The wound over the patella looked perfectly healthy. There was a quantity of sanguineous discharge. The wound was cleansed and the drainage tubes shortened. The dressings were then reapplied. Temperature normal.

14th.—The knee was dressed again to-day, there is scarcely any discharge, and everything is going on well.

17th.—The sutures were removed to-day and the drainage tubes further cleansed and shortened. The wound is now almost healed.

22nd.—There is still some discharge. The drainage tubes were now taken away altogether. Temperature normal.

24th.—The splints were removed and the limb placed on a pillow, much to the patient's comfort.

Dec. 1st.—The limb has not been touched for a week. The antiseptic dressings were now discontinued.

5th.—Patient was allowed to get up for the first time with a back splint to preserve extended position.

15th.—Instead of a back splint a gutta-percha splint was adapted to the knee, and the patient was then allowed to walk about.

20th.—Patient was discharged to-day with directions to be careful how she used her knee for some time to come.

Case II.—*Transverse Fracture of Patella—Wired.*

John C., æt. 46, carpenter, was brought to the hospital on Jan. 5th, 1884. He said that while coming downstairs at Her Majesty's Theatre he felt a "click" in his right knee, followed by severe pain, but he did not fall. Immediately after the accident he felt the bone projecting at the front of the knee, but he walked to the hospital supported on the right side by a comrade. He fainted twice in ten minutes on his arrival in the accident room. Within half an hour the knee-joint was already distended to some extent with fluid, and the fragments of the patella were separated about three-quarters of an inch. The limb was put up on a splint and evaporating lotion applied.

Jan. 9th.—The joint is much distended with fluid, and the skin is a good deal discoloured on each side.

10th.—This afternoon Mr. Bloxam cut down and wired the patella. On opening the joint it was found full of blood, which was sponged out. The upper fragment was lying flat on the femur, but the fractured surface of the lower fragment was turned forwards, so that its articular surface was opposite the fractured surface of the upper fragment. The edges of the incision were brought together by means of horsehair sutures, a drainage tube being inserted into joint on the outer side and into wound over patella. The operation was conducted under strict antiseptic precautions.

16th.—Patient has been doing very well, and has had no pain in the knee. Temperature has not exceeded 99·5° F.

22nd.—The wound is dressed antiseptically every day at present, but is rather slow to heal. There is very little discharge.

Feb. 4th.—Drainage tubes removed since the 2nd, and the wounds are now healed.

15th.—The patient is allowed to get up with a back splint on, and he can walk without pain. He was made an out-patient on the 24th.

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SESSION OF
The General Medical Council.

In our last issue we gave the proceedings of the Council up to and including the sitting on Saturday before going to press. We now give a *précis* report of the remainder of the session.

MONDAY, February 21st.

The President, Sir Henry Acland, in the Chair.

The Apothecaries' Societies and the Conjoint Scheme.

In opening the business for the day, the President mentioned that he had consulted with the Chairman of Business and also some other members of the Council as to the mode to be adopted in bringing the resolutions of the Council before the Royal Colleges, and, with the permission of the Chairman of Business, a resolution would be moved on the subject.

The following is the resolution referred to, which was then brought forward by Dr. Struthers "That the President be requested to communicate to the King and Queen's College of Physicians and the Royal College of Surgeons of Ireland, and the Apothecaries' Hall of Ireland, the resolution of the Council of Feb. 16th, and to communicate to the Royal College of Surgeons of England, and the Society of Apothecaries' of London, the resolution of the Council of Feb. 19th, and to take such further action as he may see fit towards the attainment of the object of those resolutions, to which the Council attaches great importance, in the interest of the public."

Mr. Wheelhouse seconded the motion.

Dr. Aquilla Smith objected to the motion.

Mr. Brudenell Carter moved an amendment to the effect "That the letters, if any, to the Royal College of Physicians, London, and the Royal College of Surgeons, England, be addressed to the President of those Colleges respectively, with the request for immediate reply, and that those replies be considered by the Council during its present session."

The motion and amendment were by the rules of the Council adjourned to the following day.

THE VISITATION OF EXAMINATIONS.

Dr. **Bruce** then moved the following amendment to the motion of Dr. Heron Watson with regard to the report of the Visitation of Examinations Committee—"That in receiving the final report from the Visitation of Examinations Committee, the General Medical Council is happy to find that all the universities do provide a sufficient guarantee that their graduates possess the requisite knowledge and skill for efficient practice of their profession."

He remarked that unless Dr. Watson was prepared to move an amendment to some of the rules and regulations of the Council, which would be the logical sequence of his proposal to go into committee, the course he had suggested would be a mere waste of time. It had often been said to the direct representatives on the Council during the progress of their election that they ought to take care that no man who was not a gentleman and had not the making of a good doctor in him should be admitted to the profession. But that was not the function of the Council. No resolution of the Council and no Acts of Parliament would make a man a gentleman. The Council was not a patent machine for turning out irreproachable doctors. All that it could do was to see that candidates came up to a certain minimum in their examinations.

Rev. Dr. **Haughton**, in seconding the amendment, said, it had not been proved to the satisfaction of the Council that any one corporation or university in the three kingdoms was letting loose upon the world men who were not safe practitioners. That was their business and that alone. On reading over the reports, he did not see any case had been made out to satisfy any individual member, much less the Council as a whole, that in any instance these bodies had passed men who were incompetent to practise.

Mr. **Simon** disapproved both of motion and amendment, and moved the following:—"That the Council, intending shortly to begin its inspections under the Medical Act of 1886, will, when it enters on that duty, particularly direct the attention of its inspectors to all points at which the late Visitors of the final examinations of the universities take exception more or less to the sufficiency of certain of those examinations, and will on the same occasion take a like course in respect of the reports which it last received on the examinations of the medical corporations."

Sir **Wm. Turner** said he could not accept what he understood to be the proposition laid down by Dr. Heron Watson—viz., that these various documents had not been properly discussed in the Council, because on page 3 of the revised reports he found that the documents which the committee had before it consisted of certain instructions prepared by order of the Medical Council for the instruction of their Visitors; secondly, of the reports of the Visitors; and thirdly, of the discussions held on June 7th, 8th, 9th and 10th, in committee of the whole Council. He could not see any reason at all why Dr. Heron Watson should now ask them to go into committee on documents on which the Council had sat in committee on four full days in the month of June. He submitted that the Council ought not to take up such a position as to render it necessary for members to remain away from their home duties any longer than was absolutely necessary.

Dr. **Glover** contended that the subject had not been fully disposed of at the last meeting of the Council; the amendment of Dr. Bruce (which damned the universities with faint praise) was a very inadequate outcome of the visitations which had taken place by men of the highest eminence. In one of the reports it had been distinctly stated that the examiners had erred on the side of leniency, and in three cases, as Mr. Simon had pointed out, the examinations were not considered sufficient to guarantee the requisite knowledge on the part of the persons passed. He should, however, vote for Mr. Simon's amendment, seeing that the Council was about to turn over a new leaf and to undertake very critical inspections with a view of securing a more severe standard than formerly existed.

Dr. **McVail** said that the majority of the Council had evidently made up their minds not to deal with the reports, because if any opinion were given by the Council a number of institutions would be severely censured before the profession and the public. If there was any waste of time, it would be in not considering the reports, the drawing up of which had involved so much trouble and expense.

Mr. **Macnamara** accepted the principle of Mr. Simon's amendment and should vote in its favour.

Dr. **Leishman** said that Mr. Simon's amendment had relieved him from a great difficulty. He sympathised with a good deal of Dr. Heron Watson's statement, but if the subject were to be fully discussed, he did not know when it would be ended.

Dr. **Banks** stated that one of the three cases cited by Mr. Simon had reference to the University of Dublin, and that in that case the examination was for physicians, and not for general practitioners. The Visitors stated that they were favourably impressed with some portions of the examinations, and could conscientiously commend the specially medical portions.

Dr. **Struthers** said that the whole subject had been thoroughly threshed out, and he repudiated the insinuation that he was afraid of further discussion.

Dr. **Heron Watson** having briefly replied, Mr. Simon's amendment was put and carried, and it was also carried *nem. con.* as a substantive motion.

PROPOSED ALTERATION IN THE EXAMINATION OF STUDENTS.

The next business was moved by Mr. **Teale**: "That in the opinion of the General Medical Council it is desirable—(*a*) That, in the interest of students whose place of medical education is at a distance from the seat of examination, the written portion of the examination should be conducted at the place of education; (*b*) that a sufficient time should intervene between the written and the oral portions of an examination to allow the examiners to read over and judge the written answers of every candidate, and to confer upon doubtful cases before the commencement of the oral examination; and (*c*) that candidates who in the written examination have failed so completely as to have forfeited all chance of passing by the aid of the oral shall be "stopped" from passing on to the remaining portion of the examination. This step ought to be granted as a matter of economy of money in the case of students, and as a matter of economy of time in the case of examiners.

Mr. **Simon** rose to order. He said it was the duty of the Council to mind its own business, and this was not its business. It was a question in contest between parties independent of them, and over whom they had no control. It was merely as to questions of internal economy between independent examining boards and their students.

The **President** ruled that the motion was in order. It was merely another form of recommendation, and that was a matter quite within the province of the Council.

Mr. **Mitchell Banks** seconded the motion. He thought that in justice to the provincial students in England some means should be adopted by which their examinations might be lightened. Examination papers could be easily and safely sent through the Post Office, and the heads of the colleges and schools might be thoroughly trusted to see that the examinations were fairly conducted.

Dr. **Moore** said that there were practical difficulties in carrying out Mr. Teale's proposal. Students sometimes, while writing their papers, would ask for some explanation respecting a question, and if the examiner were not present, the explanation might not be satisfactorily given.

Rev. Dr. **Haughton** said that in Dublin it was always considered necessary to have the examiner present at an examination for honours; but that was hardly necessary in the case of a pass examination.

Dr. **Banks** referred to the dangers attending the transmission of the papers. In order to obtain absolute security in this regard, the authorities at Trinity College, Dublin, had decided to have a printing press on the premises.

Mr. **Wheelhouse** said there was a very strong feeling amongst provincial students that injustice was done them in regard to their written examinations. Even when there was no chance whatever of their passing in their written papers they were detained in London for days to go through the oral examination, which could only be a farce. The present method, he considered, added at least £10 to the cost of a diploma for a provincial student.

Dr. Heron Watson moved the previous question, and said he considered it a waste of time to discuss the subject, and Mr. Teale's resolution was negatived by 11 to 9.

The Unqualified Assistant Question.

On the motion of Mr. Marshall, seconded by Dr. Heron Watson, the report of the Executive Committee in regard to Dr. Day was adopted. The committee recommended that "before proceeding further in the matter, it would be desirable to refer the papers on Dr. Day's case, with the Report on the Uses and Abuses of Unqualified Assistants presented by the committee appointed by the General Council on July 3rd, 1882, and the resolution passed by the Council on April 21st, 1883, to the Privy Council, and to communicate the result of such reference to a future meeting of the General Council."

Mr. Marshall then moved: "That the diplomas in sanitary science, public health, and state medicine, granted after examination (see pp. 46-71 of the Minutes for February 15th, 1886) be recognised by the Council for purposes of registration in the Medical Register, under Section 21 of the Medical Act, 1886."

Rev. Dr. Haughton seconded the motion.

Dr. Glover asked if anything could be done to introduce something like uniformity in the titles.

Mr. Marshall said they had taken a legal opinion on the subject, and were distinctly instructed by their solicitor, and also by Mr. Muir Mackenzie, that they had no power in the matter. They were compelled to use the title that the body itself used. If it was an evil, it was not an evil of the Council's creation, and it was not for them to exercise any influence in the matter.

The motion was agreed to,

Presentation to the President.

Dr. Humphry said the very agreeable duty had been deputed to him of offering a marble bust to the President for his acceptance. That bust, executed by M. Boehm, was presented by the members of the late Council and others, who had at various times sat under Sir Henry Acland presiding at the table; of those, alas! some were unable to be with them in their bodily presence, of whom he might name Dr. Scott Orr, Dr. Apjohn, and Dr. Storrar. The mention of those names recalled the names of others who also had at still earlier periods sat at that table—Dr. Embleton, Dr. Allan Thompson, Sir Dominic Corrigan, Dr. Rolleston, Dr. Sharpey, and Dr. Andrew Wood,—and there could be no doubt that every one of those would have rejoiced in any opportunity of doing honour to their President. There was no person who had been so identified with the work of the Council up to the present, and it was scarcely probable that any other person ever could be. Ever since its first institution in the year 1858 he had been a member of it, and for more than twelve years he had been its president. The presentation was made as a mark of their high regard for their President as such, and their no less high esteem for him as a man. It was also a token of the general wisdom of his administration in that chair, and of the untiring, continuous, unselfish devotion which he had given to the work of the Council, Dr. Humphry also referred to the work carried on by their President in the University of Oxford, where it was he who first opened the springs of natural science, which afterwards flowed to Cambridge, while from those two universities fountains had been opened in various parts of England, which had done much to promote a higher and more extended education. He concluded by assuring the President that whenever he should cease to bear that honoured name he would be remembered with affection and regret.

The President, in acknowledging the gift, referred to his long connection with the Council, and said it was rather remarkable that, considering the uncertainty of things here, he had never been absent from any sitting of the Council except on one day when he was obliged to be at Oxford. In conclusion, he asked the favour of the Council to accept the bust, and allow it to remain in the Council room.

Dr. Humphry, on behalf of the Council, accepted the bust, and said that they hoped shortly to add to it the bust of Sir Henry's predecessor, Dr. Paget, so that both universities might be fitly represented.

This concluded the proceedings for the day.

TUESDAY, February 22nd.

The President, Sir Henry Acland, in the Chair.

Removal from the Register.

The first business of the day was to direct the Registrar to remove the name and qualifications of Mr. William Edward Robson from the Medical Register, such qualifications having already been withdrawn by the Colleges of Physicians and Surgeons of Ireland, as previously reported in this journal.

The Apothecaries Society and the Conjoint Scheme.

Dr. Struthers then moved the resolution of which he had given notice, and which will be found in Monday's proceedings. He said it was not to be supposed that the President should exercise any undue influence or pressure, but if he would kindly undertake these good offices it might be of very material service to the bringing about of a harmonious solution of this very important point. In looking over the letters that had passed, he thought he saw a ray of hope, notwithstanding all that had been said.

Mr. Wheelhouse seconded the motion. The matter was one of very great importance to the profession at large, and in trying to carry it to a successful issue the Council should leave no stone unturned.

Mr. Macnamara, while sympathising with the desire that had been expressed, was afraid that hope had told a flattering tale. From letters which he had received from Dublin, he feared that the two Colleges would not listen to the charmer, "charm he never so wisely."

Mr. B. Carter proposed an amendment omitting all reference to the English bodies. He contended that any efforts in relation to those bodies would be a waste of time on the part of the Council, and might inflict serious injury on the Society of Apothecaries. It was necessary that that Society should have ready by June 1st an examination which might with confidence be submitted to the Council, and examiners would have to be appointed either by the Medical Council or the Privy Council. The time, therefore, would have to be fixed—a time beyond which the inaction of the Council would be interpreted as a refusal, and when application would have to be made to the Privy Council. It was not right to hang up the Society of Apothecaries between heaven and earth, like Mahomet's coffin, between the present time and the next meeting of the Council, whenever it might happen to be. The Society did not object to competition, but it claimed to be treated with simple justice. The proposed delay would be a profligate waste of time, and the efforts made would be absolutely futile.

Rev. Dr. Haughton, in seconding the amendment, said he had hopes with regard to Dublin; but from all he had heard in England he thought that the proposed action would be a mere waste of time.

Sir W. Foster opposed the amendment on the ground that the Council had no right to look outside its own body in the matter. He could quite understand that the Apothecaries' Society would be delighted to be put in an independent position, but he thought the Council ought if possible to prevent it.

Sir William Turner said the Council had already seriously considered all that was involved in Mr. Brudenell Carter's amendment, and therefore his impression was that the whole of this was out of order.

The amendment of Mr. Carter having by leave been withdrawn, the motion as proposed by Dr. Struthers was agreed to.

Inspection of Examinations.

The next business was to consider the report by the Inspection of Examinations Committee.

It being resolved to deal with the resolutions in the report *seriatim*,

Mr. Marshall moved the adoption of the first resolution: "That the principle on which the Council's visitation and inspection of examinations ought to be founded is, that the visitations and inspections shall systematically cover, within stated periods of time, the pass examinations in all branches of knowledge which the Council deems essential as qualifications for licence."

Mr. Heron Watson seconded the motion, which was after considerable discussion adopted.

Mr. Marshall moved the adoption of Clause 2: "That reserving for future action the visitation and inspection of the examinations in the earlier subjects of professional education, the first year's appointment of inspectors provide for the inspection of examinations in medicine, surgery, and midwifery."

Dr. Heron Watson seconded the resolution, which was adopted.

Mr. Marshall moved the adoption of Clause 3: "That each inspector to be appointed for any purpose of the preceding resolution (2) to be appointed for all three divisions of the United Kingdom."

Dr. Struthers seconded the motion, which was agreed to.

Mr. Marshall then moved the adoption of Clause 4; "That the Council appoint one inspector representing medicine, one representing surgery, and one representing midwifery—three inspectors in all."

Dr. McVail asked whether, looking to the number of bodies to be inspected, it was considered that three inspectors would be sufficient.

Mr. Marshall said the committee had taken that important subject into consideration. It was felt that they could not afford to pay more than three inspectors during the first year, and hence the inspection was limited to those three subjects. With regard to the work they had to do, there were fifteen bodies only to be examined in the three divisions of the kingdom, and those fifteen bodies surely could be inspected in the course of the twelve months.

The resolution was agreed to as were also the subsequent resolutions: "That, previously to making appointments, the Council invite suggestions concerning them from each Branch Council. That each inspector make, from time to time, such inspections of the examinations in his special subject, held by the several licensing bodies in the United Kingdom, as may enable him to form an opinion upon, and report to the Council as to the sufficiency or insufficiency of those examinations; and, further, that he enter in a diary the date of and the time occupied in each inspection, and any observations that he may think fit and present this diary, with a report as to the sufficiency or insufficiency of the examinations of each body so inspected by him, to the General Council annually, or at such times as may be required, and that the remuneration for these inspectors be by annual payments."

Mr. Marshall then moved the last resolution contained in the report: "That the inspector in medicine, and the inspector in surgery, appointed as above recommended, receive for the year's services £300 and certified travelling and hotel expenses, and the inspector in midwifery £200 and certified travelling and hotel expenses."

Dr. Watson seconded the motion, which was agreed to.

Dr. Quain moved, and Sir Walter Foster seconded: "That it be referred to the Executive Committee to make arrangements for carrying out the resolution just adopted, and to report to the next meeting of the Council thereon.'

After some discussion the motion was agreed to.

The President having made a statement to the Council in reference to the communication which the Council had directed to be made to the Royal College of Physicians of London and the Royal College of Surgeons of England, and to the communication which the Council had directed to be made to the King and Queen's College of Physicians in Ireland, and the Royal College of Surgeons in Ireland, and having expressed his intention to resign his office at the close of the present meeting, it was unanimously resolved: "That the President be invited to continue in office until the next meeting of the Council."

The President having consented to adopt this course, the Council adjourned.

WEDNESDAY, February 23rd.

The President, Sir Henry Acland, in the Chair.

Dr. Heron Watson called attention to a paragraph in the *Standard* in reference to an application which had been made in the Queen's Bench Division for a *mandamus* to direct the General Medical Council and their Registrar to restore the name of Mr. Partridge to their Register as a dentist under the Dentists' Act of 1878, the Irish College of Surgeons having, in 1885, withdrawn his diploma upon the ground that he had advertised in the course of his business as a dentist. It was alleged that no authority was given under the Act in question to remove names from the Register on this ground.

The Registrar announced that a letter had been received from the Solicitor in reference to the matter, but before this was read, strangers were requested to withdraw.

The matter was subsequently reported to the executive committee.

Report of the Lord President's Letter Committee *re* Mr. Laffan's Memorial.

The Committee was appointed on Thursday, Feb. 17th, to consider and report on a letter, dated Feb. 8th, from the Lord President of the Privy Council, enclosing a memorial of Feb. 4th, 1887, addressed to the Lords of the Council by Mr. Thomas Laffan, of Cashel, with respect to the efficiency of qualifying examination under the Medical Acts, and requesting the Medical Council to favour his Lordship with their observations in regard to Mr. Laffan's Memorials.

The Committee met three times.

The Committe find the following charges contained in Mr. Laffan's Memorial:

(1) "Inaction of the General Medical Council (as per official Minutes of that body for 1886), on the Report of the Visitors of such body on the examinations of the Royal University of Ireland."

(2) "That the candidates for the degrees of that University are shamefully deficient in clinical training." In support of this charge Mr. Laffan encloses extracts from the Report of the Visitors.

(3) "That the University itself imposes restrictions which stand in the way of the adequate clinical training of said candidates, and that it has declined to remove the same." To support this charge Mr. Laffan submits a memorandum of negotiations of Irish provincial hospital physicians with the Royal University of Ireland.

(4) Mr. Laffan submits for his Lordship's perusal the opinion of the Royal Commission on the Medical Acts on the neglect of the Medical Council to enforce section 20 of the Medical Act of 1858, and prays his Lordship to enforce the 19th section of the Act of 1886 in this matter.

As to the charges of inaction on the part of the Medical Council, it is to be observed that the Council could not, even if they thought it necessary so to do, take any action under section 19 of the Medical Act (1886), as this section has not yet come into force, and will not, till "the appointed day in June."

The fourth charge, that of inaction under section 20 of the Act of 1858, may be most conveniently considered with the foregoing.

That this charge is, in the present instance at all events, devoid of foundation, will at once be made apparent by reference to the Minutes of the Council contained in the same volume (vol. xxiii, 1886) from which Mr. Laffan has made extracts to support his memorial. The Visitors' Reports were received by the Council, and entered on the Minutes on June 1st, 1886, and on the same day a Committee was appointed to prepare a summary of the Reports, together with such comments as the Committee might desire to make.

On the 7th June this Committee presented its first Report, in which the following passage occurs, and is now quoted for its important bearing on the Lord President's request to be furnished by the Council with observations on Mr. Laffan's Remarks as to the efficiency of qualifying examinations under the Medical Acts:—

"It is, however, as already indicated with the conditions attached to the attainment of the Bachelor of Medicine degree that the Committee is concerned; and in this respect it is satisfactory to note that the result of the visitation of the Universities, conducted last year, is decidedly favourable; for, judging not from the opinions of the Visitors exclusively, but from the actual information contained in their voluminous Reports, the requirements and examinations demanded of, and undergone by, candidates for the degree in question at the several universities, are such as, speaking generally, to secure an adequate knowledge for the practice of the profession in its three specified departments of Medicine, Surgery, and Midwifery." (Minutes of General Medical Council, June 7, 1886, vol. xxiii, pp. 83, 84.)

A final Report was received from this same Committee, and entered on the Minutes at the present meeting of the Council, in which the following passage occurs at page 94, and is also now quoted because of its special bearing on the Lord President's inquiry:—

"It will be seen that with few instances of reservation, the Visitors assent to the sufficiency of the examinations witnessed by them; and that in regard to those few instances, the reservations concern only certain parts of the examinations, and are not sufficient to enable their adequacy as a whole to be impugned. On matters of detail the replies of the authorities specifically concerned will usually be found to offer reasonable explanations of the peculiarities of their respective systems. In no case could it be maintained that there was justification for a formal representation on the part of the General Medical Council to any of the Universities, and it is well known that changes and improvements have been and are continually being made in those great institutions, frequently in full accord with the tenor of the Visitors' remarks."

As to the second statement made by Mr. Laffan, viz., that the candidates for the degrees of the Royal University are shamefully deficient in clinical training, it appears to your Committee that Mr. Laffan has, in many important respects, omitted to state the whole case. For the Visitors have expressly drawn attention to the fact that many of the candidates whose answering they found so bad had previously been rejected several times, which may have been largely due to faults in the candidates themselves. Thus of ten candidates whose cases are specified at pp. 412, 413 of the Visitors' Reports (Minutes of General Medical Council, vol. xxiii, 1886), one "had been up three times," and six "had been up twice" previously.

The Visitors further state the rejections were very numerous. "There were," they say, "82 candidates, of whom 40 passed; 37 were rejected; 5 retired. Inclusive of those who retired, it appears that more than 50 per cent. were rejected. This large proportion of rejections proves the imperfect training of the candidates no less than the impartiality and discrimination of the examiners" (pp. 407, 408).

The "concluding remarks" of the Visitors in their Joint Report seem also to have escaped Mr. Laffan's notice, though they express the final judgment of the Visitors on the whole course of the examinations they witnessed, and seem essential to a true representation of the working of the University. They will be found at page 396, and are as follows:—

"The Visitors think that the course of study and the examinations to be gone through in order to obtain the medical degree of the Royal University (having regard to the conscientious strictness with which the candidates are dealt with, and, consequently, the large proportion of rejections) are such as to secure the possession by its graduates of the requisite knowledge and skill for the efficient practice of their profession."

The remaining charge made by Mr. Laffan against the Royal University of Ireland is that the University itself imposes restrictions which stand in the way of the adequate clinical training of said candidates, and that it has declined to remove same.

The authorities of the University have already recognised the value of many of the criticisms and suggestions made by the Visitors, and have adopted the more important of them, thus (see Regulations concerning the Examinations in the Faculty of Medicine for 1887) acting in strict accordance with their previous zealous efforts to raise their standard of education both in arts and in professional subjects.

It appears also from the letter of the 14th of June, 1886, from the Secretaries, quoted by Mr. Laffan, that they have taken into consideration the application of the union hospital physicians to have these hospitals recognised for clinical teaching, and have, for reasons assigned, decided not to accede to the application.

The Committee feel the strongest sympathy with the utilisation of the clinical material in union hospitals, but it is a matter which requires inquiry into the character of each hospital and the material it offers for affording useful clinical instruction. This is a work which cannot be done by this Committee or by the Council, but should be considered and answered by the University itself. From the documents laid before them by the Representatives on the Council of the Royal University it appears the Senate of the University take the same view, and are ready to consider on their merits, subject to regulations which appear to this Committee to be reasonable, individual applications for recognition, though they decline to pass any rules recognising union hospitals generally.

In conclusion, the Committee are desirous of expressing full confidence in the Royal University of Ireland for maintaining the efficiency of its qualifying examinations under the Medical Acts, and in their adopting so far as a non-teaching University can every possible means for promoting the practical training of medical students.

William W. Gull,
Feb. 22, 1887. Chairman.

Sir **Wm. Gull** moved that the Report be received and entered on the Minutes.

Some discussion took place in reference to certain typographical errors and other points, and it was agreed to introduce sundry minor alterations at once, The motion was then carried.

Sir **Wm. Gull** then moved that the Repoit be adopted by the Council.

Mr. **Macnamara** proposed that the Report should apply to county infirmaries as well as to union hospitals. (Sir Wm. Gull said that the matter had been considered and negatived by the Committee.) He said that Mr. Laffan's grievance was quite a sentimental one. The College of Surgeons had long had a rule that six summer months in a provincial hospital should count as three months in a metropolitan hospital, but, with two exceptions, no advantage had ever been taken of the permission.

Dr. **Kidd** called attention to the title signed by Mr. Laffan, "M.R.C.P.I.," no such title existing.

Dr. **Leishman** pointed out that the Royal University of Ireland was a purely examining body, and the criticisms of the Visitors bore upon purely teaching faults. He considered that there was not the shadow of an imputation on that body.

The motion was then put and carried.

Mr. **Marshall** moved that the Report of the Committee as adopted by the Council, be forwarded to the Lord President, and this was agreed.

A subsequent proposition by Mr. Marshall, seconded by Sir Walter Foster, to forward at the same time the first and final Reports of the Visitation Committee, was negatived.

Visitation of Medical Schools and Hospitals.

Rev. Dr. **Haughton** moved "that the visitation of medical schools and hospitals is a pressing question, more especially as regards the requirements and facilities for the practical study of fever and midwifery cases."

The motion was seconded by Mr. **Macnamara**.

Dr. **Leishman** moved, as an amendment, that the Council do pass to the next order of the day, seconded by Dr. **Chambers**.

Rev. Dr. **Haughton** expressed his surprise at the amendments of which notice had been given, and the effect of which would be to block the way. He alluded to the lack of interest on the part of students as regarded fever cases. He thought the licensing boards should seek to enforce a knowledge of these cases, and under the new Act he thought something might be done to ensure that a man on becoming qualified, should be able to distinguish between small-pox and scarlet fever, and should be able, in a midwifery case, to do a little more than an old woman. The subject was one which merited anxious and serious consideration, and he would like to postpone his motion for that purpose.

Dr. **Leishman** explained that his object in proposing his amendment was for the express purpose of securing proper attention to the subject. He would be the last man to block any measure which would have for its effect to facilitate the study of midwifery.

Mr. **Simon** suggested that they should appoint a special committee to consider the question.

Dr. **Banks** agreed with Dr. Haughton's remarks as to indifference of students to fever cases. He mentioned that quite recently at the examination a student had flatly refused when told to report on a case of fever.

Dr. **Leishman** said that the Royal University of Ireland was not the only body which required attendance on fever cases; the University of Dublin had long required the same.

Sir **Wm. Gull** said he hoped such an occurrence as that related by Dr. Banks was exceptional, even on the other side of St. George's Channel, Of course students should be required to become acquainted with all varieties of disease, including fever.

Dr. **McVail** said that a great difficulty existed in the study of fever cases in all large towns, and the practical study of midwifery was not less urgent.

Mr. **Brudenell Carter** said that if more stress were laid on fever at the examinations, students would be more particular.

Dr. **Leishman** then asked the permission of the Council to withdraw his amendment, and this was agreed to.

Mr. **Simon** then moved that a standing committee should be appointed, to be called the "Curricula Committee," to report from time to time on the subjects appertaining to the course of education, under section 16 of the Medical Act, the committee to consist of eight members.

Dr. **Humphry** seconded the motion.

Dr. **Quain** suggested that it would be preferable to await the result of the inspection of schools.

The amendment was negatived.

The original motion was then put to the Council, whereupon Dr. **Struthers** moved, as an amendment, that the question be postponed until the next meeting. It was seconded by Dr. **Banks**, and carried.

Improvements in Medical Education.

Dr. **Glover** moved:—

"That a committee be appointed to consider the best methods of increasing the practical element in medical education, as by a system of limited pupilage with a registered practitioner and insistence on more clinical, therapeutical, and pathological teaching and work in medical schools."

He said there were three or four facts which would justify him in bringing forward this resolution. The first was the very prevalent impression that young men leaving the schools now, were not well up in their practical work. Practitioners complained that they could not get assistants fit to put in charge of a practice on account of their ignorance of dispensing and of the treatment of the common ailments which make the bulk of general practice. He thought the education at hospitals required to be supplemented, seeing that the ordinary run of cases were not met with in hospitals. He drew attention to the large proportion of failures at the final examinations, and quoted the number of candidates passed and rejected by the various examination boards. He thought that these figures showed a terrible defect in the present system. Dr. Duncan had stated that he never knew a good man rejected, but there was plently of evidence to prove the contrary. It was easy to explain the number of rejections by blaming the stupidity or idleness of the candidates, but this did not, in his opinion, meet the case. He was disposed to divide the blame between the students, the schools, the teachers and the Council. Certain schools were, moreover, notoriously wanting in the material for clinical education, and this, he said, was as much the case in London as elsewhere. There were, he said, several great fields of clinical work not in use; first the great field of private practice, then the workhouse infirmaries, lying-in hospitals, &c. He thought the Council ought to make a special mention of the subject of midwifery. In Scotland the examining bodies only required attendance on six midwifery cases, and he asked what was likely to be the position of a man who having done his six cases, came upon an arm presentation, or a case of post-partum hæmorrhage.

Mr. **Wheelhouse** rose to second the motion, and said that from the importance of the subject it would be better to appoint a committee.

Sir **William Gull** said that the student learned in hospitals a good deal of pathology founded on morbid anatomy, but there were a vast number of cases of which there was no morbid anatomy, the pathology of ailments.

Mr. Brudenell Carter, Dr. Heron Watson, Dr. Struthers, and Dr. McVail also spoke on the subject.

The motion was carried unanimously, and a committee was appointed forthwith to consider and report on the subject.

On the motion of Dr. **Heron Watson**, seconded by Mr. **Marshall**, the thanks of the Council were voted to the Directors-General of the Army and Navy Medical Departments, with a request that they would continue to supply the Council with the number of candidates referred to in their respective lists who had two or more qualifications, and the number of those who were passed or rejected.

A table prepared by the Registrar showing the number of candidates and the rejections per cent. at final examinations in the years 1883 to 1886 was received and entered in the Minutes.

This concluded the business of the session.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, February 25th, 1887.

Dr. **Broadbent**, President, in the Chair.

Dr. **Hughlings Jackson** read a paper on a case of

PARALYSIS OF THE LEFT LEG FROM SUB-CORTICAL DISEASE, WITH CANCER AND FRACTURE OF THE LEFT FEMUR.

A woman, æt. 52, was admitted December 28th, 1885, under Dr. Hughlings Jackson's care, for paralysis of the left leg, which had come on suddenly on December 7th, whilst she was standing at her work. The knee jerk on the paralysed side was greatly exaggerated, and there was foot clonus; there was no defect of sensation; no morbid changes in the fundi. On December 30th, whilst she was being lifted from the bed-pan, the left femur broke just below the great trochanter. Death occurred January 10th. At the autopsy there was found cancer of the left femur, of the ovary, and of the brain. The brain was examined by Dr. James Anderson, who found several growths in it, one accounting for the paralysis of the left leg, being in the region of Ferrier's leg centre.

Dr. **Broadbent** said that it was interesting to note that the patient died in little more than a month after the occurrence of the paralysis, and yet the exaggerated ankle clonus and ankle jerk had been remarked, although this was generally supposed to result from descending degeneration which could hardly have taken place.

Dr. **Beevor** said the case was of interest as showing the localisation of the leg centre. The posterior part of the marginal convolution was part of this centre. The absence of fits was also remarkable. Mr. Horsley and he were carrying out experiments by stimulating the internal capsule, and they had found that the hindmost fibres went down to the leg.

Dr. **Carrington** read a case of

SUCCESSFUL TREATMENT OF HYPER-PYREXIA IN ACUTE RHEUMATISM, BY THE COLD BATH.

He said that although there was nothing new in the case he brought forward, still he thought it was well to put such cases on record in order to accumulate a body of evidence such as would enable medical men to combat the prejudice existing amongst the friends of patients, against the employment of a remedy which afforded the only chance of safety in this desperate complication. The patient was a medical student, æt. 23, strong and muscular, and hitherto in perfect health. He had been ill with what was apparently a mild attack of rheumatism, for which he had been treated by salicylic acid. He was so far recovered that he had left his bed, and on the evening of October 31st had received the visits of his friends. He passed a good night, and there was nothing to excite attention next day, but on taking his temperature next morning about twelve, noon, quite as a matter of routine, it was found to be 107°. Dr. Carrington saw him soon afterwards, and then found the temperature to be 106° F. He was, as soon as practicable, removed to the private ward of Guy's Hospital, but in the journey had become noisy and delirious, and by the time he had been placed in bed he was quite livid, unconscious, and generally convulsed. His temperature was then found to be 109·8°. The necessary arrangements had been previously made, and he was at once placed in a bath at a temperature of 70°, which was as rapidly as possible cooled down by ice, large quantities were used, but the body heat was so great that there was great difficulty in lowering the temperature of the bath. Pouring ice-cold water on the patient's head had a beneficial effect. A rectal injection of fifteen grains of antipyrin was exhibited. He was kept in the bath for a full hour, and when the rectal temperature was 102·4°, he was removed and placed on a blanket and lightly covered by a sheet. Then marked tetanic convulsions supervened, and he gradually became quiet, and at 7 p.m. his temperature fell to 97·2°. At 8 p.m. consciousness returned, and he took a pint of milk, and at 10 p.m. he was quite rational. During the next day be remained comfortable, and took gr. xx of salicylate of soda every two hours, but his temperature again arose, and at 12 p.m. it was 103·8°. He was given gr. xv of antipyrin by the mouth, but at 2 a.m. the temperature was 105·2°, and the ice-bath was again employed for fifteen minutes. He was taken out when his temperature had fallen to 101°, but at 6 a.m. it had again risen to 105·4° and the bath was again had recourse to for a similar period. After this he slept well, but at 2 p.m. the temperature had reached 105°, and he was bathed again for forty minutes. From this time the temperature never again rose to any extent, it was for the most part normal, but on one occasion with a return of the articular pain it reached 101°. After the third bath salicine was substituted for sodic salicylate, in 25 grain doses every two hours. After two days he took it every three hours, and the dose was gradually reduced. With an interruption due to the slight relapse, the patient made an uninterrupted recovery from this time, and left the hospital quite well. The experience of the case seemed to be that within the limit of collapse, prolonged immersion was more effectual than shorter and more frequent baths.

Dr. **HALE WHITE** said that the failure of salicylate of sodium and antipyrin was of interest, as leading us to see in some manner the way in which those drugs acted. In rheumatic pyrexia, at any rate, they were not of value. It was possible that it would by-and-by be discovered that each drug was applicable to a particular class of cases.

Dr. **BROADBENT** said that he had not seen convulsions occur during the rise of temperature. He had seen them come on during the cold bath in a case which ultimately proved fatal, and he had seen hyper-pyrexia supervene during the use of salicylate of sodium.

Dr. **HUGHLINGS JACKSON** wished to know the exact nature of the convulsions, and particularly whether they were tonic or clonic or both?

Dr. **STEPHEN MACKENZIE** said he had had three or four cases of hyper-pyrexia in private practice, and could endorse the remarks as to the difficulty of the cold water treatment in private practice. He had succeeded in reducing the temperature to normal, but they had all terminated fatally. Those cases required the most careful supervision. The convulsions were invariably tonic.

Dr. **BROADBENT** said the convulsions took the form of opisthotonos without clonic convulsions.

Dr. **CARRINGTON** said, in reply, that the convulsions came on after the patient had been removed from the bath. The first bath lasted a good hour, as a great difficulty was experienced in reducing the temperature of the bath. He thought the antipyrin did more harm than good by favouring collapse. The salicylate did not appear to have had much effect either. He thought antipyrin was a dangerous drug.

EPILEPSY AFTER GUN-SHOT WOUND.

Dr. **HADDEN** brought forward the case of a man, æt. 32, who was under Mr. Croft's care at St. Thomas's Hospital There was no family history of epilepsy. In 1872 he was wounded in the left calf, and several shots were extracted. In six or seven weeks the wound was quite healed. Four months after the injury he began to have fits. For nine months they were occasional, but afterwards he had as many as twelve daily. The sciatic nerve was then stretched, and the fits ceased for thirteen years. They recommenced seven weeks before admission into St. Thomas's, when he fell to the ground from a ladder unconscious. During the week preceding admission he had eight or ten daily. The fits began with a sharp twitching pain in the scar in the left calf; then there was a creeping, heating sensation passing up the leg and left side of the body to the head. The left side then became convulsed. The pupils were immobile, and the conjunctivæ insensitive. Finally, there were some general convulsive movements, and then rapid return to consciousness. The tongue was not bitten, nor were the evacuations passed. The scar was somewhat tender, and when pressed he would at times have the sensation passing up the body, and sometimes a convulsion. Occasionally in the seizures he would roll about in bed, and sometimes there was opisthotonos. An attempt was made to stretch the sciatic nerve by extreme flexion of the hip, but the result was a violent convulsion. A few days later the nerve was exposed and freely stretched. The fits stopped for nine days. He then had occasional seizures, sometimes one a day, sometimes one every other day. Two occurred whilst the splint was being bandaged to the leg, and one during removal of the splint. The man wrote four months later to say that he had had no convulsion since he left the hospital, but he suffered from severe paroxysmal pain in the left calf, followed by the "fitty" sensations. There was no doubt that the attacks were genuine, the condition of the pupils and conjunctivæ and other points proving this. The interest of the case has reference to Brown-Séquard's and Victor Horsley's experiments on guinea-pigs. Epilepsy was induced by these observers after injury to the sciatic nerve. There is usually a latent period of from two to six weeks. In the man the incubation was four months. Opisthotonos occurred in the patient, as in the case of guinea-pigs.

Mr. **BOWLBY** said he remembered a case at St. Bartholomew's Hospital where a man had a gunshot wound of the leg, which was followed by epileptic fits. The musculo-cutaneous nerve was resected first, and this procured an immunity from the fits for five years. They then recurred and some shots were removed from beneath the skin, and this operation was followed by another remission. Some months later, the fits recurring, the sciatic nerve was stretched, and since that time no more fits had been observed.

Dr. **CARRINGTON** said that possibly the operations may have had somewhat the same effect as the old-fashioned setons which were formerly a recognised method of treating epilepsy.

Dr. **ANGEL MONEY** said the occurrence of epileptic fits at particular periods had never been satisfactorily explained. He knew a man who could induce an epileptic seizure by eating chocolate, and suggested that an irritated stomach might play the same *rôle* as a seat of injury.

HÆMATURIA AND GRANULAR KIDNEY.

Mr. **ANTHONY BOWLBY** read a paper containing the records of three cases of hæmaturia in connection with granular kidney. The first is that of a man, æt. 73, who was admitted into St. Bartholomew's, suffering from enlargement of the prostate and hæmaturia. His death, which occurred within twenty-four hours, appeared to be chiefly due to the exhaustion caused by the loss of blood. A post-mortem examination showed an enlarged prostate and dilated bladder, containing several ounces of almost pure blood. The kidneys were small and granular. Their pelves and the ureters contained blood, and in the renal substance there was much blood extravasated. Microscopical examination showed that the hæmorrhage had occurred both into the renal tubes and into the cellular tissue of the gland. The second case is that of a man, æt. 49, who had long suffered from stricture of the urethra, and difficult micturition, and who for three months previous to admission into St. Bartholomew's Hospital, had passed considerable quantities of blood with his urine. He had many of the ordinary signs of interstitial nephritis, and, in addition, passed a great deal of blood. On his death from uræmia no cause of hæmorrhage was found, except in the kidneys. These were small and granular, and contained a little bloody urine. In the third case, a man, æt. 64, was admitted on February 3rd, 1886, with profuse hæmaturia, and pain in the loins. After losing much blood for several weeks, the hæmaturia ceased. The urine when clear contained albumen. There was some albuminuric retinitis and some opacity of one lens. Attention is drawn to the fact that the subject of hæmaturia in connection with granular kidney has received little attention, and that no cases of profuse hæmaturia of this nature have been previously recorded, and that no post-mortem examinations have been described. It is pointed out that in one of the patients who are the subject of this paper the hæmorrhage was so profuse as to be mistaken for vesical bleeding, and in the others, the diagnosis had to be made from other of the more recognised causes of renal hæmorrhage, especially calculus. It is in connection with this question of diagnosis that these cases are of importance. Lastly, it is stated that simple intestinal nephritis, independent of dilation or absorption of the renal substance is often found as the result of obstruction to the outflow of urine.

Dr. **Carrington** said that these cases were very rare, and suggested that the instruments might have been responsible for the hæmorrhage.

Dr. **Hadden** quoted a similar case in which, at the *post-mortem*, hæmorrhages were found in the substance of the kidney.

Dr. **Maguire** did not think that hæmorrhage in cases of granular kidney were as rare as stated. Patients sometimes seemed better after slight hæmorrhages.

Dr. **Broadbent** said that severe hæmorrhages were doubtless rare. He had seen a case where the patient bled to death in spite of treatment.

Dr. **Arthur Davies** showed two living cases of myxœdema (male and female).

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LIVERPOOL MEDICAL INSTITUTION.

The eighth ordinary meeting of the Session was held on Feb. 3rd, 1887.

The President, Dr. **Nevins**, in the chair.

SKULL THREE YEARS AFTER TREPHINING.

Dr. **Alexander** showed a calvarium which he had trephined three years before for left hemiplegia, intermittent attacks of coma, and increasing imbecility, taken from a youth, æt. 18, who was subject to occasional but rare epileptic attacks. The trephine opening, three-quarters of an inch in diameter, was made over the right parietal convolutions through an enormously thickened skull. The membranes were found to be healthy, but a considerable amount of œdema was apparent beneath the dura mater. The dura mater collapsed when the circle of bone was removed, and the œdema gradually dispersed. Pieces of bone were grafted in the dura mater, and the wound closed in the usual way, the whole operation being performed under strict antiseptic precautions. Union by the first intention took place, and much benefit resulted, lasting for two years. The patient could walk about with the aid of a stick, could look after his interests, and the paralysis almost disappeared. Then the old symptoms returned, complicated during the past six months by urinary troubles, diagnosed generally as those produced by cystitis, under which the patient sank. He had, however, only one or two epileptic attacks since the operation. The calvarium now exhibited a *small* aperture at the site of trephining, large enough to admit a No. 2 English catheter. Through this a small vein passed in the recent state. The whole skull was enormously thickened, and the new bone had become so connected with the old that no one unacquainted with the history of the case would suspect that trephining had ever been performed. The brain was much atrophied, its convolutions covered by clear effusion, but no evidence of any coarse lesion was found, except that it seemed firmer to the feel than usual. All the other organs were practically speaking healthy, except the bladder which was contracted and inflamed. The left ureter seemed much constricted at either end, but a No. 1 English catheter could pass through both constrictions. The renal end was closed by a valvular arrangement that probably prevented the discharge of the thin purulent contents of the large sac into which the kidney had converted. No renal substance remained. The opposite kidney was enlarged and healthy. The urethra was patent, and always had been patent.

EXTENSIVE ULCERATIVE ENDO-ARTERITIS WITH OBSCURE SYMPTOMS.

Dr. **Alexander** showed the heart and aorta taken from a tailor, æt. 67, single, of doubtful habits, who was admitted into hospital, suffering from debility and rheumatism. His appetite was good, and had been so always, temperature normal, and there are no events to chronicle in the previous history, except that he had gradually been failing in health and strength for some time. No evidence of syphilis or hereditary disease. The most prominent symptoms, however, was the startling whiteness of the man, catching at once the attention of the observer, standing out in relief even against the sheets of his bed. His lips were very white, and the tongue pale. The hair of the head and face was quite white, but this is often seen at his age. He complained of a little pain at the epigastrium, and of some tenderness on pressure, but altogether he had very little discomfort beyond that arising from a feeling of great and persistent weakness. His face was always placid and pleasant, and he never grumbled through all his illness. Loud anæmic murmurs prevailed along all the blood-vessels and abdominal pulsation was very distinct, and diffused in the aorta. There was no rough cardiac murmur, but a very loud anæmic one. The pulse was 90-100, and very small and weak, and the patient was confined to his bed through debility. He gradually sank, and died on Jan. 7th, 1887, exhibiting no further symptoms, nor complaining of anything more than still increasing weakness. He never got up after admission to hospital. A post-mortem showed general dilatation of the aortic arch, and of the upper two-thirds of the thoracic aorta. With this dilatation the arterial wall showed various stages of disease, viz., atheromatous patches; ulcerated areas covered with tufts and layers of old standing and partially organised fibrine; cicatricial areas, one of which was an inch in diameter, where the inner coat seemed to have entirely disappeared, and a loose cicatricial tissue to supply its place and aneurismal areas, where several pouches of varying depth were seen. From the lower part of this affected area to just beyond the cœliac axis the vessel was comparatively sound and undilated. Beyond the cœliac axis the vessel became again dilated. This dilatation was about three times the normal diameter of the vessel, and was filled with a large mass containing clots of different kinds. Nearest the walls of the vessel firm, adherent, tufted masses of fibrine were seen enclosing in the centre of the vessel a white brittle, grumous-looking clot. The dilatation and clot extended to the termination of the aorta, but did not affect the iliac vessels which were free. On lifting off, or rather on tearing off the fibrine from the posterior wall of the vessel it was found that the coats of the vessel beneath were entirely changed. A mass of cheesy material (ulceration products) lay behind this constituting a diffused flattened abscess that covered the bodies of the vertebræ. At one spot this abscess had extended through the anterior common ligament, and had penetrated the body of the vertebra behind for a quarter of an inch.

Dr. **Alexander** also showed the Lower Portion of Rectum removed by a New Method for Malignant Disease.

Dr. **Robertson** showed a case of Congenital Malformation of Heart and Renal Disease; the malformation consisting of patency of the upper part of the ventricular septum.

FIBROID DEGENERATION OF HEART AND ANEURISM OF LEFT VENTRICLE.

Dr. **Glynn** exhibited a heart which presented the following interesting lesions:—The apex was, externally, rounded into a distinct swelling, and very fatty. On opening the ventricles the apex of each was found to be the seat of an aneurismal dilatation, that of the left being very defined and large, capable of holding a walnut. The walls of the aneurism were no thicker than thin cardboard, and were formed on the inner side of straw-coloured fibroid tissue, distinctly reticulated like the normal heart in this situation. On the outer side the wall was formed of loose fatty tissue, and presented no appearance of muscle in any part. The wall of the right ventricle and the ventricular septum was also the seat of extensive fibroid change; the pale degenerated area extended upwards from the aneurism to the pulmonary valves, and laterally it extended across the septum and anterior ventricular wall for about four inches. The affected parts were so wasted as to transmit light. All the cavities of the heart were dilated, especially those on the right side. The sigmoid valves were healthy, but the auriculo-ventricular valves were incompetent, owing to the dilatation of their respective orifices. The patient, a middle-aged female, was admitted under Dr. Glynn's care into the Royal Infirmary suffering from dyspnœa, dropsy, and palpitation. She gradually became exhausted, and died, after being under observation about three months. She had never had rheumatism, but had suffered on two occasions from typhus fever. It was quite possible that the local degenerations of the heart's walls were the result of a myomalacia cordis occurring during the typhus fever. On physical examination it was found that the heart was much enlarged, The apex beat was in the sixth space, 7½ inches from the mesial line, and there was a diffused impulse all over the præcordium and in the epigastrium. On auscultation little evidence of valvular trouble was found. There was only an occasional systolic murmur at the apex. The rhythm of the heart was unusually peculiar; two ventricular systoles occurred together, and were followed by a long pause; cardiographic tracings exhibited two waves close together, the first of fair height, with vertical upstroke, but pointed summit, the second much lower, with oblique upstroke and rounded summit. Simultaneous cardiographic and sphygmographic tracings showed that the first systole was immediately succeeded by a pulse wave of fair magnitude, while the second systole only caused a slight oscillation in the line of descent of the previous pulse wave. Eighty cardiac revolutions occurred to forty radial pulse waves appreciable by the finger. On auscultation there was reduplication of the first sound everywhere over the heart; the second sound was also often reduplicated, and was only audible at the base, the second sound, or the reduplicated second sound, was only heard after the ineffectual systole. From the evidence furnished by the tracings and by auscultation it appeared that the action of the ventricles was not quite synchronous, and that possibly in systole there were two distinct contractile efforts, and that between these the sigmoid valves did not close. Coloured drawings of the heart were exhibited, and also of a heart from another case, where in a young man extreme general fatty degeneration of the heart was associated with obstructed coronary arteries.

Dr. Glynn also exhibited a specimen of Aneurism of the Aorta pressing on the Right Bronchus. The case was interesting as the more direct signs of aneurism were absent, and general emphysema and caseous degeneration of the right lung had been excited. The diagnosis of the case depended on the absence of vocal fremitus and the feeble breathing over the right lung.

Mr. G. Hamilton for Mr. Puzey read notes of a case of Recurrence of Disease in Stump after Amputation for Sarcoma of Tibia.

Mr. Damer Harrisson read a paper on

THE TREATMENT OF FRACTURES OF THE SPINE AND TRAUMATIC PARAPLEGIA BY A NEW SPLINT AND ANTISEPTIC DRAINAGE OF THE BLADDER.

The paper was founded on ten cases of fracture of the spine treated by him in the Northern Hospital in which the method of treatment had been that now described. The splint was one devised by himself by means of which the fractured ends were brought into apposition with a greater degree of accuracy than could be secured by any other form in use, arrangements being made for the flexion of any part of the spinal column required, and of the thighs upon the trunk. Great stress was also laid in the paper on thorough aseptic drainage of the bladder through the perinæum from the commencement of the treatment. [We hope to give this paper in full with illustrations later on.]

Mr. Reginald Harrison said that he considered the paper of much interest as it dealt with the two most important points connected with this fatal kind of injury. He had long felt that in the treatment of fractures of the spine more might be done by surgeons in reducing displacements with as little delay as possible, and in maintaining the fractured portions in correct apposition by some such apparatus as had been shown this evening. He mentioned the case of a woman who had been admitted into the Royal Infirmary under his care with a fractured spine in the lower dorsal region with complete paralysis of motion and sensation below this point. Twenty-four hours after the injury extension was applied to the spinal column, under an anæsthetic, and the displaced portions were distinctly felt to fall into something like their natural positions. The patient was placed on a suitable mattress with sand bags, and some extension by pulleys was kept up. Within twenty-four hours after reduction both motion and sensation returned in the paralysed parts, and the patient made a complete recovery. Had extension and manipulation not been resorted to this patient would either have died or become permanently paralysed. He (Mr. Harrison) thought that in some instances the practice recommended of draining the bladder continuously by a perinæal incision might be adopted with advantage. The constant use of the catheter, and the undrained condition of the bladder contributed in many instances towards a fatal termination. Whether, as had been suggested, this unhealthy state of the bladder also contributed towards rendering the paralysis permanent as a reflex source of irritation, in those cases where repair of the fracture itself did take place, he had some doubt. He thought the practice of draining the bladder under these circumstances, as illustrated by the author of the paper, a good one, and worthy of imitation.

Mr. Harrisson then replied.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 2, 1887.

THE DEFECTS OF MEDICAL TRAINING.

At the last meeting of the General Medical Council, Dr. Glover made a very telling speech on the shortcomings of our present system of medical education and examination. He alluded to the incapacity of the newly-qualified man for general practice, and ascribed it to the want of education in practical subjects, and especially of that class of work which falls to the lot of the general practitioner. The remedy for this state of things was, in his opinion, to exact a *stage* with a registered practitioner, where the young doctor would have an opportunity of becoming familiar with the routine of daily professional work. It is an indisputable fact that after the regulation course of study at a medical school and hospital, several very important branches of professional knowledge may be *terra incognita* to the student or young practitioner. He may never have seen a broken limb before it is artistically swathed in bandages by the house-surgeon, still less have had an opportunity of manipulating it, and so learning to recognise the *crepitus* and other indications of fracture. The chances are a hundred to one that he has never seen a case of measles, scarlet fever, or small-pox, and this *lapsus* is far more important in its results than ignorance on surgical matters. What will his patients think of him if they detect a trace of hesitation when he is called upon to diagnose between scarlet fever and measles; what will be the result if he declares a case of varioloid to be chicken pox? We have heard of frequent cases in which small-pox was diagnosed as measles until the mistake stared the man in the face. Residents in fever hospitals could tell a pitiful tale of errors of diagnosis in the cases sent to them for treatment, some of them so flagrant that it is difficult to conceive of their having been made by men nominally conversant with the duties of their calling.

In obstetrics the lack of practical training is quite as apparent. In Scotland only six attendances on labours are required of the student, and, as Dr. Glover very appositely remarked, the position of the man who stumbles on a case of arm presentation or post-partum hæmorrhage for Case No. 7, is easier to imagine than to describe. As a matter of fact, even in London, where twenty attendances are required, practical instruction in obstetrics is simply non-existent. What is a man likely to learn from attending twenty uncomplicated confinements without any technical instruction therein or upon. He will learn, it is true, how to make an examination, and possibly to ascertain where the *os uteri* is and what it feels like—details of some importance, but so far as the operative details are concerned he will be very little better off than the old woman whom he finds in charge of the case. Steps ought certainly to be taken to remedy this condition of things. Either the student should be admitted and compelled to attend labours in one or other of the workhouses or lying-in hospitals which abound, or an obstetrical ward should be created in general hospitals. Both plans have long been in operation abroad with the best results. In Dublin and certain other towns special facilities exist for the study of gynæcology and obstetrics, but in London even the diligent student can do little or nothing.

It is on this account that, on the one hand, the practitioner hesitates to confide his patients to a newly-qualified assistant, and, on the other, that newly-qualified men find it indispensable to perfect and complete their education by passing a year or two in a subordinate capacity, in order to acquire, at the expense, it may be, of his patients, what his medical training had failed to teach him.

It would probably be an unmixed advantage to insist on men completing their studies in actual practice. They would there learn to dispense neatly and correctly; they would be enabled to divest themselves of the manners which, if admitted in hospital practice, are not favourably received elsewhere, and opportunities would occur to cultivate an acquaintance with diseases which they had not hitherto met with, and, above all, with the treatment of that large class of cases which, as Sir Wm. Gull observed, have no morbid anatomy, viz., ailments. Accurate and exact diagnosis is always a desideratum, but this is not always possible, for the simple reason that there may be nothing to diagnose. The first few months of general practice gives a man, fresh from the schools, the sensation of walking in the dark, from his inability to refer his cases to their proper nosological position. By-and-by his eyes become accustomed to the obscurity, and he acquires the art of jogging along the beaten path undisturbed by qualms as to eventualities and possibilities. Of course the great art is to treat ailments as ailments, and to distinguish between these and definite diseases. Woe betide the man, however, who, having got used to the twilight, keeps his eyes shut. He will treat typhoid fever for diarrhœa, and intestinal obstruction for constipation, and his last state will be worst than the first.

The *quasi* apprenticeship to a medical man, which is still allowed to take the place of part of the curriculum, would possibly be more advantageously insisted upon as the termination of his studies instead of the beginning. The only drawback is that a man who has just succeeded in proving his knowledge of medicine, surgery, and midwifery to the satisfaction of this or that examining board, will, in all probability, prove a less docile pupil than the aspirant student. He will be apt to "fancy" himself and despise the drudgery of daily toil, where rule-of-thumb takes the place of scientific research. It must not be forgotten, however, that medicine for most men is a means of gaining a livelihood, and if it is to prove successful as such, the minor details of the art and practice of medicine are at least equal in importance to the higher and more absorbing departments.

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SAFEGUARDS OF THE IMPARTIALITY OF EXAMINATIONS.

We learn with surprise and regret that the Fellows of the Irish College of Physicians have insisted on introducing into the Conjoint Examination Scheme for Ireland a proviso which strikes directly and strongly against the impartiality of the examinations of the future, and undoubtedly will operate as an inducement to personal jobbery and earwigging of which such tests should not be even remotely suspected. Heretofore each student has been enrolled in the Registrar's books of the College of Surgeons by a number, and has been known to the examiners only by that number, his personality being entirely unrecognised by them. Under this numerical *soubriquet* he has been dealt with exactly as his answering seemed to deserve. He was not favoured for the sake of his family, helped because he happened to be the apprentice of a friend, or prejudiced because he came from a particular school, or because he had been previously rejected. If any one of the examiners happened to have personal acquaintance of him that knowledge did not extend to the rest of the Court, and, therefore, could not materially improve or prejudice his chance of passing, even supposing that the examiner were to show bias in his marking. We speak not only of the probable effect upon the examination of the system of indication by numbers, but of its actual result, for the examinations of the College of Surgeons, whatever they may have been as practical tests of competency, are admitted by students and grinders to have been singularly free from partiality or unfairness, and the best proof of this is that the near relatives of those who are high in collegiate influence have been, on several occasions, rejected, either because of the strict justness of the examiners, or because of the *incognito* of the student. Moreover, the system of numerical indication has been a great relief to the examiners, because it protected them from the attempt to influence them in favour of the candidate. Such attempts are common to all examinations, and are made by unprincipled people without conscience or shame; so much is this the case that the preliminary examiners at the College of Surgeons, finding themselves unblushingly importuned by the friends and relatives of candidates, petitioned the College not long since to allow the candidates for that examination also to be indicated by numbers, and the request was at once agreed to. Under the numerical system, the examiner who has not the strength of mind to return an angry No! to such an insult to his honour is armed with the ready reply that he cannot—if ever so willing—help the candidate, because he will not be able to recognise him. But, even if these precautions were illusory, they ought, we think, to be by no means abrogated, inasmuch as they give confidence to the student that he will be fairly dealt with upon his answering. For these obvious reasons, we repeat, it surprises us to find the Fellows of the College of Physicians proposing to revert to the old system, under which personal jobbery was easy, and, in fact, not uncommon; and we very much regret that the Council of the College of Surgeons in its hot haste to complete its Conjoint Examination Treaty, conceded this, with many other moot-points, to the College of Physicians. We of course anticipate the serenely virtuous air with which the promoters of this retrogressive change in the College of Physicians will assure us that *their* examiners are loftily superior to personal influences, and that it is an insult to them to suggest that their virtue needs to be guarded by any such system as numerical indication. We beg to say that we entertain no more suspicion of their Rhadamanthine strictures than of the honour of any other court of examiners in or out of the profession; but they and their co-examiners of other Colleges are but men, and without speculating upon what might be, it is notorious that, under the old system personal jobbery was rife, as it will be again if the College of Physicians has its way. It is not to be supposed that the change is made with a view to such end, but we entertain no doubt that it will have such effect, and we very much wish that common sense and practical experience were allowed their proper influence in such a matter rather than the stilted *amour propre* which seems to guide the Irish College of Physicians in the affairs of life.

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In a football match last week between Balliol and New College under Rugby rules, in the Parks, Oxford, Mr. Victor Morier, an undergraduate of Balliol, was severely injured and was removed from the ground in an unconscious condition. He was taken to his College, where medical assistance was obtained, and he was found to be suffering from concussion of the brain. Late in the evening consciousness returned. He is the son of Sir Robert Morier, Ambassador at St. Petersburg.

Notes on Current Topics.

Noisy Nuisances.

The susceptibility to noise varies greatly in different individuals, while one person can work or sleep undisturbed by the clamour of children, or the melancholy growl of the hurdy gurdy, others are so constituted that sound of any kind except the most subdued of murmurs, has the property of exciting and irritating their nervous system to such an extent as to incapacitate them for either work or idleness. By an unfortunate physiological law, it is precisely the hard worked denizen of large cities, and more particularly those who from the very nature of their occupations, require either quiet or an indifference to their surroundings, who are generally least able to put up with the multitudinous noises which are more or less inevitable in cities. With many this irritability is only a symptom of unsettled nervous equilibrium due to faulty arrangements in the matter of food, work, or habits, but in others, probably of hereditary origin, it exists *à l'état normal.* A great many noises are, as we have said, inseparable from life in crowded centres, but unfortunately there are a great many which can and ought to be separated. A dog which is addicted to baying the moon, a cock prone to boast of his marital achievements or a licentious cat, are sources of annoyance even to the most placid and lethargic people, and are happily amenable to laws for that purpose made and provided. It is distressing to be obliged to constrain one's neighbour to remove or silence his pet animals, but still it can and often is done. There are other sources of noise, quite as unnecessary as the preceding, but less easy to put a stop to. A good example of this class of nuisance is the whistle of the locomotive and the fog-signal. Both are employed to an extent quite out of proportion to the necessity, and it would not materially interfere with traffic, were these noisy methods of communication replaced by less clumsy and less irritating contrivances. A railway company is not a nice party to haul before a magistrate, and, vain of their impunity, they refuse to the unhappy persons who dwell in the vicinity of their lines, the opportunity of listening to what the wild waves are saying. In a town like London where it is difficult to get out of reach of a railway the nuisance is a formidable one, and one which demands some interference with the autocrats of the steam traffic. There is no reason why, if locomotives are permitted to warble thus, tramcars and omnibuses should not also utter a shrill screech at each move, but means would soon be found to stop them if they did so. There is ample scope for a society which should undertake the suppression of nuisances of this description. It is certain that there is plenty of work for such a body, and if properly organised it would be the means of doing great public service. It might be called the "Jubilee Nuisance Prevention Society."

M. Eugene Rimmel died unexpectedly on Friday evening. He was in his 67th year. In conjunction with Dr. Vintras and one or two French residents in London, he founded the French Hospital and Dispensary.

Magnetic Humbugs.

It is difficult to refrain from a feeling of indignation on meeting, in the columns of generally respectable journals, with the advertisements under the guise of editorial matter of those arch quacks the "magnetisers." This genus endeavours to palm off upon a gullible public bits of magnetised steel sewn up in waist bands, chest protectors, or what not at an exorbitant price, under pretext of working all kinds of marvels in the treatment of curable and incurable affections. The specious statements and artful tricks of these gentleman are amusing to read and entertaining to witness, and it is really no matter for surprise if the public succumb to the wiles of people who know their weak points and carefully tickle them. Like many other varieties of the genus quack, they flourish in the advertising columns—and even elsewhere—of the religious journals, among the readers of which, it is to be supposed, they drive their trade. Justice requires us to admit, however, that their pseudo-remedies are at any rate fairly innocent in their nature and do not contribute to the mortality for which the soothing syrups and teething powders are to a large extent responsible.

Presentation to Sir Henry Acland.

The graceful ceremony of presenting the President of the General Medical Council with a bust of himself, which took place on Monday, Feb. 21st, was a fitting acknowledgment of many years of useful and not always agreeable labour. It was the more opportune seeing that Sir Henry anticipates being obliged at no distant date to resign the presidency, but with a tact and judgment which testifies to the interest he takes in the question of medical education, he intimated his intention of holding office until the next meeting in order to facilitate the settlement of the difficult questions in connection with the conjoint scheme.

A Ray of Hope.

The decision of the General Medical Council to refer the matter of the exclusion of the Apothecaries' Societies in England and Ireland back to the Royal Colleges in both countries for their further consideration, coupled with an intimation that the request was made by the Council in the interests of the profession, opens up the possibility of a serious reconsideration of the present position of affairs. As Sir Dyce Duckworth admitted, the demand for admission on the part of the Apothecaries' Societies was refused on practical grounds, as neither necessary nor desirable. If the Colleges were appealed to, however, "in the interests of the public and of the profession," it was possible that another view might be taken of the matter. We sincerely hope that on a question of this importance the interests of class may not be allowed to inflict an irreparable damage on the cause of medical examination and status. If the Colleges would waive the question of principle, and consent to discuss the demand of the Apothecaries' Societies, the onus of proving that they had been unable to obtain admission to the conjoint board on "fair and reasonable terms" would be thrown on to the Apothecaries' Societies, who have everything to gain from a refusal of their demands. The more exalted the position of the Colleges, the more incumbent it is upon them to avoid any appearance of indifference to the grand interests of which they are, to a large extent, the custodians.

A Want of Consistency.

It is always a disagreeable task to have to criticise the conduct of a contemporary, but when the difference between precepts and practice becomes too crying a scandal, the task is one which can hardly be avoided. In the advertising columns of the *Lancet*, for last Saturday we find the following advertisement:—

> YOUNG GENTLEMAN (married), sine diploma, but with considerable experience in General Practice and in Midwifery, wishes to meet with a qualified gentleman who would be willing to accept him as Junior Partner, where his practical services and capital would be useful and appreciated, &c.

It is scarcely necessary to point out that the combination suggested is one which is justly regarded as one of the grossest breaches of professional etiquette; it is one moreover which would promptly subject the "qualified gentleman" to the penalty of having his licence to practice withdrawn. The unholy alliance thus set forth is one unfortunately which is far too common, but it is singularly and peculiarly unbecoming that a journal which professes to dictate in matters of professional etiquette, should deliberately and wilfully aid and abet any such transaction. We say deliberately, because it is by no means the first time that the journal in question has sinned in this way. The only explanation of such an extraordinary contradiction between what they profess and what they practice, is that considerations of a financial character are allowed to decide what really should be looked at from a far higher standpoint. Without wishing to appear to "damn the sins we're not inclined to," we may fairly claim to have acted up to our principles in this matter by consistently refusing all advertisements for or from unqualified men.

Iodoform on Trial.

Since the introduction into surgery of iodoform as a dressing for wounds, doubts have from time to time been expressed respecting the reality of the benefits presumed to be associated with its use; and indictments against it have been framed by more than one observer convinced that his own experience has contraindicated its employment. It is only quite recently, however, that the antiseptic properties of the drug have been impugned, though instances of supposed poisoning due to its absorption have not rarely been reported. The occurrence of eruptions following its use, too, has lately been a subject of discussion, especially amongst American surgeons, the New York Academy of Medicine having very lately been engaged in the consideration of a paper bearing on the question. In this communication the author, Dr. R. W. Taylor, arrived at the conclusions—1. That a mild erythema, particularly of the fingers and about cuts, was produced in those, hospital assistants, &c., who used iodoform freely. The eruption caused little or no distress, and ceased on discontinuing manipulation of the drug. 2. Open granulating wounds dressed with iodoform might sooner or later become the seat of a simple, superficial erythema, or of considerable œdema, and in either case papulation, vesication, pustulation, or even phlegmon might ensue. 3. That in those persons possessing what may be termed an iodoform idiosyncrasy, application of the agent to the throat, or to the nose by smelling it, is apt to produce, as the result of its absorption, severe skin affection of the face, head, hands, feet, &c. This latter observation recalls the similar effects of idiosyncrasy in connection with various other drugs, *e.g.*, potassium iodide and bromide, ipecacuanha, &c, and it is not improbable that individual characteristics may be the dominating influence in producing the iodoform rash as much as they are recognised to be in the other cases referred to. This is the more probable from the fact that all persons do not suffer alike when submitted to the same exciting cause; while some are deeply affected, others may be entirely uninfluenced; but it is useful information that enable us to extend the list of those remedies which are capable of producing results against which we ought at any rate to be fairly on guard. Iodoform clearly ranks in this list, and should the suggestions as to its uselessness from an antiseptic point of view prove to be well founded, two sufficient reasons will be present for warranting a serious inquiry into its title to hold a place any longer in practical surgery.

A Hard Nut.

The champion correspondent of the anti-vaccinationists, Mr. William Tebb, has devised a most ingenious method for extending the area over which his propagandist efforts are distributed. He has hit upon the brilliant notion of addressing his lucubrations to the American people, and the medium selected for his first attempts in this direction is, *mirabile dictu*, the New York *Medical Record*. Faithfully reading the mental characteristics of his newly discovered audience, however, Mr. Tebb treats them to a series of views in medicine as attractive as they are startling, the major proposition contained in the letter we are referring to being that the growth in the mortality from *cancer* is due to vaccination. The unsuspecting American readers of his epistle are then asked to accept the statement that "some medical men" attribute this increase in cancer "to the large amount of syphilitic disease with which vaccine lymph is impregnated." Then, as "some medical men" might be held, even by Transatlantic intelligences, to be a somewhat vague term, the authority of a Dr. William Forbes Laurie is quoted in support of Mr. Tebb's pleasing fiction. This gentleman, Dr. Laurie, was, it appears from Mr. Tebb's letter, formerly "Medical Director of St. Saviour's Cancer Hospital, Regent's Park," and doubtless he serves as well as another to fulfil the end aimed at by the anti-vaccination *littérateur*. Mr. Tebb modestly invites American physicians to devote their clinical labours to proof of his suggestion, and we shall be much amused to see the effect produced by the successful and masterly move to which our esteemed contemporary has somewhat unconsciously lent itself as an aid.

Orders have been given at Aldershot for the Royal Artillery schools to be temporarily closed on account of a visitation of measles.

A Medical Co-Respondent.

Dr. Brown is to be congratulated on the verdict which exonerated him from immoral and unprofessional conduct in the suit Lennard *v.* Lennard. This gentleman's conduct throughout the affair was marked by the strictest propriety, both in his professional and social relations. Not only did the jury find him not guilty of adultery, but the judge added some very sensible remarks on the evil consequences of such charges against medical men, and said that this charge in particular ought never to have been brought: The hardship and expense of having had to defend himself still entitles Dr. Brown to our sympathy. It is high time the profession banded together to defend the reputation and prospects of their members when unjustly assailed.

The Right to Advertise.

An application has been made to the Queen's Bench Division for an order to compel the General Medical Council and their Registrar to re-instate the name of a dentist whose diploma has been withdrawn by the Royal College of Surgeons of Ireland two years ago for advertising contrary to their regulations. The application was based on the fact that advertising was not specified in the Dentists' Act as a disqualifying action. The attempt is a bold one, and very naturally excites a good deal of interest and comment. As the case is *sub judice* we abstain from expressing any opinion thereon. We sincerely trust nevertheless that no victory on technical grounds will have for effect to remove the wholesome restrictions which at present tend to check a practice derogatory to the dignity and status of the profession.

The College of Surgeons and the Fellows and Members.

The last act of the Council of the Royal College of Surgeons has been to pass a resolution to the effect that, although the Council was not prepared to give effect to the recommendation bearing on the participation of Members in the right of voting and sitting on the Council, it was ready to appoint a committee to confer on the subject with representatives from the two associations. This apparently aimless and contradictory proposition was very properly declined by the association on the ground that "no useful purpose was likely to be served" by a conference on a matter which, so far as the Council is concerned, was already disposed of. The Council of the College will thus be unable to record in their minutes that they have actually condescended to "confer" with representatives from the Associations of Fellows and Members, which was probably their only object in proposing such a thing. Theoretically, it is of course possible that the College might rescind or abrogate its first resolution, refusing the franchise, &c., to the Members, as a result of the conference, but those who are behind the scenes declare that nothing of the kind is in the least degree probable, or to be hoped—at any rate for the time being. Pressure of a more direct and aggressive description will require to be brought to bear on this recalcitrant body before the very fair and equitable demands of the Associations will be acceded to. In dealing with this body, its adversaries require not only the courage of the lion, but the cunning of the serpent.

The English Conjoint Board.

On reference to an official announcement in our advertisement columns, it will be seen that all communications relating to the diplomas of the Royal College of Physicians of London and the Royal College of Surgeons of England, under the old regulations, as well as under those of the new Examining Board, must in future be addressed to the care of Mr. Hallett, at the new Examintion Hall, Victoria Embankment, London, instead of to the College as heretofore.

University of Durham.

The Dean and Chapter of Durham, with the consent of the Bishop of Durham, have enacted a statute constituting the Professor of Medicine of the University of Durham an official member of the Senate of the University, an elective representative on the Senate being continued to the College of Medicine, Newcastle-upon-Tyne. On Wednesday last Dr. Heath was unanimously elected representative of the College of Medicine on the Senate of the University.

Earthquakes.

With regard to the injuries and deaths from surprise, or shock that have been produced by these commotions in the South of France, as well as to their phenomena generally, the following extract from Prof. Huxley's paper, "Scientific and Pseudo-Scientific Realism," in the *Nineteenth Century* for February, will help to remove some of the misconceptions that invest them :—"It is, he says, to say the least, highly probable that this earth is a mass of extremely hot matter, invested by a cooled crust, through which the hot interior still continues to cool, though with extreme slowness. It is no less probable that the faults and dislocations, the foldings and fractures everywhere visible in the stratified crust, its large and slow movements through miles of elevation and depression, and its small and rapid movements which give rise to innumerable perceived and unperceived earthquakes which are constantly occurring, are due to the shrinkage of the crust on its cooling and contracting nucleus."

Compulsory Retirement.

At last the attention of the British taxpayer is being drawn to the ever increasing amount which he, in a collective sense, pays yearly for what are called "non-effective services" connected with the army; and he is becoming aware, moreover, that a large number of officers who have of late been cast upon that list against their own wishes, are, for purposes of work, in the very flower of their manhood, fully able physically for duty anywhere, abroad or at home, and eager to continue on the active list. With regard to battalion officers, this system of compulsory retirement has already, to a small extent, brought about its own remedy by reason of the magnitude of palpable defects connected therewith, and the increase which it occasioned in the army estimates; to a certain extent, therefore, retirements of that kind re suspended, and being so, there is reason to believe, they will not again be enforced. But no similar order of suspension appears to have reached the medical department, and so in their case the taxpayers have still the luxury of contributing to the maintenance in retirement of many officers who are both able and willing to remain on active duty, at the same time that other officers draw full pay for doing those very duties which the men displaced are to a certain extent remunerated for not doing. The plea adduced in support of such a system is that it accelerates promotion among the junior grades. If this be so at all, it seems to hold good only to a small extent; nor is it easy to see in what respect the general interests of the service at large benefit by a system which is expensive beyond any other that has ever been devised. In these days of depression in trade and business of every kind, and of reduced incomes to nearly everybody, it is doubly necessary to look to economy, and assuredly economy is not served by the plan of compulsory retirement at present in force.

Brigade Surgeons in India.

Experience has amply shown that the grade of medical officers called brigade surgeon is unsuited for the particular conditions of the army in India. We are therefore not in the least surprised to learn that the officers of that rank find their position so anomalous, and their pay and allowances so inadequate, and out of proportion to their seniority in the service, that they have at last been driven to the somewhat desperate measure of taking combined action with a view to press upon the responsible authorities what they deem to be their legitimate grievances in both these respects, namely: 1. That in India their rank is not recognised; 2. That they are not exempted from the routine duties which usually fall to, and are more properly in the province of, those who are junior in rank, and younger in years; and 3. That they do not receive that amount in the shape of what is called *staff allowances* to which they consider that their length of service, and their duties render them entitled.

Not only are the brigade surgeons in India, as elsewhere, called upon to perform ordinary "executive" medical duty, but they are from time to time called upon to take up the functions pertaining to the administrative officers, so that like the "Mud Majors" of regiments, they are in their particular sphere everything by turns, and nothing long, at least in what brings additional emolument. In fact, the very name "Brigade Surgeon" seems to imply that officers so designated are expected to perform any and every kind of professional duty pertaining not only to the brigade collectively to which they belong, but also towards every individual belonging to it, whenever the necessity arises. Nor must it be forgotten that the men from whom all this is expected are, as a very general rule close upon fifty years of age, some, indeed, considerably over that age. We therefore trust that the authorities of the India Office will give careful attention to their representations, and deal towards these old officers in those terms of liberality which the magnates of Leadenhall in former days loved to exhibit towards the servants of what was rightly named "The Honorable" East India Company.

WE learn that a volume of papers entitled Pilocereus Senilis, by the late Dr. Moxon, of Guy's, will be published next week by Messrs. Sampson Low & Co.

THE patients of the new Jaffray Hospital, Birmingham, were the recipients of a musical treat on Thursday last, when the celebrated *prima* Madame Marie Roze visited the wards, and before leaving kindly sang several songs

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At the Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE whole time of the last meeting of the Royal Medical and Chirurgical Society was occupied over the discussion of a case of rupture of the urinary bladder, which, however, presented several features of marked interest. The communication was made by Mr. Henry Morris, and had reference to a case which first came under treatment at the Middlesex Hospital in 1879. At that time rupture of the bladder had been caused by violence during a pothouse quarrel, and under rest, hot fomentations to the abdomen, and opium, recovery ensued. Seven years later he reapplied at the same hospital, with symptoms of rupture once more present. This time a fatal termination ensued, and *post mortem* the fundus of the bladder was found united with the rectum by a band a quarter of an inch in length. A rupture in this communicated with the bladder, slight pressure on which caused purulent urine to flow into the peritoneal cavity, which contained about fifteen ounces of the fluid. Mr. Morris pointed out that this case afforded conclusive proof that intra-peritoneal rupture of the bladder is an accident which is not necessarily fatal, assuming the composition of the urine to be normal, and that it was unique in so far as it gave indisputable evidence of the appearances resulting some years after recovery of the organ from rupture. The ensuing discussion was maintained at some considerable length, and with a degree of animation which the unusual and important nature of the evidence contained in the paper fairly justified, and derived additional interest from its being devoted also to a criticism of a paper read immediately after Mr. Morris's contribution, by Mr. W. H. Bennett, on a case of extra-peritoneal rupture of the bladder, and in which the author protested against relieving the distended viscus by aspiration, save in a very limited number of instances. When absolute certainty was wanting as to the soundness of the vesical walls, he condemned the practice, attributing to it the production of rupture subsequently, or of oozing of urine. Mr. Bryant supported the views held by Mr. Morris respecting the case narrated by the latter; and he felt himself compelled to defend his reputation against the charge of having written lightly in his text-book of surgery on the subject of aspirating the bladder. He was fully convinced of the serious nature of the proceeding, and cited cases to show the dangers possible in connection with it. Prof. Humphry also supported the remarks of Mr. Bennett as to the dangers of aspiration, Mr. Barwell and Mr. Hulke following in the same strain.

The harmonious succession of agreeing voices was, however, interrupted by Mr. Rivington, who expressed his dissent from the interpretation put upon Mr. Morris's specimen by the committee who had reported on it. He did not believe it represented an example of intra-peritoneal, but of *sub*-peritoneal rupture. He likewise corrected Professor Humphry's statement that the introduction of normal urine into the peritoneal cavity might be innocuous, appealing to experimental research in support. After a few further remarks from Messrs. Heath, Fowler, and Morris, the meeting terminated.

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MEDICAL SOCIETY OF LONDON—MONDAY, FEB. 28TH.

MR. LENNOX BROWNE showed a man for whom he had extirpated half the larynx for malignant disease. This is the third operation of the kind which has been performed, and the extremely successful result not only reflects credit on the operator, but is an encouragement to surgeons to adopt this method of treating malignant affections of this organ. The man could speak clearly and distinctly, and had greatly improved in health and strength since the operation. Mr. Lennox Browne also showed a young married woman who had suffered from faucial and pharyngeal tuberculosis. The symptoms was very painful and urgent, deglutition being almost impossible. Microscopic examination showed abundance of tubercle bacilli. Cocaine was applied, and the granulations were thoroughly scraped off; then a solution of lactic acid, gradually increased in strength from 30 to 60 per cent., was applied, and the surface, after a sharp attack of pharyngitis, granulated healthily and the symptoms disappeared.

Dr. Robinson showed a case of excision of the hip-joint in an adult, and Mr. Pickering Pick showed a boy who had been the subject of that curious form of dislocation of the hip after fever which is sometimes met with. Mr. Morgan alluded to a very interesting case of this kind in which he had cut down and examined the condition of the parts. He found the head of the femur on the dorsum of the ilium, the capsule stretched, and the acetabulum full of granulations, so as to render replacement impossible. Mr. Browne showed two cases of ichthyosis hystrix, and Mr. James Black showed a man who, in consequence of severe hectic symptoms pointing to an abscess in the neighbourhood of the ear, had his mastoid process twice punctured, and finally was trephined, and extensive exploration made of the cerebrum, but without any particular result except that the man recovered and was now apparently quite well.

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Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

UNIVERSITY OF EDINBURGH.—ACADEMIC HALL.—The arrangements for the erection of the Academic Hall in connection with the University of Edinburgh are so far completed that negotiations have been entered into for the purchase of a site. It is estimated that about £12,000 will be necessary. The Government has been again approached on the subject, with the result that it is expected that £6,000 will be granted. It is further stated that the generous donor of the munificent sum which is to go to the erection of the building has offered an additional £4,000 for this special end. The task of making up the additional £2,000 should be a light one among so wealthy a constituency as those who are interested in the welfare of Edinburgh University.

UNIVERSITY OF EDINBURGH LABORATORIES.—Most encouraging accounts have been received of the work that is in progress in the different laboratories of the University o Edinburgh. The chemical, the materia medica, the pathological and bacteriological, the practice of physic and th public health laboratories, have each their contingent original workers. Already the published reports contain much of scientific importance, and we are informed, on good authority, that there is abundant promise for the future. Never have the laboratories been better equipped with material.

Royal College of Physicians of Edinburgh Laboratory.—It is confidently expected that the establishment of a laboratory in connection with the Royal College of Physicians of Edinburgh will shortly be a *fait accompli.* The site of the building will be in close proximity to the teaching centre. The laboratory will be open to the Fellows and Members of the Royal College, and to others who may be able to comply with certain conditions. It will be under the supervision and direction of a thoroughly qualified biologist, assisted by a well-trained mechanic, whose time will be entirely at the disposal of the institution. The establishment of the laboratory will add fresh stimulus to the spirit of scientific inquiry which has manifested itself in Edinburgh during the last year or two.

Edinburgh Medico-Chirurgical Society.—An important discussion will take place on Wednesday, 2nd March, at the Edinburgh Medico-Chirurgical Society on Cerebral Abscess. We hope to give a *resumé* in our next issue.

The late Dr. Thomas Fraser, Dumfries.—A few days ago the grave closed over the mortal remains of this young but highly gifted physician. Thomas Fraser, M.A., M.B., C.M., died in his twenty-seventh year, at the Crichton Institute, Dumfries, of which asylum he was Assistant Medical Superintendent. After a distinguished course in Arts and Medicine at the University of Edinburgh, he was appointed one of the assistants in the surgical department of the University. Failing health, culminating in the development of diabetes, compelled him to give up his honourable post, and by medical advice he sought for a return of energy in a long sea voyage. He returned to Edinburgh two or three months ago, unhappily not much better. Anxious to continue in harness, he became Assistant Physician to the Dumfries Asylum. But in the midst of his work he fell a victim to a sudden exacerbation of the disease, and he died on the 15th ult. of diabetic coma. Only those who knew him intimately can rightly measure how much of the true and the beautiful and the good has thus been lost to us. His remains were buried in the Grange Cemetery, Edinburgh, in the presence of a large circle of mourning fellow-workers.

Glasgow.

[From our own correspondent.]

University Defenders.—There are few thing more interesting to the initiated than the posing of Drs. (we suppose we must call them Professors) George Buchanan and McCall Anderson as defenders of University rights. Having become possessed of the "coo," they now recognise the value of "prevat property," and disclaim all sympathy with such radical institutions as the one which gave them academic birth. At the annual dinner of the Glasgow University Conservative Club, Dr. George Buchanan, in replying to the toast of "The University," said that "at the present moment they were on the eve of a volcano, at least of something more than evolution; he was afraid of something like a revolution in connection with their ancient University, and it would be for the young men, particularly for the young graduates, to face the subject. It was not for those who were supposed to have feathered their nests—who had got a local habitation and a name in the University—to interfere, because he did not think it likely that any legislative measure would be passed which would destroy any of the vested interests of those who happened to be in their places." This is delightful from one who has not only a vested, but an *in*vested interest in the University, who has feathered his nest, who got a "local habitation and a name" in the University of Glasgow to the tune of £2,500! Dr. McCall Anderson again recently appeared in the Glasgow newspapers as an opponent of the proposed Southern Hospital. Was Dr. McCall Anderson not the founder of the Glasgow Dispensary for Skin Diseases, which became the Glasgow Hospital for Skin Diseases? Did he not become connected with the Western Infirmary through its skin wards by means of money subscribed by the public for the Skin Dispensary in John Street? Has Dr. Duncan and his friends not as good a right as Dr. McCall Anderson to start a hospital and benefit thereby? Is the Western Infirmary not the creation of the medical professors of the University to further their own personal interests? Further, is Dr. McCall Anderson also not a professor through the potency of £2,500? Verily these are interesting defenders of the University faith!

Medical Superstition in the Highlands.—Strange as it may appear to people of intelligence, it is an incontrovertible fact that in the Highlands of Scotland, as in the Continental Highlands, a belief in miracles, and in incantations and superstitious practices of the grossest nature in curing certain forms of disease still exists, of which the following incident, occurring the other day at a village on the west coast of Ross, is an illustration:—A middle-aged fisherman was seized with a somewhat sharp attack of an eruptive disease, popularly known by the name of shingles, which, according to the local wiseacres, could be cured only by an application of blood drawn from a black cat with a knife or other instrument with which the umbilical cord of at least seven male children had been divided, and applied with a feather from the wing of a black domestic hen which had hatched not less than three broods of chickens. To this sanguinary ordeal the patient, at the solicitations of his friends, agreed to submit with becoming resignation and unquestioning faith in its efficacy. Having been undressed and laid on his back with his head towards the south, operator A walked round him three times with the cat, in accordance with the course of the sun. He then held the cat over the patient's breast, while B, with the proper instrument, cropped its right ear, and as the blood trickled on the sufferer's breast, besmeared it over the affected parts with the feather from the black hen, at the same time muttering incantations in the vernacular. Strange to say, the treatment failed to effect a cure, and as the patient is still unwell, he is about to undergo a repetition of the ordeal.

Glasgow Public Dispensary.—The annual meeting of the supporters of this admirable and well-managed institution was held on the 25th ult., Mr. Andrew J. Kirkpatrick presiding. Mr. Robert Meldrum, the secretary, submitted the annual report, which showed the following number of patients treated:—Diseases of the throat and chest, 545; diseases of the skin and ear, 1,230; diseases of the kidney and urinary organs, 343; diseases of women and children, 612—total, 2,730. The income for the year amounted to £229 12s. 3½d., and a balance of £7 10s. 2d. was left in the hands of the treasurer.

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Correspondence.

VACCINIA AND VARIOLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My attention has been directed to the letter of M.D. in your impression of February 2nd, and that of Mr. Harris, on February 9th, on the identity of cow-pox and small-pox. I have nothing to reply to these letters more than I have already stated with regard to my present belief in the non-identity of the two maladies; nothing your two correspondents have said affords any proof to the contrary, in my opinion. We do not require hypotheses to decide such a question, but an experimental demonstration. If the two maladies are really the same, there should be no difficulty in demonstrating the fact; but commissions composed of most competent men have failed to obtain this proof. There is no difficulty whatever in communicating cow-pox from bovine to bovine, or to mankind, and it ever remains cow-pox. Can your correspondents give me an instance of cow-pox becoming small-pox? I know of no such occurrence. If it only modified small-pox, surely on being carried back to its original soil it would, at least in the course of time, become small-pox. The virus of rabies, fowl-cholera, anthrax, symptomatic anthrax, &c., however much it may be modified or attenuated, is still the virus of these diseases and no other, *i.e.*, it never loses its identity, but will always, under certain conditions, resume its original potency, and again produce its characteristic effects. Sheep-pox is identical with small-pox, so far as symptoms, infectiousness, mortality, and pathological anatomy are concerned; yet this disease has never been converted into cow-pox, though it should be as capable of this conversion as the human disorder. I would gladly assist in the carrying out of experiments instituted with the view of settling the question; though I apprehend that, when it is remembered that Ceely and Klein, acting conjointly, failed in converting variola into vaccinia, though enjoying every advantage, there is little if any prospect of others succeeding. However, I think the time has long since arrived when the question should be set at rest, for it is not creditable that grave doubts should still be entertained with regard to a subject which is of such immense importance to mankind.

I am,
Yours truly,
War Office,
Pall Mall, Feb. 23rd.
George Fleming.

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INTRA-PERITONEAL HÆMATOCELE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Dr. Griffith makes his position perfectly clear, and to me quite satisfactory, with the exception of his use of the word "hæmatoma," to which I have many objections. Amongst these I might mention that it is used for an altogether different kind of disease in various parts of the body. In the second place it is unnecessary, as "hæmatocele" answers every purpose, and with greater precision. In the third place it is given on the authority of Dr. Matthews Duncan, in whose writings confusion reigns supreme on the question of hæmatocele, as also on the somewhat analogous difficulty of "parametritis" and "perimetritis." Finally, the employment of a new term in medicine always suggests the idea that some new discovery has been made, while as a rule nothing of the kind has been accomplished. It would be, therefore, in every way better if the word "hæmatoma" were not introduced here.

I am, &c.,
Birmingham, Feb. 24th, 1887.
Lawson Tait.

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HOMŒOPATHY AT THE MARGARET-STREET INFIRMARY FOR CONSUMPTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your readers will no doubt be anxious to know the further history of the struggle of the partisans of scientific medicine to rid this Institution of the contamination of homœopathy. The adjourned Special General Meeting was fixed to take place on February 16th. In order to secure a large attendance of governors favourable to the cause of orthodox medicine, a circular signed by fifteen of the governors, including six of the medical staff, was circulated among the subscribers, earnestly requesting their attendance, and stating that the majority of the medical staff had declared their intention to resign if the homœopathic practices were continued in the infirmary. The meeting was accordingly held under the presidency of Lord Grimthorpe. The attack was commenced by one of the clerical members of the Executive Committee, who made a rather feeble speech and proposed a motion to this effect: "It having been proved that Drs. Jagielski and Marsh have treated patients in the Infirmary homœopathically, that Dr. Jagielski's name appears in the Homœopathic Directory, and that Dr. Marsh is on the Staff of the London Homœopathic Hospital, these gentlemen be requested to resign their position on the Staff of the Infirmary." This motion was seconded by a lay member of the Executive Committee. The same governor who had carried his motion against the seven members of the medical staff, and the Executive Committee at the Annual Meeting on the 26th January, and who, I find, is a well-known practitioner of the homœopathic school, rose and proposed an amendment to this effect: "That any attempt to limit the liberality of opinion or practice of the medical officers, is not sanctioned by the laws of the Infirmary, is prejudicial to the interests of the Infirmary and its patients, and is opposed to the spirit of the Medical Act of 1859." He made a long speech, filled with the usual clap-trap about the inherent right of every medical man to adopt any remedies or any method of treatment he thought best for the cure of his patients, about the inconsistency of members of a liberal and scientific profession not allowing for their colleagues that liberty of opinion which they claimed for themselves, and without which no scientific progress was possible, and he talked the ordinary stuff about persons who had not tested homœopathy, pretending to be better able to form a judgment about it than those who had, and so forth. The amendment was seconded by a lay governor. Dr. Cholmeley, one of the *consulting* physicians, argued that homœopathy was not recognised by the great body of the profession, and was not practised along side of the ordinary method in any of our hospitals, and, therefore, should not be allowed in the Infirmary, but he made the damaging confession that he had no particular prejudice against homœopathic treatment, for he sometimes prescribed homœopathic medicines himself; on which the Chairman said: "Then you do not object to the members of the medical staff doing likewise and prescribing homœopathic medicines?" I don't remember what Dr. Cholmeley replied to this, but I fear his confession made an unfavourable impression on the audience.

The only other person who spoke was another clerical member of the Executive Committee, but I thought his speech was very little to the point, and was delivered in the usual *de hæretico comburendo* style of the theologians, and as he of course had no knowledge of medicine, his opinion of homœopathy was of no value whatever. The two members of the staff who had introduced the hœomopathic innovation, spoke in defence of their action, and on the amendment being put to the vote, it was found that, 20 governors present were in favour of it, and only 17 against it. So the Chairman, after putting the original motion to the vote, with the reverse result, declared the amendment carried.

Thus the homœopaths have on both occasions scored a triumph. It will be observed that in spite of the circular threatening the resignation of the majority of the medical staff, which was signed by 15 governors, the total number of votes given against homœopathy was only 17, which shows that the governors were very lukewarm on the subject, and would not take the trouble to come and vote in favour of orthodox medicine. Four of the chief lay supporters of orthodox medicine on the Executive Committe have, I am told, sent in their resignations, and I suppos the six members of the medical staff who signed th circular will now resign; but that seems a very lame an impotent conclusion, and is very like the process know as cutting off your nose to vex your face. Is there an way out of the *impasse?* I confess I can see none. I was, I think, a great mistake having only one medic speaker on the orthodox side, and he, I must say, singularly ineffective one, and leaving the defence scientific medicine to a couple of clergymen who could n speak with any authority on a purely medical subjec Altogether we have made a sad bungle of the matter, an have only proved that, as the laws stand, the practice of the medical staff, even should they introduce the most heretical treatment, cannot be interfered with. The laws could of course be modified to meet the case, but what hope have we of being able to effect an alteration of the laws, which requires a majority of two-thirds of the governors, when, as this struggle has shown, we cannot command a simple majority on our side?

I am, &c.,

London, 28th February A Governor.

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Medical News.

Army Medical Service.—The following is a list of candidates who were successful for appointments as surgeons in the Medical Staff of Her Majesty's Army at the competitive examination held in London on the 14th and following days of February, in order of merit:—

	Marks.		Marks.
H. E. H. Smith	3390	J. Paterson	2815
G. F. Alexander	3290	J. E. Trask	2800
W. P. Gore-Graham	3210	G. H. Forbes	2785
E. M. Woods	3195	E. C. Freeman	2755
C. S. Spong	3140	V. H. W. Davoren	2730
W. B. Leishman	3125	R. J. Copeland	2720
G. T. Rawnsley	3060	A. P. Blenkinsop	2670
J. Thomson	3040	A. L. Borrodaille	2640
C. W. Reilly	2990	W. Halloran	2640
W. J. Crofton	2895	T. Birt	2630
A. Wright	2880	H. S. Peeke	2630
A. J. Luther	2350	R. H. Smyth	2630
J. Girvin	2820		

Volunteer Medical Staff Corps.—On Friday last, Lady Crawford distributed the prizes to the successful competitors in the above corps, at St. James's Hall. Among those present were Sir Thomas Crawford, K.C.B., Sir V. Kennett Barrington, General Freemantle, Assistant Adj.-Gen., General Sussex Milford, Sir James Hanbury, K.C.B., Colonel Rutledge, Colonel Lumsden, Sir Herbert Perrott, Bart., Sir Edward Sieveking, Sir William MacCormac, Sir Dyce Duckworth, Sir Joseph Fayrer, Dr. Ord, Dr. Matthews Duncan, Mr. Morrant Baker, Mr. Furley, Mr. Croft, Surgeon-Major Hector, Commanding Officer at Aldershot, Surgeon-Major Faris, and a very large attendance of ladies and gentlemen. The prizes were numerous, and many of them of considerable value, some having been presented by friends interested in advancing the welfare of the corps. The following is a list:—Challenge Shield, awarded for the year to the best all-round company in drill, &c., won by No. 4 company; Messrs. Savory and Moore's prizes (value £5) awarded to the best stretcher detachment at ambulance waggon drill, won by St. Thomas's Hospital detachment, Sergeant Eccles, Corporal Fincham, Privates Dalzell, Isaacs, and Chambers; Messrs. Maw, Son & Thompson's prizes (value £5), awarded to the best detachment at stretcher drill, won by University College Hospital detachment, Sergeant Locke, Privates Cleveland, B. R. Clarke, and E. W. Hore; Messrs. Burroughs, Wellcome & Co.'s prize, a medicine chest, value £10 (or surgical instruments, at the option of winner), given for the best essay on the subject, "The Portability of Drugs," won by Private D. Walsh, London Hospital; Messrs. Salmon, Ody & Co.'s prize (value £4 4s.), a pair of field glasses, awarded to the smartest non-commissioned officer in the corps, won by Staff-Sergeant Bontor, St. Bartholomew's Hospital; Messrs. Down Bros.' prize (value £2 12s. 6d.), a case of surgical pocket instruments, awarded to the man neatest and quickest in applying bandages and splints, won by Sergeant Locke, University College Hospital; Prizes by Surgeon-Commandant Cantlie—(1) For essay on modern stretchers, won by Staff-Sergeant W. K. Waterson, No. 4 company, and Sergeant C. A. Locke, University College Hospital, equal; (2) For complete and exact rules for attending a patient suffering from various injuries, won by Staff-Sergeant W. K. Waterson, No. 4 company; (3) For application of the triangular bandage, 1st, Staff-Sergeant W. K. Waterson, No. 4 company, 2nd, Sergeant Goldney, Charing Cross Hospital; Adjutant's Prizes (4), given to the most efficient man of each company: No. 1 company, won by Private Rugg, King's College Hospital: No. 2 company, won by Private Dixon, London Hospital; No. 3 company, won by Corporal Skelding, St. Bartholomew's Hospital; No. 4 company, won by Corporal Franks, No. 4 company. Prize for the neatest kept tent at Aldershot Camp, 1886, won by St. Bartholomew's Detachment, Corporal J. G. Ogle, Lance-Corporal A. C. Lindsay, Privates H. Coates, H. W. Newton, W. B. Lane, and A. Pearce. Mrs. Cantlie's Prizes were won by Sergeant Goldney and Private C. Thompson. Besides the above battalion prizes, a large number of company prizes were taken by the following:—Privates Cleveland, H. C. Black, E. W. Hore, and B. Clarke, Lance-Corporal Wiggins, Privates Blucke, Thompson Winslow, H. Distin, and J. Penny, Lance-Corpls. Lees and Ridley, Corporal Bays, and Private Hatch, Corpl. Mould, Lance-Sergeant Bate, Corporal Watts, Private James, Corporal Ogle, Privates Oldham, Rawlinson, and Bennett (deceased), Privates Rawlinson and Chambers, Privates Dalzell, R. A. Dunn, and C. M. Welburn, Corporal Fincham, Private Heffernan, Sergeant Eccles, and Private Waller. After the distribution, speeches were made by Surgeon-Commandant Cantlie, Sir Thomas Crawford, &c., and the proceedings were concluded by a dinner in the large concert room of the St. James's Restaurant, when about sixty officers and friends of the movement were entertained by the corps, and, thanks to the zealous efforts of Senior Staff Surgeon-Commandant Cantlie, Surgeons-Major Norton, Platt, and Carson, and Surgeon Squire, a most enjoyable evening resulted. Sir Thomas Crawford ably occupied the chair, supported by the gentlemen before mentioned, and others principally belonging to the medical profession. In proposing the toast of the Public Medical Services, Dr. Ord delivered a philosophical speech on discipline, which he termed the subjection of the worser parts of man to the nobler ideal. Sir Joseph Fayrer, as representing in turn all the medical departments by actual service, responded, and Sir William MacCormac and Dr. Matthews Duncan replied on behalf of the Civil Medical Service. In proposing the toast of the Ambulance Corps, Sir James Hanbury passed a deserved eulogium on the work of Mr. John Furley, of the St. John's Ambulance Association, and after one or two more toasts, interspersed with music and songs, the company separated.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 22, Madras 69, Paris 24, Brussels 22, Amsterdam 21, Rotterdam 22, The Hague 22, Copenhagen 23, Stockholm 21, Christiania 17, St. Petersburg 31, Berlin 22, Hamburg 28, Dresden 19, Breslau 31, Munich 21, Vienna 27, Buda-Pesth 34, Trieste 32, Rome 27, Turin 25, Venice 33, Cairo 39, Alexandria 33, New York 26, Brooklyn 20, Philadelphia 22, and Baltimore 17.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·1 per 1,000 of their population, and were—Birkenhead 24, Birmingham 23, Blackburn 22, Bolton 25, Bradford 20, Brighton 18, Bristol 20, Cardiff 23, Derby 17, Dublin 35, Edinburgh 23, Glasgow 27, Halifax 24, Huddersfield 25, Hull 18, Leeds 20, Leicester 17, Liverpool 25, London 19, Manchester 28, Newcastle-on-Tyne 24, Norwich 18, Nottingham 18, Oldham 22, Plymouth 25, Portsmouth 18, Preston 29, Salford 17, Sheffield 24, Sunderland 22, Wolverhampton 20. The highest annual death-rates in these towns last week were—From measles, 1·6 in Hull, 1·7 in Huddersfield, and 2·1 in Liverpool; from scarlet fever, 1·0 in Salford, 1·3 in Blackburn, and 1·6 in Bristol; from whooping-cough, 1·6 in Bristol, 2·0 in Sunderland, 2·3 in Huddersfield, and 3·4 in Plymouth; and from "fever," 1·0 in Preston. The 36 deaths from diphtheria included 15 in London, 3 in Glasgow, 3 in Portsmouth, 2 in Birkenhead, 2 in Liverpool, and 2 in Preston. Small-pox caused one death in Newcastle-upon-Tyne, but not one in any other part of the United Kingdom.

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Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE TREATMENT OF PHTHISIS BY GASEOUS ENEMATA.

IN our issue for February 16th an article appeared from the pen of Dr. Alfred Drysdale, of Cannes, on Dr. Bergeon's method of treating phthisis. The article having attracted considerable attention, correspondents have written for further particulars, which the writer has kindly supplied at our request:—The carbonic acid gas absorbs the sulphuretted hydrogen and acts as a vehicle to convey it to the lungs; that it is entirely successful in this respect is proved by the fact that the patient's breath smells strongly of sulphuretted hydrogen a few minutes after taking the injection. The carbonic acid gas is prepared by the action of sulphuric acid on bicarbonate of sodium, and is kept rigorously free from atmospheric air, the injection of which into the intestines would cause great discomfort. It is then made to bubble through a sulphuretted water and on to the bowel. For the details of the operation we must refer our correspondents to the pamphlet alluded to by Dr. Drysdale at the end of his article.

DR. R. W. RAUDNITZ (Prague).—We cannot further add to our already extensive exchange list.

MR. GRESSWELL (Louth).—The proposal shall be considered, and a private note sent you.

MR. BLACKWOOD is thanked; the gentleman concerned has been communicated with.

ARTIFICIAL FECUNDATION.

WE have received several letters on this subject, but as it is one which it is undesirable to prolong in a public journal, we must refer our correspondents to the writings of the late Dr. Marion Sims, of New York. His practice is not one which met with approval when introduced some few years since in this country, and no useful purpose would be served by its repetition.

A GRADUATE.—We have already twice called attention to the condemnatory report of the Visitors of the General Medical Council upon the medical examinations of Dublin University. The Medical Council has the matter in hands, and the profession is pretty well aware that the report was most unfavourable. We, therefore do not consider it necessary to occupy space with a reprint of the article which you send.

"SKEGNESS HERALD."—The correspondent who sends us this paper and directs our attention to the fact that a person who calls himself "C. Colgrove Perry, M.D.," is emulating the lately expunged Dr. Robson in his newspaper laudation of Warner's Safe Cure, is informed that no person of that name appears in the Medical Register for 1886, and "Dr." Perry is, therefore, probably beyond the reach of remonstrance.

PLAYED OUT.—We are in some accord with you that the so-called Harveian and Hunterian orations are played out, and as you are a Scotchman, you must be aware of the old "saw" which implies that "ye canna tak the breeks o' a Heelanmon." Neither can ye now get or take any more out of Harvey or Hunter. Our great grandfathers knew as much or more about them than we do, and it seems nothing more nor less than an anachronism to be trying to resuscitate them in these cruel days. Swift, as you know, once wrote a pious meditation on a broomstick, and the G. O. M. could doubtless talk for twenty-four hours about the capacity of a cradle, or the points of a poker, but these are matter-of-fact days, in which every man has to fight as hard as he can for a living, and it is impossible for any man (however gifted he may be) to ring anything new or original out of this ten times "thrice-told tale." Harvey's Latin was simply barbarous. Hunter's style would shame a ditcher, and every one now knows how he ate and drank, stood or walked, snored or sneezed, so that the perpetuation of this annual commemoration has really become to be regarded with very qualified feelings.

MR A. WILSON.—Your notion of adding to our food resources in the direction named is to put it mildly, repulsive Doubtless you will be interested in Mottley's account of the siege of Paris under the Bearnaise in 1590. Look up your United *Netherlands*, if you have that book by you, vol. ii, p. 65, and see what he says:—"It was related, too, and believed that, in some instances mothers had salted the bodies of their dead children and fed upon them day by day till the hideous repast would no longer support their own life. . . . The Spanish Ambassador Mendoza advised recourse to an article of diet which had been used in some of the Oriental sieges. . . . . the bones of the dead were taken up in considerable quantities from the cemeteries, ground into flour, baked into bread, and consumed. All who ate of it died."

DR. P. A. R.—Attempts have been made to induce the profession to interest themselves in the question on several occasions; each has failed, we presumed on the principle that "what is everybody's business is nobody's."

MR. BOWREMAN JESSETT.—"Lectures on Tumours of the Neck, their Pathology and Treatment" received.

MR. REGINALD HARRISON (Liverpool).—"Notes on Some Cases of Urinary Calculus" received.

DR. E. MILNER.—Paper on "The Different Modes of Administering Mercury in Syphilis," received.

DR. A. D. (Cannes).—It is against our rule—unless under very exceptional circumstances—to insert letters that have been previously sent to contemporaries on subjects under discussion in those journals, and refused by them. Apart from this, in the present instance we were aware of the ridiculous anomaly, and pointed it out some two or three years ago when it transpired.

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Meetings of the Societies.

WEDNESDAY, MARCH 2ND.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown. Inaugural Address by the President (Dr. John Williams) Adjourned Discussion on Dr. Gibbons' paper on Unilateral Galactorrhœa.—Dr. Champneys: On the Separation of the Placenta.

THURSDAY, MARCH 3RD.

PATHOLOGICAL SOCIETY OF LONDON.—At 8.30 p.m., Mr. Godlee: Adeno-sarcoma of Tongue with Calcifying Nodule in Centre.—Mr. G. R. Turner: Alveolar Sarcoma growing from the Lumbar Spine. Dr. N. Moore: Malarial Diseases of Liver and Spleen. Mr. Lawson Tait: On the Pathology of Extra-uterine Pregnancy. Mr. Barwell: Cirsoid Aneurysm of the whole of Left Upper Extremity. Dr. Price: Cholesteatoma at Base of Brain. Mr. Fenwick: Metastatic Carcinoma of Prostate. Mr. A. Doran: Fibroma of the Ovarian Ligament. Card Specimens:—Mr. Gould: (1) Portion of Cervical Vertebræ expectorated from a case of Retro-pharyngeal Abscess; (2) Old Excision of Knee-joint. Mr. D'Arcy Power: A Rhinolith. Mr. Shattock: Colles' Fracture with Forward Displacement of Lower Fragment. Mr. A. Doran: Horny Growth from the Neck.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Mr. Mitchell Banks (Liverpool): Extirpation of the Axillary Glands a Necessary Accompaniment of Removal of the Breast for Cancer. Dr. W. H. Day: Habitual Constipation in Children, and the Methods of Treatment.

FRIDAY, MARCH 4TH.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Card Specimens:—Mr. H. Percy Dunn: (1) An Aneurysm of the Thoracic—extending into the Abdominal—Aorta; (2) Epithelioma of the Œsophagus. Dr. P. S. Abraham: Microscopical Sections of the Cervical Cord and Sympathetic Ganglia in a case of Exophthalmic Goitre. Living Specimens:—Dr. Scanes Spicer: A series of cases of Diseases of the Naso-pharynx. Papers:—Dr. J. B. Ball: Nocturnal Incontinence of Urine. Mr. R. Fitzroy Benham: Impacted Urethral Calculus, Perineal Section, Recovery.

ROYAL INSTITUTION OF GREAT BRITAIN.—At 9 p.m., Mr. Victor Horsley: Brain Surgery in the Stone Ages.

MONDAY, MARCH 7TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Business: Casual Communications by Messrs. A. Winterbottom, F. Henri Weiss, A. S. Underwood, J. Ackery, C. Vincent Cotterell, and W. Harrison (Brighton). Paper by Dr. Dudley Buxton on the Physiological Action of Nitrous Oxide Gas.

Vacancies.

Ashton-under-Lyne.—House Surgeon for the District Infirmary. Salary £80 per annum, with board and residence. Applications with testimonials must be forwarded to the Hon. Secretary on or before March 8th.

Birmingham and Midland Eye Hospital.—House Surgeon. Salary £100 per annum, with apartments, board, and attendance. Applications with testimonials to be addressed to the Chairman of the Medical Committee on or before Thursday, March 10th.

Holborn Union —Medical Officer to the Workhouse at Mitcham, must reside near establishment. Salary £100, drugs found by guardians (see advert.)

Owens College, Manchester.—Senior Demonstrator in Physiology. Salary £150 per annum. Applications with testimonials should be addressed to the Senate not later than March 21st.

Paddington Workhouse Infirmary.—Assistant Medical Superintendent and Dispenser. Salary £100 per annum, with board, lodging and washing. Applications with testimonials must be sent in on or before March 5th to the Clerk to the Board.

University of Glasgow.—Examiners for Graduation in Medicine. The term of office will be four years. Applicants resident in Glasgow are not expected to give in testimonials, and those resident elsewhere, who may give in testimonials, are requested not to present more than four, which should be printed, and to be lodged on or before March 15th with the Secretary of the University Court.

Appointments

BOLTON, R. C. E., M.B, B.Ch.Dub, Medical Officer for the Sixth District of the Lincoln Union.

EMPSON, JOHN, L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Milborne Port District of the Wincanton Union.

FOX, E. L., M.A., M.B, B.C.Cantab., M.R.C.S., Assistant House-Surgeon to the Liverpool Children's Infirmary.

LOCK, J. G., M.R.C.S., L.R.C.P.Ed., Medical Officer for the Third District of the Pembroke Union.

ROBERTSON, R., M.D.Ed., L.R.C.S., Visiting Medical Officer to the Netherfield Hospital for Infectious Diseases, Liverpool.

Marriages.

EUSTACE—SIBTHORPE.—Feb. 22nd, at St. Werburgh's Church, Dublin, Marcus Eustace, M.B., Alresford, Hants, eldest son of the late Marcus Eustace, F.K.Q.C.P.I., of Glasnevin, to Fanny, second daughter of Thomas Sibthorpe, Esq., J.P., Dublin.

HARLOCK—MARTIN.—Feb. 24th, at Defynock Church, Breconshire, Harry Harlock, L.R.C.P., M.R.C.S., of Singleton, Sussex, to Caroline, daughter of the late W. H. Martin, of Leytonstone.

WELSH—GRIFFITH.—Feb. 22nd, at St. Peter's Church, Brighton, Joseph Welsh, F.F.P.S., third son of the late William Henry Welsh, M.D., of Eccles, Manchester, and Clones, to Isabella Mary Jane Katharine, only daughter of the late Rev. William Williams Griffith, Rector of Heyope, Radnorshire.

Deaths.

HACKNEY.—On Feb. 19th, at Twickenham, John Hackney, M.R.C.S., L.S.A., aged 72.

LINDSAY.—On Feb. 21st, at Mickleover, Derby, J. Wallace Lindsay, eldest son of J. Murray Lindsay, M.D., aged 22.

MOCKLER.—On Feb. 17th, at Oxford Terrace, London, Edward Mockler, formerly Surgeon 17th Lancers, aged 77.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, MARCH 9, 1887. [No. 10.

Original Communications.

ON THE MANAGEMENT AND SELF-MANAGEMENT OF GOUT, OR THE URIC ACID DIATHESIS, AND THE "GOUTY."

By J. MORTIMER GRANVILLE, M.D.

(Continued from page 192.)

IN April, 1881, in a paper which appeared in the *Lancet* on "The Mental Element in the Etiology of Gout," I gave expression to the belief, formed long previously, that just as there is a "diabetic" centre, in the floor of the fourth ventricle, so there is a uric acid centre, probably located not far from the first-named. I was not aware, until after this announcement was made, that Dr. (now Sir) Dyce Duckworth had arrived at the same conclusion, and had expounded his views in 1880. I have therefore no claim to originality in the remark, and only now recall it in order to show that I have not either hastily or recently been led to attach a very high importance to the presence of an excess of uric acid in the blood in gout, the demonstration of which fact we owe to Professor Garrod, and to attribute the phenomena of the so-called disease "gout" to that excess as their proximate, though, of course, not ultimate, cause. The pathological, or perhaps I ought to say the physiological, difficulty seems to me to lie chiefly in the determination whether the error consists in an over-production of uric acid, or in its imperfect destruction or elimination, I say destruction *or* elimination, because if Dr. Pavy is right in his idea that the excess of sugar in diabetes is due to failure on the part of the liver as a "sugar-destroying," instead of a sugar-forming, organ, it may well be that the uric acid centre—assuming there to be one—inhibits the chemical processes by which uric acid should be either converted into something or quickly eliminated. Or perhaps there is something akin to excessive formation of uric acid, effected in a secondary and, as it were, incidental way, contingent upon error or defect in the assimilative or disassimilative processes generally. The facts, if not the inferences also, which Professor Latham brought before the Royal College of Physicians in the Croonian Lecture of 1886 furnish additional grounds for this conjecture.

The notion that an efficient cause of gout is to be sought, and can only be found, in the nervous system, dates from the time of Cullen, if, indeed, that strangely neglected authority in medicine was not himself its originator. He says:—"The gout is manifestly an affection of the nervous system, in which the primary powers of the whole system is lodged," but in propounding this hypothesis, Cullen repudiates the theory of "a certain morbific matter always present in the body, and that this matter by certain causes thrown upon the joints or other parts, produces the several phenomena of the disease;" so that clearly he did not entertain the possibility that a neurosis might produce morbific matter, and that, according to this view of the question, two modes of attack lay open to the physician, either to grapple with the deep lying cause of the malady in the nervous system directly, or to deal with its proximate cause, namely, the morbific—though not necessarily morbid—cause of the phenomena in the aggregate. The treatment I have been led to adopt, and which I have found, and am still finding, in a very high degree satisfactory, is conformable to this last-mentioned method, that is to say the elimination of the uric acid, and I am not prepared to concede that this is, even in theory, *palliative*—as distinguished from *curative*—treatment, because I hold it to be a cardinal principle of physiological medicine that functional errors can be best corrected by a re-educationary discipline, and the re-organisation of habits of health, as then even structural organic faults—in so far as they may be remedial by cultivation or development—may be mended through function. This application of the law of development by function and habit through the environment which Darwin has taught us, lies, I believe, at the root of a scientific and remedial art of healing, and I do not think the practitioner is well provided, at least as regards the very wide range of maladies which Sir William Gull has included in the phrase "field of pathology, without morbid anatomy," unless he perceives this fact, I have no right to imply that so high an authority as Sir William Gull would sanction my temerity in placing gout in the category of pathologies without morbid anatomy, but it is worthy of note that there is nothing essentially morbid, in the sense of being alien to the organism in the uric acid diathesis; and it is only by their secondary effects as mechanical obstructives or chemical irritants that the deposits of gout induce inflammatory action or provoke the outpouring of organisable extravasations. However this may be, I am fully persuaded that by dealing with the accumulation of uric acid in the blood or among the tissues, we can often accomplish much more than the mere temporary relief of the victim of gout, and that by persistence in the policy of elimination, we may not only obviate the consequence, but even remove the cause of that which for want of a more precise designation is termed uric acid disease or diathesis.

I think we may assume that it is mainly the metabolic function of the liver that is at fault in this disorder. Either the hepatic cells are themselves the subjects of some disabling organic peculiarity which has, perhaps, grown out of an inherited conformation, or these cells have fallen into a condition of impaired function from overwork and defective nutrition, or the nerves with which they are energised are exhausted or inhibited, or the supply of blood to the liver is excessive, by reason of failure in the action of the vaso-motor centre. It must never be forgotten that there can be no active dilatation of the arteries, and that dilatation is always due to failure of the vaso-motor centre, or the inhibition or antagonism of its energy. An excess of blood in the liver may occur, if the hepatic artery be dilated, producing disabling compression of the liver cells; or, if the portal vein be gorged with blood, over-charged with food from the stomach and intestines, this may produce an arrest of function from excess of delivery, as though the machinery of a manufactory were brought to a standstill by the too rapid inflow of raw material. In either, sometimes in more than one, of these ways liver-function may be impaired or arrested, with the result of a formation of uric acid in excess, probably in the manner elucidated by Professor Latham. In the face of this pathological position, however brought about, nothing can be more natural than that the physician should try to reduce chaos to order, by first cutting off, or greatly reducing, the supply of nitrogenous material. I freely admit that this seems the right thing to do, and yet strong as the argument in support of this view and the policy it suggests may be I do not myself adopt them. I believe it is better to concentrate attention on the outlet and then whatever, if anything, may be desirable in the way of limiting the ingress of nitrogenous material, may be postponed until the block is removed by opening up a free exit. My reason for this plan of treatment has been already suggested. I am convinced that it is impossible in any individual case to determine, off hand, how much or how little of the nitrogen consumed is essential to the maintenance of even such feeble vitality as may survive in the victim of acute, subacute, or chronic gout. I have seen patients with albuminous urine and heavily loaded blood, apparently groaning under the weight of accumulated waste, die quickly and directly after the withdrawal or reduction of an accustomed supply of food and stimulants, although presumably both were in excess. I make it a rule, therefore, never to cut off any food or drink until the blood has been unloaded by elimination, and it is shown by clear and conclusive evidence that the food and stimulants habitually taken are not necessary in the particular case under observation, after a free outlet of nitrogenous waste and excess has been established. Meanwhile direct chemical treatment is adopted with a view to rid the blood of its nitrogenous burden.

The principle of this treatment is the elimination of uric acid. I venture to differ, though with much respect, from the received authorities on the treatment of gout. I do not give alkalies to neutralise the acidity of the urine, nor do I offer the uric acid in the blood a base such as soda or potass with which to combine. It is, I think, preferable to break it away from the combinations into which it has already entered, and while providing a large quantity of fluid to wash it out of the blood, and through the kidney in solution, to avoid increasing, but on the contrary try rather to diminish the deposits of urate of sodium with which the attack of gout is associated. With this view I give iodine in the form of a tincture with glycerine; an infusion of serpentary, or pure water, being employed to dilute it. The clinical effects of this treatment are almost uniformly these: the strength is maintained, while the irritative fever is lessened, the pain is relieved, and the swelling is reduced. These happy results are, I believe, brought about by the simple process of rapidly ridding the blood of the uric acid, together with other products of imperfect metabolism. The urine becomes increasingly acid by reason chiefly of the elimination of oxalic acid with the uric, and it is either increased in quantity, or is more dense, without being increased, rapidly throwing down a shower of uric crystals. Under the most favourable conditions the total quantity of urine passed is simply immense, and its burden of uric acid is *proportionally* (*i.e.*, to the total quantity excreted) increased. This primary effect of its increasing the acidity of the urine lasts four or five hours only, and side by side with it there is an amelioration of the symptoms. I have in no instance, for some years past, in fact since I have treated gout by this directly chemical method had occasion to use colchicum or any sedative. The relief afforded has been immediate and effective. The only cases which have baffled my endeavour have been those in which morphia had been largely used previously to the attack or exhibited in it. I cannot tell why this effect should be produced by morphia, but it undoubtedly seems to antagonise the treatment and render it useless. The *rationale* of the use of iodine in gout is, I believe, as above stated, in the main a separation of the uric acid from its bases, but I am not sure that there is not also some destruction of the uric acid effected by its agency. As these are simply notes on treatment, I will not attempt the discussion of the chemical question this conjecture would raise. Suffice it to say that the practical results gained by the method in my experience, at least, surpass those attainable by other procedure, and, which is of considerable moment, the patient not only suffers less than usual during his attack, but his convalescence is shorter and the paroxysm is not so soon followed by another, when it is thus treated. Moreover, in the interval, he is not compelled to live the life of an invalid, and by the occasional use of the same remedies the deposits in and around his joints—which must, I think, be always regarded as unexploded shells left from previous wars—are progressively broken up and removed by the action of the iodine circulating in the blood. By a careful examination of the urine from time to time for quantity, specific gravity, acidity, urea, and uric acid, a fairly precise knowledge of the progress of the case may be obtained; and after watching a considerable number of cases for some years I cannot doubt that the method of treatment adopted is, on the whole, the most satisfactory. For the estimation of the acidity I use the phenol-phthaleïn test thus: pour 10 cc. of urine into a saucer, add a few drops of solution of phenol-phthaleïn (1 in 500 of spirit by weight), drop from a measured glass a *decinormal solution of soda* until a faintly red colour is permanent. Each cc. of the decimal solution of soda required to produce this ending equals 0·630 parts of acid per ounce, calculated as oxalic acid. Thus 5 cc. indicates 3·150 of acidity, and so on. For the urea I use the hypobromite test with the apparatus made by Hume, of Edinburgh, but I use the hypobromite of soda the moment it is made, before the heat evolved by the combination has been dissipated, and thus I find more than two per cent. of the urea. I find that above ten per cent. must be allowed for temperature, and pressure in reading the index. The whole process occupying only *three* minutes.

For, the uric acid I employ a modification of Professor Haycraft's test; thus take 5 cc. of the urine in a measured glass, add a few drops of a solution of carbonate of soda, and about a cc. of Liq. ammoniæ Fort. Shake these together, then add half a dozen drops of a solution of ammonio-nitrate of silver (made by dissolving 5 grammes of the nitrate in 100 cc. of water, and adding ammonia until the solution becomes clear). The urate of silver is now formed. This is a flocculent deposit which may be made to fall rapidly by pouring slowly on the urine thus treated some thirty or forty cc. of water which should be distilled. The deposit which falls will *approximately* represent about one-eighth of a grain of uric acid per ounce for each cc. of the space it occupies in the graduated glass at the end of ten minutes. There may be more accuracy in this computation, but it is easy for the practitioner to form his own estimate of the bulk of the deposit, at any particular time after the admixture, by making a few experiments with the full process as described by Professor Haycraft in the *Brit. Med. Jour.*, of Dec. 2nd, 1885, or my estimate may be accepted. It is not so much a question of the absolute accuracy of the quantitative analysis, as the relative proportions of successive analyses made with the same apparatus, and in the same way during the treatment of the case, so as to determine whether more or less of the uric acid is eliminated, regard being always had to the total quantity of the urine passed in twenty-four hours as this must obviously determine the value of the proportions of grain per ounce.

(To be continued.)

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A COLONIAL and International Congress on Inebrity has been arranged to be held at the Westminister Town Hall in July next. The programme has been arranged by the Society for the Study of Inebriety, and a large number of men of eminence have promised to take part in the discussions.

Clinical Lecture

ON

THE TREATMENT OF TYPHOID FEVER. (a)

By Professor H. NOTHNAGEL,
Vienna.

(Continued from page 190.)

In this form of nourishment, water is in the front rank. You know now how important the administration of water is. You read in the journals of the foolish experiments which many people at the present time undertake who voluntarily submit themselves to treatment by hunger. You read that these people eat nothing, that they drink however, and we have known for a long time that people who from any cause fast, but at the same time drink, live considerably longer than those who both hunger and thirst; then the *exitus lethalis* takes place in a much shorter time. The indication to give patients water is so much the more urgent when they are insensible and they do not themselves request it. Those belonging to them, or the nurses must be instructed to give them water regularly; every quarter of an hour some milk or water or wine or the like must be given. The water must be good and pure, but it is best to give them boiled water. I must warn you of one thing, patients should not get "aerated" water to drink, especially when gurgling is present, as the meteorismus gets worse. Now as regards nourishment proper, we will not limit ourselves to giving our patients a particularly strong bouillon, upon which great stress used to be laid. Physiology has made it well known to you that bouillon contains very little that is food, it contains water and salts but albuminous substances only in small traces; it contains however a number of bye substances that act as aromatics and taste aromatically, the principal chemical substances and the potash salts, and you know that the smaller animals such as rabbits may be killed if bouillon be given to them in too great quantity by the influence that the potash exercises on the heart. The old view that bouillon is a food, and the more powerful the stronger, is thus not correct. We may give bouillon but we give it only as a vehicle for real foods. The foods that are given to such patients are the following:—I have introduced the rule into my klinik that typhoid patients get every day from a litre to a litre and a-half of good boiled milk, which they drink either cold or warm. When they turn against pure milk a little tea or a few spoonfuls of brandy are added, most of the patients take the milk readily. Besides the milk, such patients must get eggs, four to six yolks of eggs daily, this corresponds in nutritive value to about three eggs, if you give them soup in addition let the whites of the eggs be stirred up in it, but it must be quite smooth and not curdled. The patients thus take at least two, generally three to four eggs daily, I have given typhoid patients five to six eggs a day in a fluid form. Patients as a rule do not take raw eggs. You give them yolk of egg stirred up with sugar or salt, or it is better still if you have the yolk of egg mixed up with bouillon, chicken broth, pigeon broth, beef tea, and veal broth, farinaceous gruels, oat meal, rice, barley, &c., which may be employed as agreeable vehicles. Patients get on very well with this feeding. I now draw your attention to the following which is of great importance:—You place the maintenance of a human life in the hands of the nurses, in the hands of those who are about the patient. If they belong to the patient and love him everything is performed with the greatest attention, if they are strangers this is less so, and you must have a certain control. In the case of near relations a certain control is required, but from another cause however. When a person gives food to such a patient, he takes a few spoonfuls and will take no more, when he comes back in half an hour, the patient gets angry, he will take nothing and the by-standers do not insist upon it. The patient takes only half a glass, instead of the yokes of two eggs that he should have got, he gets perhaps only one, but yon are told that he has taken the broth. You must, therefore, have a certain control; it seems perhaps only a show, but I lay great stress upon it that there shall be a sheet near the patient's bed, upon which you may read at your visit:—11 a.m, patient took broth with yolks of two eggs, 11.30 wine, 12 milk, 1 milk, 2 broth with egg, &c. You give the food at intervals of from half an hour to two hours, and it must be plainly shown what the patient has taken. I cannot recommend this strongly enough, for the control of those in charge of the patient and of the nourishment he has taken.

This nourishment, absolutely fluid, water, milk, broth with yolk of egg, soup with white of egg, is continued until the patient is free from fever, and when they are not too far reduced, I generally wait for two or three days after the subsidence of the fever and then commence giving more solid food. The first food you can give is calves' brains or sweet-bread, then you may give cocoa and chocolate with egg, then cakes (English cakes or biscuit) which must, however, be quite soft, then, about six days after the subsidence of the fever, you commence to give them meat. In the case of patients brought very low, however, I would begin with meat before the fever is quite gone. The meat must be carefully prepared, it is best to give scraped smoked ham. You will do well however not to give the hams for sale here, they are much too fat, but what are called Westphalian hams, which can be watered a little if they taste too strong. Then we give scraped raw meat, from the loin, from a great piece of meat scraped off with a blunt spoon; if the pure raw state of the meat is disagreeable to the patient, a little salt is added and it is allowed to stand a couple of minutes in boiling water, in this way the raw taste disappears. The meat may be given in quantities of a coffee spoonful. You then gradually go on to other meats, the fillet is the best, roast beef, roasted in English fashion, and then gradually on to rolls and afterwards to a more solid diet. It is occasionally observed that patients who have quite lost their fever after the first meal of meat, get a slight rise of temperature again. These are things that you must know and you may prepare the relatives for it, but the rise disappears again after a day or two. A very important point is the administration of alcohol. Patients received, along with their milk, eggs, and soup, alcohol also. You know that formerly alcohol was condemned as a poison for such patients. Alcohol is given in the course of typhoid as a cardiac stimulant. But it is given for still more reasons. Formerly one was afraid to give alcohol, because it was the belief that alcohol raised the temperature. Then in the sixties the method of treatment became known to us, that was practiced in England, that of treating typhoid cases with spirits, liqueur, brandy, &c. This was followed up, and it was shown not only that no harm was done but that on the contrary the administration of alcohol was remarkably useful. After the fact became known, the attempt was made to ascertain wherein the usefulness of alcohol lay. A view was first made known the direct opposite of that previously prevalent, it was found that alcohol not only did not raise the temperature but actually reduced it, and there appeared about the close of the sixties and beginning of the seventies, a large series of labours from the laboratory of Binz and others, on the antipyretic action of alcohol. All these works confirmed the fact that alcohol reduced the temperature. For the first moment this sounds rather "baroch." When we take wine, beer, liqueur, in rather large quantity we experience congestion about the head, the skin becomes hot, and this has given rise to the view that alcohol raises the temperature. This is not correct however. Alcohol accelerates the circulation, it increases the activity of the heart, it causes turgor of the skin, cerebral hyperæmia, &c., and along with the freer access of blood a subjective feeling of heat; but the temperature within the body is lowered by alcohol. The hypothesis was thus set up that alcohol was useful as an antipyretic. But the temperature reducing action of alcohol is small, it is a matter of tenths of a degree (centigrade), and in the quantities in which we give it in febrile conditions the temperature is not reduced. We get greater reduction of temperature in the highest grades of alcoholic intoxication: when a man lies senselessly drunk his temperature falls. Wherein then lies the action of alcohol? The correct answer to the question has been given by Binz. Alcohol acts, to put it briefly, in the acute fibrile affections as a sparing agent (spar mittel) and thus indirectly as a food. By this the following is meant.

(a) A Clinical Lecture delivered in the Medical Klinik of the University of Vienna, January, 1887.

(*To be concluded in our next.*)

◆

SOME RARE PROFESSIONAL EXPERIENCES.

By Brigade-Surgeon W. CURRAN,
Army Medical Department (Retired.)

(*Continued from page* 117.)

Case VI.—Encephaloid Cancer of the Parotid.

Private John Sheehy, æt. 33, a large-sized muscular man, of temperate habits, was admitted to hospital at Nowshera on the 11th December, 1869, with a tumour of the neck on the right side, which appears to be attached to the jaw, and which was, he says, first noticed as a "kernel" in the parotid space, towards the end of August last. It was then detached and separable; it is no longer so now, and its nodular feel, rapid increase, superficial vascularity, and soft pultaceous consistence would appear to point to or imply the presence of malignancy. He complained towards the end of that month of a pain in it that resembled the prodding of a needle, while the skin that covered this swelling became tense and brawny, and it was in parts very sensitive to pressure. It subsequently assumed a dusky reddish hue, and looked here and there as if it would suppurate.

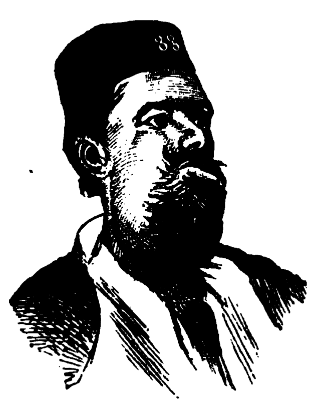
Though I had no longer any doubt in my mind as to its character, I yet thought it only due to him and myself to give him the benefit of such aid or advice as might be offered by others, and asked accordingly with this view for a consultation with my colleagues. This was held *secundum regulam*, and it was settled between us, *more medicorum consultatorum*, as well as, indeed, after a careful consideration of all the *pros* and *cons* of the case, that the rapid increase of this growth, the extent of surface involved in it, the vascularity of the surrounding tissues, and above all the state of the local glandular and osseous structures, precluded all hope of a satisfactory issue from active interference. It was, indeed, our unanimous belief that an operation which would probably necessitate the deligation of the carotid and the removal of a large portion of the lower jaw would only aggravate his present suffering, without offering any corresponding relief by way of return, and we were unwilling to precipitate a result that was in any case inevitable.

We also knew that no effort of ours could obviate or even delay this, and I am among those who think that the knife is too readily or too promiscuously resorted to in our day in these cancerous cases. A woman of my acquaintance who had a small and somewhat painful tumour in one of her breasts, was advised, nay urged, some twenty-seven years ago or more, by two London hospital surgeons, to consent to its removal at their hands. She declined, as is now, barring the accident of age, "as well as can be expected under the circumstances." Had this operation been performed at this time, she would probably not be here now to tell this tale, and the meaning of this recital lies, as Captain Bunsby would say, "in the application on it." I think that they would do just as well or better without it, and as to those hideous procedures, those worse than Bulgarian atrocities that are yclept "gastrostomy with tracheotomy," "pylorectomy," and above all—"Oh! name it not in Mercy's ear"—"gastero-enterostomy," I advise you, brother mine, to set your face like flint against such cruel but bootless butcheries—such unspeakable abominations. They can, as you know, do no good, while they must necessarily entail much individual inconvenience, if not, indeed, sleepless misery. At best they can only cheat death for a few hours, or, it may be, even for a few days of his prey. But what of that? and where is the use of such a painful prolongation of such a hopeless struggle. Better "end" it, I think, at once, than try to "mend" it, after the fashion here contemplated; and though we are told that

> The weariest and most loathed worldly life
> That age, ache, penury, and imprisonment
> Can lay on nature is a paradise
> To what we fear of death;

yet is there a medium in all things—especially so for the philanthropist or the surgeon—and were I myself in this predicament, I would, I believe, rather imitate the Roman of old, and "smite home" to the core than linger out for a few miserable hours or days, a spectacle to gods and men, or *worse*, the deluded victim of "a doubtful hope." (This, too, accords, I believe, with the practice for the later part of his life of that most able or accurate surgeon of our time, the late Prof. Syme. Anyhow, so I was, I think, told by a gentleman who had been at one time his house-surgeon; and so high was my opinion of that distinguished man's diagnostic acumen and skill that ever since he described the écraseur as "that preposterous engine," I have so characterised or considered it. I should much like to learn his opinion of that brutal abomination gastero-enterostomy. The very name is an outrage on etymology, and will never, I hope, be included in our nomenclatural terminology. Faugh! the foul thing savours more of the "stall" than of the surgery, and should like some other astomies or ectomies of its kind. "Not be so much as named amongst us.")

But *revenons à nos moutons*, and, discarding for the nonce those details as to treatment, &c., that must be familiar to all, I will here content myself with enumerating the more salient features of this case, and leave its minor points to inference and conjecture. Subjoining an illustration which is based on a photograph of the day, and which will give a better idea of the size, &c., of this swelling than any I could now indite. I proceed to say that all the above symptoms rapidly increased in severity. His breath became very offensive, his teeth were looser than before, his gums became boggy and œdematous, and we all remarked that his temper, "which was never of the sweetest," became more morose and irritable than ever.



He also began to lose hope himself about this time, and no wonder, for though a slight attack of localised erysipelas had somewhat relieved the pain or reduced the size of this growth, his worst symptoms soon returned, and we had, in a word, to transfer him, on the march, to the hospital of H.M.'s 6th Foot at Rawul Pindee. He died there somewhat suddenly of exhaustion (and possibly also of blood-poisoning) on the 25th of the following month, and the following meagre summary of his post-mortem appearances was subsequently furnished by the surgeon of that corps.

"*Post-mortem appearances five hours after death.*—The tumour was a soft cancer (encephaloid), apparently taking origin near the angle of the jaw, in the parotid gland of the right side. A small part of the bone of the lower jaw near its angle was bare, the periosteum being thickened if it was not ossified in this neighbourhood;" and so overwhelming was the stench that the examination was not carried farther. The gentleman who made it had the kindness to inform me afterwards that "the jaw was very little implicated, being merely stripped of its periosteum to the extent of a florin or so." He thought that it—the tumour—may have originated in the parotid gland, and if so, it would, I opine, be a specimen of that rare condition known as medullary cancer of the parotid.

Whether this was so or not, need not now trouble us, and one of my objects in reproducing it here is to say, as above, that I dislike the use of the knife, and in this and other rapidly increasing malignant growths of its kind. I believe, in short, that surgery is much less likely to prove of use in the removal of these lesions than in the treatment of almost any other of those diseases the military surgeon is concerned with, and whatever may be the result of this kind of interference at home—and he who runs may read my views of the situation—climate and the contingencies of service will always counsel abstinence in India.

I believe also that these cancerous diseases run a rapider course in the glowing East than they do in the colder West, and cancer of all kinds is, happily, rare in the army. So rare, indeed, is it, that this was about the sixth case of its kind, *at the outside*, that I saw in it in some twenty-seven years of service, and I am now quite satisfied that I, or rather we, practised with advantage rather than otherwise a policy of masterly inactivity in regard of it. The result would, I suppose, be the same in either case, with this difference, however, that there would be an aggravation of suffering in the first instance, and an exacerbation, or rather a precipitation of development and dissolution in the second, and *quieta non movere* is in this, as in so many other conditions of life, a safe and suggestive motto.

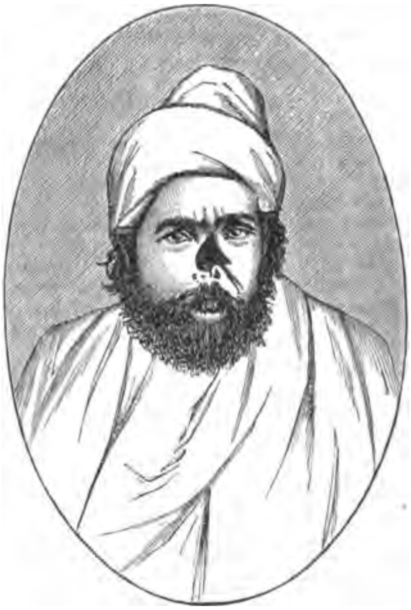
Case VII.—Peenash, alias Vermes Nasi.

Though some of the readers of this journal are familiar with the figure subjoined below, yet am I induced to reproduce it, partly because there is no such representation as it typifies in any book of my acquaintance in our own or any other language, and partly also because I wish to make these little "experiences" as useful and comprehensive as I can. Moreover, two distinguished members of the Indian Medical Service have written about it since I did, and they deserve a hearing at least at my hands. One of these, my old and esteemed friend the late Norman Chevers (a), after quoting from some of the instances that were referred to in my paper on "Eaten of Worms," thus delivers his testimony about it: "These valuable contributions to this subject will be found in the fifth volume of the *Indian Medical Gazette.* Dr. Alexander Gordon shows that in four years 303 cases of ozæna were treated at the Saharunpore Dispensary. Out of 168 cases which were sifted, peenash occurred in 63. Ozæna was found to be more frequent among females than among males, the persons being as a rule very poor, weak, emaciated, half-starved, anæmiated sufferers from fever, exposed to vicissitudes, and living a precarious life, the day's meagre meal most often depending on the day's wage.

No marked connection has been traced between this and malarial and other diseases of the liver and spleen, though such might be supposed to exist from the frequency with which epistaxis is met with as the first symptom. There was an undoubted syphilitic taint in some eight or ten of the above, and the disease occurs chiefly in the hot months of the year. It ends as a rule in recovery," as per our illustration below; and remembering the incidents of my own encounter with the subject of this lesion, I have often thought that the words of Horace,

Nihil habet infelix paupertas durius in se
Quamquod facit homines ridiculos,

would not be a bad description of the appearances it produces, or of the conditions under which it chiefly occurs.



The other "distinguished member" who is here indicated is Surgeon-General Moore (a), of the Bombay Army, and he describes it as "a malady almost entirely confined to the lower classes of dirty natives, and often the patient will be found to have suffered from some form of syphilitic nasal affection. In some instances, however, the primary condition may be scrofulous, or some other affection of the nasal mucous membrane. . . . The disease is caused by a fly—the blue-bottled—entering the nostrils and depositing larvæ, which eventually become maggots, and in the advanced stage the disease is one of the most disgusting and loathsome coming under observation. There is constant discharge of offensive pus, and occasional epistaxis, while the bridge of the nose gradually becomes depressed, then ulcerated and eaten away (as above), disclosing the interior of the nose filled with a seething coil of maggots."

"There is also much suffering from the movement of the maggots in the ethmoid cells, and these latter may also make their way through the palate into the mouth. These cases sometimes terminate rapidly, apparently from meningitis, but most frequently the patient dies worn out by suffering and debility. . . . . Maggots also appear in neglected wounds elsewhere (in India), and they generate in the same way in the nose of the camel. The piece of wood that passes through this beast's septum, and to which the driving string is

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(a) "Commentaries on the Diseases of India," p. 470.

(a) "A Manual of the Diseases of India," p. 553.

attached, excites inflammation. Discharge ensues, and the ubiquitous fly is attracted." And for the rest, gentle reader, I respectfully invite you to turn for further particulars—if you require them—to what I have already said myself on these points in these pages.

Clinical Records.

A CASE OF SUPRA-PUBIC SUPPURATION.

Abortion (?) Constant Vomiting, Extreme Emaciation, Supra-pubic Abscess, Operation, Recovery.

By Charles Atkin, F.R.C.S., L.R.C.P. Lond.,
Lecturer on Anatomy, Sheffield School of Medicine.

Mrs. P., æt. 27, a ballet dancer, had had three children and one miscarriage. She had never been robust, but there was no family history of struma or cancer. She was taken ill in the beginning of July with violent griping pain in the lower part of the abdomen and pelvis. This continued for three nights, and then there was a discharge of blood (about half a pint) from the vagina. She had been under the impression that she was about three months gone in pregnancy. The discharge is stated to have occurred at intervals ever since. The medical man who was called in was at first under the impression that he had to do with a case of abortion, so ergot and opium were given. The pain, however, increased, vomiting set in, the tongue became dry and furred, pulse 120, temperature 100, pain and tenderness were noticed over the hypogastric region; the urine was scanty and was passed without much pain. When I first saw her, two months after the commencement of her illness, she was emaciated to the last degree, and was in great agony. As she was too sensitive to bear examination, ether was administered. The uterus was found to be not increased in size and fairly movable. The os was firm and would only admit the point of the uterine sound. A catheter was passed easily into the bladder. In front of the uterus and above the bladder was an ill-defined sense of hardness and dulness on percussion. There was no swelling in Douglas' pouch. An attempt was made to dilate the os, but it only partially succeeded. For some days she apparently improved, both the vomiting and pain ceasing, but, as the supra-pubic dulness became more marked, ether was again administered. A small median incision having been made above the pubes, an exploring needle was carefully pushed backwards and then downwards behind the pubes. Pus being found, a free incision was made and the cavity, which extended backwards to the uterus roofing in over the bladder, was carefully washed out and drained. The subsequent course of the case was, as I have been informed, an uninterrupted one towards recovery.

Remarks.—The cause of the suppuration is somewhat obscure. In the absence of a blow, great exertion may be deemed sufficient to bring on an abortion and subsequent metritis or cellulitis from depression of the vital energies. The pus, small in quantity (not more than 2 oz.), was very fœtid, and did not contain any broken-down blood-clot or cystic remains. The slow course and the lowness of the temperature were noteworthy. The vomiting at one time, probably before the actual formation of pus, was absolutely constant, everything, even iced water, being rejected. The pus was evidently tending forwards, but was some inches from the surface, why it did not gravitate downwards and discharge itself *per vaginam* is difficult to say. The exact anatomy of the fascia about the supra-pubic region seems to be a matter of doubt. The existence of a pre-vesical space, the so-called Cavus Retzii is stated by Roser, of Marburg, to be unjustified by either anatomical or pathological reasons (*Centralb. f. Chir.*, No. 39, 1886), and numerous cases are cited, showing that pus can push its way in any direction of the pelvis, and is not limited by any regular boundaries. On the other hand, Pinner, in the *Deutsch. Zeit. f. Chir. Bd.* 23, p. 463, describes two well-defined spaces—a submuscular and a pre-vesical one, injected with gypsum they each formed differently shaped swellings. The transversalis fascia is stated to split into two layers, one clothing the back of the transversalis muscle, and the other running down with the peritoneum on the summit of the bladder, and then leaving it to spread itself on the anterior surface of the viscus. Sir Henry Thompson makes no allusion to any such space in his monograph on the supra-pubic operation, but states that there is no danger of infiltration "unless there be unnecessary interference with the cellular connections, &c." In describing his method of operating, yellow fat covering the bladder is mentioned as coming into view as soon as the transversalis fascia has been divided, but no distinct second layer is alluded to. The value of anæsthesia and of the grooved needle are incalculable in these obscure pelvic affections. Exploratory punctures would often save cases such as the two following:—After an apparently successful herniotomy a low typhoid condition set in with obscure symptoms. On post-mortem a large pelvic abscess was found, which could easily have been tapped *per vaginam*. Another case of perityphlitis, discharging externally, died in a similar manner, and after death a collection of pus was found readily accessible from the vagina.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Medical Section.

Meeting held Friday, January 28.

The President, Dr. James Little, in the Chair.

Dr. **Fitzpatrick**, as the senior member present, moved the following resolution:—"That the Fellows and Members of the Academy of Medicine in Ireland desire to place on record their sense of the loss the Medical Section has sustained by the death of Dr. Henry Kennedy, and to express their sympathy with Mrs. Kennedy and her children." Having known Dr. Kennedy for twenty-five years, he found him always desirous of fostering harmony and good feeling, while his great learning enabled him to promote discussion at the meetings of the Section.

Dr. **MacSwiney**, in seconding the resolution, said every member of the Academy would admit the great loss sustained by the profession in Dr. Kennedy's death, and the frequenters of the Medical Section in particular would miss his genial, kindly presence.

The **President**, in putting the resolution, which was unanimously adopted, said the members of the Academy would long miss Dr. Kennedy's familiar face and striking individuality of character.

TREATMENT BY "MASSAGE."

Dr. **Knight** exhibited a case under treatment by massage, manipulations being given by an experienced masseur.

Dr. **MacSwiney** asked (1) what was the ailment of the patient, and as to his being a typical case; (2) what the nature of the manipulative procedure; (3) whether the manipulator was a practised masseur; (4) what time was occupied in the process; (5) what result had been attained so far?

Dr. **Cox** said he had a case of neurasthenia in a girl, æt. 22, and he adopted massage, following, at the same time, the treatment as to diet, seclusion, and rest laid down by Mitchell. The result was satisfactory, following he believed much more from the rest and regimen than massage. He had himself submitted to massage by Jules Wulff, who sought tender points and manipulated these considerably, employing, as it were, centrifugal force moving from within outwards—first kneading or pinching the skin; next, the tissue beneath; and then the muscles, until the tenderness seemed to diminish; while he moved the joints freely in all directions. Massage was likely to be beneficial for local loss of power, the result of atrophy of the muscles or stiffness of joints in arthritis.

Dr. **Frazer** said Sir Astley Cooper, when he failed with a stiff joint, sent the case to a rubber, near Cambridge. For ages the Turks had been in the habit of using massage. The Japanese employed a similar process, filipating the surface of the skin till it became black and blue, with excellent results. This friction over tender parts was no novelty.

Dr. **Atthill** had experience of three cases which, having failed to be cured by medicine, were put under a course of massage, combined with careful supervision and enforced proper feeding; the good results, he thought, were more due to the treatment than to the massage.

Dr. J. W. P. **Kennedy** mentioned a case of intractable sciatica, for which the sciatic nerve was streched without the desired result. Three months afterwards the patient went to a woman in the County Meath reported to have great powers as regards massage; and under her treatment —rubbing from within outwards over the sciatic nerve—he recovered.

The **President** said affections of joints produed by rheumatism and the peculiar condition affecting the nervous system in girls were totally different things. He was himself, he believed, the first Irish doctor to place a patient under Wulff's care and the result was satisfactory. He would, however, never recommend a medical man to undertake the treatment of any of his own patients by the process, but transfer a case that baffled his medical skill to a new doctor and a new nurse.

Dr. **Knight**, in reply, said the case under treatment he believed to be suitable for massage, and the masseur had had many years' experience, having rubbed for Sir James Paget, Hutton and others. On Wednesday afternoon the patient was carried into the hospital, and he got his first rubbing at half-past two on Thursday, the time occupied being an hour, with the result that he got a good night's sleep, and walked down to the College this evening. There was arthritic trouble of the larger joints, but many of the smaller were affected. Massage was practised generally in the East, being called "hand-grasping."

CLASSIFICATION OF INSANITY.

Dr. **Conolly Norman** read a paper on variations of form in mental diseases in relation to the classification of insanity. The older classificatory schemes were briefly referred to. Objection was made to that of Dr. Skae, on the grounds that it gives undue prominence to all those causes of insanity which act indirectly and throws into the shade those acting directly upon the brain itself, and also that the term idiopathic insanity is too comprehensive to have any value. The ideal classification suggested by Dr. Savage is open to a similar objection—the insanity of maturity being a mere arbitrary phrase without physiological or pathological significance. The classification which the speaker adopted as most closely corresponding to the general facts of his experience is that of Professor von Krafft-Ebing, of Graz. The distinction which that author, in common with several of his countrymen, makes between psycho-neuroses and conditions of psychical degeneration he believed to be a genuine one, and of the greatest value from a prognostic point of view. There are, however, a large number of cases which it is most difficult to locate correctly in any classificatory system. Three cases were described in detail, all presenting very marked symptoms, which, nevertheless, the speaker had not been able to assign definitely to any one class, owing to the rapid and complete alteration of type which they had undergone. The first was a young male, of good family history, in whom no distinct cause of illness was ascertainable. He suffered from an attack of pure mania (exalted emotional state, with much incoherence and general excitement), lasting three months. He then passed into a condition of the profoundest stupor (acute dementia), which continued for nearly three months, and was followed by gradual, complete, and apparently permanent recovery. The second was a young woman whose family history was very bad, and who had been exposed to domestic trouble and shock. She suffered from intense suicidal melancholia for about nineteen months, then became maniacal and remained so till her death, two years later. The third case was that of a young man of dissolute habits and bad family history, who became insane after a bout of drinking. When the immediate signs of alcoholism had passed off he remained for some time in an exalted state, resembling a patient in the incipient stage of acute mania. With apparent suddenness he became depressed, attempted suicide, and fell into a condition of the most profound melancholia (pure emotional depression without delusion). These cases illustrated the difficulty of framing a satisfactory classification. Taking them to be pure psycho-neuroses, the symptoms of states usually held to be the most diverse succeeded each other in a manner that defied classification. On the other hand, an intermingling of discordant symptoms and an alteration of various mental states was one of the signs of psychical degeneration. No other clinical features in these case, however, pointed to the same conclusion, and they fell under no described class among the degenerators. They were not examples of *folie circulaire* (*folie à double forme*), neither were they cases of hebephrenia or kalatonia, two forms described by Kahlbaum, which often present a good deal of variation in symptoms.

Dr. **Fitzpatrick** regarded Dr. Conolly Norman's cases as simply cases of mania diverging into different forms. This was obvious from the fact that there were frequent cases in which the patient would be one month in a state of deep melancholia, and in the next exuberant with joyousness; and there were also cases in which mania ran into dementia.

Dr. **John Eustace** said the great point was to know what precisely the mental disease was, as then they might get at the *origo mali*, as, once the disease was ascertained, the doctor would have an aid in deciding as to its curability. Some classified mental disease according to the patients' acts, others according to their words. But a patient's deeds were of far more importance than his words. He did not agree that the stage of depression was the initial stage of cure. The natural termination of mania was dementia.

Dr. **Cox** complained that the study of insanity was left too much in the background, and hoped it would be made a compulsory study as in the Royal University.

Dr. **Frazer** concurred with Dr. Cox, and said no advance had been made in classification since Burton's "Anatomy of Melancholy," a work published two hundred years ago. Mental aberrations of transient character would be studied with profit, and were of more importance to the general practitioner than the graver forms which gravitated to the asylum.

Mr. **Wheeler** having also joined in the discussion,

The **President** hoped the observations of Drs. Cox and Frazer would bear fruit. The study of insanity was a want that existed, just as the necessity for a proper course in pathology. Dr. Conolly Norman had dealt with variations in the immediate symptoms of insanity as helping to a forecast of the result. Hence the value of classification; and he hoped the time was not far distant when the scalpel or object-glass would enable the surgeon to point out the traumatic changes lying at the root of insanity.

Dr. **Conolly Norman** replied, the great advantage of a natural system of classification was its prognostic value in predicating of a class a certain source, and especially whether curable or incurable. A large number of cases were due to hereditary influence, and, therefore, the existence of hereditary predisposition was a distinguishing sign for prognosis. Some classified mainly into general paralysis and ordinary insanity, but that system had not been accepted. He was pleased at the value attached to the clinical teaching of insanity.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Feb. 17th, 1887.

The President, Dr. **Cleaver**, in the Chair.

CANCER OF THE LIVER.

Mr. **Coombe** showed for Mr. A. Jackson, a liver presenting a number of cancerous deposits in it. It was taken from a woman, æt. 52, married, the mother of two healthy children, both her parents living, and the family history excellent, who was admitted into hospital for schirrus cancer in the breast. Her own health, with the exception of two attacks of rheumatic fever, had always been good. The breast was removed on the 13th of January; followed by favourable action in the wound. She never recovered strength however, and sank steadily, dying on the 14th of February. At the post-mortem, the cancerous affection of the liver was discovered, apparently the masses were of the encephaloid character. Over each deposit there was a curious cup-like depression. Doubt having been expressed as to the patches in the liver being encephaloid rather than schirrus, the specimen was referred to the Pathological Committee for examination and report.

THORACIC ANEURISM.

Mr. **Coombe**, for Mr. A. Jackson, showed the morbid specimens in connection with this case, consisting of the sternum and about three inches in each side of the median line, closely attached to which was the ascending and transverse portion of the arch of the aorta which was enormously enlarged; to the aorta, the heart was attached and unopened. The sac was also unopened. The origin of the innominate, and left carotid, and subclavian arteries were involved in the dilatation. Over the upper portion of the sternum there was a large prominence which in life must have projected from two and a half to three inches, and measuring five inches from above downwards, and about four and a-half from side to side. The aneurism had burst in the second intercostal space, an inch to the right of the sternum. The specimen was taken from a man, æt. 46, a widower, with three children. He had always enjoyed good health, and by occupation he was a scissor forger. He was admitted into the Sheffield General Infirmary under Mr. Jackson's care, Jan. 8th, 1887, and died from the bursting of the tumour on the 31st of January. Twelve months previous to admission he noticed a small tumour about the size of a marble in the second right intercostal space. Enlargement of the tumour and thinning of its walls proceeded steadily to the end. Treatment seemed powerless to check it. Support by mechanical means seemed to be of the most service.

AORTIC DISEASE.

Dr. **Dyson** showed two specimens of aortic disease. One was taken from a man, æt. 47, a brewer's drayman. During life, a well-marked, high-pitched, musical murmur was heard (aortic diastolic), and a thrill felt all over the front of the chest. *Post mortem.*—The aorta was very extensively atheromatous and the valves much thickened, but no cause was discovered to account satisfactorily for the muscular quality of the murmur. The second specimen was taken from a woman, æt. 51, who had rheumatic fever. The valves were much deformed, one of them being split down the middle, the split segments being free to flap in the blood stream. The murmur in this case was a typical aortic diastolic one, but had no musical quality. Both cases had Bright's disease, and died of uræmia.

Mr. **Chas. Atkin**, F.R.C.S., read an interesting case of

SUPRA-PUBIC SUPPURATION,

which will be found under "Clinical Records," p. 218.

In the discussion which followed Mr. **Pye-Smith** mentioned the case of a man who came under his care for inguinal hernia, in support of which a properly fitting truss was applied, and after some weeks he returned, saying, he could not wear the truss. Upon examination, another lump was found inside his old standing hernia. Mr. Pye-Smith thought it was probably another hernia. As the second lump increased in size, the patient was admitted into hospital. Considerable doubt as to the real nature of the swelling. Further developments were waited for, but no signs of strangulated hernia appeared. Not consenting to have anything in the shape of operative measures done, he was discharged. Later on he returned, with a sinus in the upper portion of the opposite thigh to the side in which the hernia was, discharging pus pretty freely. The pus evidently crossed from the seat of tumour behind the pubis, to the point of discharge. In answer to a question by Mr. T. H. Morton as to whether the girl had sustained any special strain or blow, Mr. Atkin replied in the negative as far as the girl herself could give him any assurance on that point. Naturally there was a good deal of exertion and strain in the exercise of her professional duties.

LEAD POISONING BY DRINKING WATER.

Dr. **Porter** then opened a discussion on the above subject, and said that he felt a little diffidence in again bringing this subject before the Society, as it had been discussed already on more than one occasion; but, as some scepticism had been expressed in certain quarters as to the existence to any really serious extent of the evil referred to, and as fresh evidence of its existence had recently come under his notice, he felt that the importance of the subject, concerning as it did the health of the town, was a sufficient excuse for again intruding it upon their notice. He said that a year had elapsed since Dr. White, by his exhaustive report to the Health Committee, had first called attention to the prevalence of lead poisoning from this cause, and those who might be expected to appreciate the gravity of the danger had provided themselves with filters, warranted to exclude lead, and adopted the precautionary measures suggested; but among the lower classes, whose habits, occupations, and circumstances rendered them especially liable to suffer, the danger remained to a great extent unregarded. He then alluded to the slow and subtle nature of the poison, the peculiarities observed as to individual susceptibility, and the ill-defined and obscure character of the symptoms very often where the dose was very small, and the absorption of it extended over a long period. He admitted the difficulties of diagnosis in many cases, and the danger of too readily attributing to lead conditions which could not otherwise be accounted for; but he considered that to restrict the recognition of the disease to such well-marked indications only as "colic" and "wrist drop" was to overlook a large number of cases in which the health was being slowly undermined by smaller doses than were required to produce the more typical symptoms. He contended that at all events Dr. White, by his impartial report, had demonstrated the existence of a source of danger in our midst from the action of the Redmires water upon lead, whatever opinions might be entertained as to the prevalence of lead poisoning at the present time. Alluding to his own experience upon this point, Dr. Porter said that he had met with a number of cases since those he had referred to in his paper on this subject last year. Out of a total of 1,068 out-patients at the Sheffield Public Hospital under his care last year, he found 14 suffering from symptoms attributable to this cause, and 13 more who presented a more or less characteristic appearance of the gums, although suffering from other complaints, or considered doubtful cases. He had tabulated these cases, and now submitted them to the Society's notice. Of the whole 27 patients, 3 came from country districts outside the area of distribution of the Redmires water; but of the remaining 24, every one of them resided within this area. No less than 16 came from the Heeley, Highfields, and Washington Road neighbourhood, where Dr. White had shown that this action of the water upon the leaden service pipes occurred with the greatest intensity, and where in all the samples of water analysed a decidedly dangerous quantity of lead had been found. He passed round a diagram showing the situation of the districts of the town in which these cases had occurred, the patients' residences being marked in red ink. Seventeen of his patients were women, a fact attributable perhaps to their remaining more at home and consuming more of the contaminated water than the male members of the family. Eighteen cases came under observation in the summer or autumn months of the year, when no doubt more water would be consumed. Three patients had been, for a time, exposed to lead previously at their occupation, two having been file-cutters and one a type founder; but none of them had been so for some years. This fact, however, might render them more susceptible to the action of lead again. In conclusion, he said that he believed the danger from this action of the Redmires water had been under-rated rather than exaggerated, and would like to see steps taken for its prompt removal.

Dr. **Martin** thought that the fact of cases of lead-poisoning having occurred in Dronfield, the water supply to which is taken from a source presenting the same conditions as exist in connection with the Sheffield supply from Redmires Dam, deserving of being carefully considered since it seemed strongly to support the theory of lead-poisoning through water supply. Personally, he had not come in contact with many cases due to the water supply.

Mr. **Pye-Smith** had met with cases in the Broomhill and Sharrow districts. He mentioned one case specially, that of a woman who had a large lump in the abdomen which turned out to be fæcal accumulation. There was a decided blue line on the gums, great general muscular weakness, with frequent attacks of colicky pains.

Dr. **White** expressed his pleasure at the discussion being raised. He explained the intentions of the Sheffield Water Company with regard to filtration of the Redmires water, should they succeed in their effort to obtain a new Bill in Parliament. The filter beds are to be composed of a mixture of Derbyshire limestone and flint sand; the latter, it is asserted, prevents water acting upon lead.

Dr. **Keeling** had not met with many cases. He mentioned how he had sent specimens of the water from one of his patients to two chemists, eminent in their profession. From one he received the statement that there was lead in the specimen sent, from the other an assurance upon which he would stake his professional reputation, that there was not a trace to be found. Both of these men, he said, were strictly honourable, and worthy of all credence. He drew attention to what seemed to be a point of great interest and importance. Lead pipes of the present day are not as were the lead pipes of former times; they are incapable of standing the same strain from pressure. This is probably due to the improved methods which now exist for extracting silver from the lead ore. Owing to this condition of the pipes, when water is shut off suddenly, as it often is, from large works in the town, a sharp shock from the back flow is sent through the whole system of pipes, distension takes place, and fresh surfaces of lead denuded of the deposit which previously protected the inner surface of the pipe are exposed to the action of the water.

Dr. Dyson was not convinced that the water supply is to blame in all cases of blue line on the gums, where the occupation is not at fault. He has noticed blue lines as of very frequent occurrence in the case of domestic servants who wore false teeth. He had been told that lead enters into the composition of cheap mouth plates, and thought that these may prove a possible source of mischief. He had, however, seen at least twenty cases during the last twelve months of apparently true plumbism due to water supply.

Mr. Garrard, Mr. Richless, Mr. T. H. Morton, and Mr. Josiah Williams also joined in the discussion.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 9, 1887.

FEES IN GENERAL PRACTICE.

One of the great wants of the profession in English general practice, is "a minimum scale of fees, to charge below which, would be considered unprofessional, and would entail upon the offender loss of caste, and deprivation of the privileges and courtesies of respectable practice." The want of such a scale tends very materially to lower the *status* of medical men in the eyes of the community at large. Those who give their services for say a shilling, or one shilling and sixpence a visit or consultation in the surgery, medicine included, reduce the value of such services to the level of the prescribing chemist or druggist, who makes the same, or even a higher charge, for the bottle of medicine he hands over the counter to those who are unwise enough to consult him. Something might be said for such low charges if they were rigidly confined to those whose circumstances rendered it impossible for them to pay on a higher scale. This excuse will not, however, hold good, as, in too many instances, the low charges are put forward merely as a bait in an unfair competition with the offender's medical brethren, whose charges conform to the scale laid down by the various ethical societies in different parts of the country as a guide to their members. *Auri sacri fames* is at the root of the matter. "Quantity, not quality," is the motto of such men. Cheap drugs and a large number of visits and consultations are the means relied upon. Some of these men boast of lists of eighty to a hundred visits a day, working horses and assistants night and day to keep abreast of the calls upon their time. Time for leisure, rest, and self-improvement is unknown; money, more money, is the one object in view, and any real love for their profession, or any real regard for the position its members ought to hold in the esteem of the public, is foreign to their nature. They are money grabbers pure and simple, not daring to trust to their work being valuable and valued by those who seek their aid, but entering into an ignoble and contemptible competition of cheapness to secure a *clientele*. The ordinary scale of general practitioner's charges are low enough in all conscience, when placed, the lowest in the scale, at two shillings and sixpence for a consultation in the surgery, medicine included; and, it is hard for a gentleman to accept such a sum in payment for what ought to be services of a much higher value; but the charge is supposed to be confined to those who cannot reasonably be expected to find more, and in this light alone is it accepted, and excusable; but, how any man, with any pretensions to being considered a gentleman, and with a gentleman's training, can charge, as a usual fee, a shilling, it is difficult to understand. We have heard it advanced that low charges should not form a bar to a man being considered a respectable practitioner, entitled to all proper consideration and courtesy at the hands of his medical brethren. If this proposition be true, there is no limit to be placed in the descending scale of fees. If a shilling be accepted as a legitimate and a sufficient charge, there is nothing to prevent ninepence or sixpence being the next steps in the downward scale. Such charges leave nothing to condemn in the so-called "provident dispensaries" with which the large towns in England are so plentifully besprinkled at present. At these places they charge sixpence a consultation at the dispensary, medicine, and such medicine!!!? included, and a shilling and one shilling and sixpence for visits at the patient's own homes, or in the case of the well-to-do, two shillings and sixpence. Most men of any standing in the profession refuse to have anything to say to the men who run these precious institutions, basing their objections upon the indiscriminate employment of unqualified assistants, to whom the qualified men act as covers, and further, of the impossibility of good drugs and brains being paid for by such low charges. We fear that, in all honesty, these objections apply with almost equal force to the proceedings of those who do not have the name of such provident institutions attached to their practice, but whose practice is, in reality, too nearly on the same lines, unqualified assistants, cheap drugs, and poor brains, being in too many instances quite on a par. We know that large incomes, nay, even tolerable fortunes, have been amassed by such means, but we cannot well envy such men, or hold them in the slightest respect. They may have succeeded in the object they had in view, but they are certainly not worthy members of a noble and honourable profession, which they have so prostituted to ignoble purposes.

To young men commencing practice the success and example of such men is a great and almost irresistible temptation to go and do likewise. Too often wanting in means and self-reliance, they make this practice of others an excuse to their consciences for doing the same, and so the profession of medicine continues to be dragged in the mud, and the services of its professors are held in light esteem. Ought such a condition of affairs be allowed to continue? Our answer would be unquestionably *no*. We may be asked what means we would take to remedy it, and what is the standard we desire to set up? Our answer must be, that, although professional charges must be reasonably low to the poorer classes, yet, there is no necessity to make them contemptibly so, and that the concensus of opinion gathered from what has been expressed in various ethical societies which have dealt with this subject, affords us safe guidance, as to what it would be right and proper to fix as the lowest scale of remuneration. This would be two shillings and sixpence, or in very exceptional circumstances, two shillings a visit, or consultation, for the poorest class of patients. Such a charge should be strictly limited to those whose circumstances demanded consideration, and should be looked upon, not so much as a matter of right, but of concession. It is a curious commentary upon the assertions of those who seek to defend low fees, that when the working classes lose confidence in the men who make them, they quickly resort to others whose charges are higher, and find means to pay them; and, further, do not hesitate to call in consultants, and find the money to pay them. Having fixed the minimum charge, any men making a lower charge should be regarded as placing themselves outside the brotherhood of the profession, and suffer the penalty of doing so. Consultants should refuse to meet them, and general practitioners should refuse to afford that help which may properly be looked for by those who conform to what is laid down as being within proper professional limits. In entering the profession, men should be prepared to face the conditions and responsibilities imposed upon them, and should be prepared to seek practice on legitimate grounds, and not by seeking to undersell their brother practitioners. No reform can be looked for so long as these low chargers and Cheap Jacks receive support from men who are engaged in legitimate practice. The only means at our disposal for enforcing the proper observance of legitimate practice is "the taboo." The carrying this into effect may seem a harsh measure, and one likely to bear hardly upon the public, until they are trained to the knowledge that, in accepting such cheap services, they cut themselves off from the benefits of help, and advice, from the better class practitioner. The taboo exists in the case of homœopaths; there is no valid reason, so far as the public are concerned, why it should not extend to men who are purely self seekers, and who do not hesitate to gain money in such a manner as to be altogether unfair to their medical brethren with whom they are in competition, and which must seriously derogate from the honour and dignity of the profession, of which they are most unworthy members.

Good quality and cheapness are rarely found in combination, and if a medical man's work is cheap it can rarely be good. If it is good, then the man who sets a low value upon his services is thoroughly selfish in the object he has in view, and is altogether unworthy of countenance and support at the hands of those with whom he has entered into what is manifestly a course of unfair, therefore unjustifiable, competition. If there are amongst the poorer classes people who cannot afford to pay the low scale of charges mentioned above, and yet who are not entitled to the medical attendance provided by the Poor-law Medical Service, it is to such the benefits of our great charitable institutions ought to be extended, and amongst whom well organised efforts to provide true provident dispensaries should be carried out, the advantages of which should be rigorously restricted to those only whose circumstances justified such consideration. Much more might easily be said about low fees and their effect upon the social standing of the mass of general practitioners in England; but what we have to say further must be allowed to stand over to some future occasion. In connection with this subject, however, we may safely assert that, with regard to it as to many other subjects connected with the well-being of the profession, the Medical Council has failed to do its duty, and has proved as useless as it has in most other matters which might prove of real benefit to the mass of general practitioners in the country if properly dealt with. The licensing bodies have also fallen lamentably short in their duty, in not insisting upon their licentiates observing strictly the lines of respectable and legitimate practice, under penalty of forfeiture of their qualification to practice.

Lastly, the great body of respectable practitioners whose fees bear some reasonable proportion to the value of their services, and, at the same time, show proper consideration for the circumstances of their patients, have fallen far short in the fulfilment of their duty in not coming to a general agreement as to what is, or what is not, a proper minimum fee to charge, and then rigorously enforcing its observance by treating as unprofessional men those who seek to gain practice by under-selling their neighbours. For the sake of the profession we hope this question may yet be taken up, and be placed upon a proper basis. As it is, there is a mean money grabbing spirit abroad, which leads some medical men to vie with their compeers, not in good work and placing a proper estimation upon their services, but, as to who can make the lowest charge, and so attract the greatest number of patients. At best it is a miserable and suicidal policy to pursue, and it ought, if possible, to be speedily stamped out by all right-minded members of the profession, aided of course by the licensing bodies, in all cases with those who offend in this matter. Unless some steps are taken, the steady depreciation that is going forward in professional self-respect will continue and make rapid headway, and do infinite damage to the professors and profession of medicine.

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ARMY MEDICAL GRIEVANCES.

We are obliged to confess to having failed to grasp or to understand clearly the points in respect of which army medical officers seek, by an amendment of the Service Warrants and Regulations, to obtain redress of what they consider to be grievances. We are, of course, conversant with several matters complained of which clearly involve injustice and hardship, and respecting which there can be no doubt or question, but beyond these we cannot get, and for a reason for which not we, but the army medical officers themselves, are to blame. We do not find amongst them a community of opinion an interchange of ideas, or an organisation such as can reasonably be expected to influence public feeling or exercise any serious pressure on the authorities, and our anxious inquiries from individuals seem only to lead to our bewilderment. For example, we are addressed by a young officer serving at home, who unfolds to us his woes and excites our sympathy. Before putting his case on paper we resort for corroboration to another informant, a Surgeon-Major home from Indian Service, who at once pooh-poohs the complaint, and substitutes one of his own, which he represents as far more deserving of consideration. Proceeding to check off these statements by a third informant, a Brigade Surgeon, associated more or less closely with the Army Medical Executive, we are assured that neither of these complaints have anything in them, that the complainants are very well off, and that their grievances are imaginary. We may explain that during the past quarter of a century the spirit of "reorganisation" invaded certain of what were then, and are still known as "civil" departments of the army. Among these departments, the medical obtained various important advantages beyond what had previously been extended to it; relative rank, as compared with actual rank of combatant grades, was accorded to medical officers on a scale more in accordance with the importance of the duties performed by them than existed at the time of the Crimean war; and since that time, until very recently, one improvement after another has taken place in the position of medical officers, rendering the branch of the service to which they belong as popular a career for the young surgeon as at one time it had been unpopular. To the non-military man, indeed, the expression "relative rank" has little, or probably no, significance; in army circles, however, from the soldier in his barrack-room to the general officer in command, the fact is well understood and recognised by all, that the position and consequent influence of an officer is determined solely and entirely by his "rank," whether that rank be actual, brevet, honorary, or relative; in fact, it is to them incomprehensible that an officer can have the status of an officer and yet have no rank. Among other changes recently introduced among certain "departments" was that of granting to their officers "honorary" instead of "relative" rank as previously assigned to them, and also conferring upon them military titles in accordance with that relative rank, so that virtually the medical department gradually found itself in these respects separated from those other "civil" branches to which allusion is made. But this was not to be all. It is but a few weeks ago that the announcement appeared in the *London Gazette* that "relative rank in the army is abolished." It is not too much to say the feeling among officers of the medical staff created by that announcement is one of consternation. It may be all very well to say that the position of these officers remains precisely as it was before the announcement in question appeared; no doubt their personal position does so; but in reality, their "relative" position with respect to other officers is absolutely undefined, if indeed any "position" whatever can be claimed by them. In acting with regard to our brethren in the army as the higher authorities have done they would appear to have taken a step the result of which may be the reverse of conducive to the best interests of the Service generally. It is possible that they may have acted rashly, and that their better judgment may lead them to retrace their steps when the subject is brought to their notice, as doubtless it will in due time be by some representative of the profession in Parliament. An opportunity for so doing will arise during the discussion of the Army Estimates. We would, however, like to know whether army medical officers, as a body, have any views on the subject? If they have, why do they leave it to a few zealous individuals to carry on the war? and why do they leave in doubt their knowledge of the Warrant, their appreciation of its effects, or their interest in the matter?

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HOMŒOPATHY AT THE MARGARET STREET INFIRMARY FOR CONSUMPTION.

The precept that brethren should dwell together in harmony is not observed to the extent one might wish in certain hospitals. Some, indeed, are the site of constantly recurring disputes which end in a certain number of resignations, the vacancies being filled by men who for the time, are willing to accept the conditions which their predecessors had found inadmissible. That old-established institution, the "Margaret Street Infirmary for Consumption," has quite recently been the scene of a pitched battle between the orthodox practitioners and the homœopaths. After enduring for a time the notoriously heterodox views and practices of some members of the staff, the loyal portion made a determined effort to compel them to resign. Partly from a want of tact, judgment, and dexterity, and partly from the fact that the lay governors were tolerably indifferent to these professional disputes, of which they can hardly be expected to appreciate the importance and the scope, the attack was successfully repulsed by the homœopaths, and the only resource left to the objectors was to resign, which they did. Several letters on the subject from "A Governor" have appeared in our columns, and give a comprehensive history of the struggle. "A Governor," however, adopts an erroneous line of argument in our opinion. The deeply-rooted antipathy of most practitioners to having anything to do with homœopaths arises from the reprobation with which all honourable men must view the act of sailing under false colours. It is the lack of a genuine scientific basis which vitiates their method and their affectation of adhering to a system which is uncorroborated by fact, reason, or theory, is a sufficient excuse for their ostracism by the great bulk of the profession. There is nowhere desire to impose any particular doctrine or mode of treatment; this is left to the conscience and skill of independent practitioners; what we deprecated is, in the language of the Royal College of Physicians, the "assumption or acceptance of designations implying the adoption of special modes of treatment." Homœopaths are not the only, though the most obvious, sinners in this respect.

The prospect is not a pleasant one. In the dispute which we have alluded to, the opinion of the governors of long standing was swamped by the aid of a number of specially appointed governors of three to six months' standing. In hospitals where the Membership or Fellowship of the College of Physicians is made a condition of appointment, any derogation from the code of medical ethics above laid down, would be punishable by withdrawal of the diploma, and hence the holder would cease to comply with the conditions of his office. In smaller institutions, however, where the requirements are less severe, no such means exist for punishing infractions of the college regulations. The profession, however, will keep a vigilant eye on the candidates for the posts so vacated, seeing that no one who rightly understands his duties towards the profession will rush in where angels fear to tread. If the institution in question is to become a mere *succursale* of the Homœopathic Hospital—a course which depends upon the decision of the governors —then, of course, one will know what its position and principles are. No ambiguity should be allowed to subsist on this head; as the French say, a door is either open or shut and a hospital is either governed by the ordinary rules or it is not.

"A Governor" asks, what is to be done? The question is one which we may safely leave to the future to decide. It is no affair of ours if certain people choose to throw in their lot with the homœopaths. They and the institution with which they are connected, will cease to enjoy the confidence and respect of the vast majority of their fellow practitioners, and if they are proof against this, the only course is to allow them to wallow in their heresies.

Medical men should think over their reasons for ignoring homœopaths, so as to be enabled, when necessary, to give a reason for the faith that is in them. They must convince the public that their attitude does not arise from any wish to restrict or limit the scope and field of practice, but simply and purely from a dislike for the use of designations which are misleading and contrary to the respect and dignity of the profession. We shall watch the further course of this affair closely and with interest.

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Notes on Current Topics.

Special Hospitals.

One needs but to glance at the ever-swelling list of special hospitals to be made aware of the additions which are constantly being made to their number. They increase in two ways, principally by segmentation, but also, contrary to generally received biological notions, sporadically, that is to say, they spring into existence by a mere effort of the will on the part of certain quasi-philanthropic gentlemen. A good example of the first method is the new "London Hospital for Diseases of the Throat and Ear," which has taken unto itself a form in Great Portland Street, and the staff whereof consists mainly of the gentlemen who found themselves unable conscientiously to retain office at the institution of which Dr. Morell Mackenzie is the guardian angel. The newer institutions naturally do their best by a carefully devised analogy of title to confuse the public as to "which is which," but success in this involves sailing rather near the law in so far as concerns the property of title. It is not impossible that an effort may be made to bring this fact home to the new hospital. It is remarkable that when Dr. Morell Mackenzie first opened his throat hospital, now nearly twenty-five years ago, our two contemporaries were strongly adverse to his doing so, and indulged in some very strong language in reference thereto. The lions must have had their claws pared, for quite recently the same journals announced the nomination of the staff of the new throat hospital without so much as a murmur. So long as these institutions are considered and treated as purely commercial ventures, we have nothing to say, but before being allowed to participate in any public funds they ought to be called upon to show in detail the use they make of their money, and to prove that the benefit they confer on the public is commensurate with their demands on the public purse. Mendicity, if authorised at all, should be under strict control. There is really no valid reason why the public should be exposed to importunate demands unless the necessity and the proper employment of the money subscribed has been clearly and officially demonstrated.

Professor Bandl, of Prague, has resigned his Professorship, and removed to Vienna. His successor in the professorial chair is Dr. Schauta, of Innsbruck.

Degrees for London Medical Students.

The agitation in support of the scheme which is now under consideration by the conjoint committee of the two London Colleges is being vigorously prosecuted. Numerous and enthusiastic meetings have been held at most of the medical schools of the metropolis in support of the plan, and the greatest unanimity of opinion prevails between teachers and students on a question of such vital importance to the future of Medicine in London. A step has been taken within the past week, however, which may very seriously affect the success of the movement for giving London students and practitioners the title of Doctor of Medicine. The Irish Colleges have taken alarm, and have agreed together—after conference—to put in their claim for the power to grant a similar title, if such power is given to the London Colleges. They do not appear specially desirous of the privilege of granting a degree which does not seem to justly belong to them, but they are determined to insist—before the Privy Council and Parliament—that all licensing privileges conferred on other colleges shall be extended to them. The claim seems a reasonable one ; we do not see how it can be resisted by Government or Parliament ; but it is not likely that the University of Dublin and the Royal University will stand by and see the Irish Colleges set up as grantors of University degrees, so that a complicated controversy on the subject may be expected.

Foreign Obituary.

The deaths are announced of—Dr. Leopold von Pebal Professor of Chemistry at Gratz; Dr. Beschütz of Salzwedel; Dr. T. R. von Huttern, Director of the Lainzer Lunatic Asylum in Vienna; Dr. Franc Günther, Emeritus Professor of Forensic Medicine at Prague ; Dr Bonnamy, Professor of Anatomy at Toulouse ; Professor Geigel, of Würzburg ; and Professor Ludwig Bandl, the eminent gynæcologist, of Prague.

The Therapeutics of Earthquakes.

The fortunate people who are enabled to seek health or shelter from an inclement season in the sunny regions of the Riviera have been seriously upset, in more ways than one, by the recent earthquakes. Many of them have thought it desirable to leave the unsettled districts in favour of more substantial if less favoured climes. Those who have experienced the curious and dreadful sensation of an unstable world will be inclined to regard with indulgence the ungovernable panic which seized upon the inhabitants of the disturbed districts with its *cortège* of lamentable and comical incidents. The effect from a pecuniary point upon the commerce of these parts cannot fail to be disastrous. In the present state of our ignorance concerning the therapeutical value of earthquakes few medical men will feel justified in exposing their patients to the risk of such violent physical and mental emotions as an earthquake—even if a small one—may procure. Doubtless there is a certain class of cases, hysterical paralysis and the like, which might distinctly benefit by the "earthquake treatment," but this method of treatment lacks precision in the present state of the science, and if ever this precision be attained, the object of the treatment will be surely frustrated, since the benefit, if any, will be dependent on the unexpectedness of the shock. A good deal of the damage done has been ascribed to the "jerry building" of the damaged houses, but it would be as well for English people to preserve a discreet silence on this point, seeing that a very moderate tremble in London would bring the greater part of our dwellings to the ground.

Lumbar Colotomy.

Mr. Croly performed left lumbar colotomy five weeks ago on a man, æt. 34, who was admitted into the City of Dublin Hospital suffering from malignant stricture of the rectum. The patient had been operated on in the Liverpool Royal Infirmary by internal division of the stricture, with temporary relief. His symptoms were very urgent when he came under Mr. Croly's care. The patient made a rapid recovery—was walking about the ward in three weeks, and has gained flesh. This is the ninth case of left lumbar colotomy operated on by Mr. Croly.

The Iodoform Craze

Is coming rapidly to an end, and those who have ridden the hobby so vigorously have descended, rather ashamed to have been seen at it. The imputation that iodoform in some cases produces toxic effects when used as a dressing for wounds has been followed by a denial that it possesses antiseptic properties. Messrs Heyn and Rovsing, of Copenhagen, report that in order to test its germicidal reputation they prepared solutions of iodoform in olive oil and serum, and studied their effects upon various bacterial organisms ; they also experimented on rabbits by mixing inoculation fluids with iodoform. Their experience was that in no case did the presence of the iodoform interfere with the development of micro-organisms, so that they conclude that as an antiseptic its employment in surgery is useless. Further, they point out that if this conclusion be correct, iodoform might itself act a carrier of pathogenic germs ; and they therefore recommend that before using iodoform, which is valuable as a dressing on other grounds than as an antiseptic, it should be disinfected in sublimate solution. *Quis custodiet ipsis custodes !*

Professor Zweifel, of Erlangen, has received a call to Leipsic, and Dr. Mikulicz, of Cracow, to Königsberg in Prussia.

Stonyhurst College is being visited by an epidemic, measles of a very virulent type. At the village of Hurst Green, less than half a mile from Stonyhurst College, nearly 50 per cent. of the children were found absent from school owing to the epidemic, and over thirty families were infected. The disease, which is said to have been brought from Germany, has caused four deaths in the College.

Earl Strafford, the Lord Lieutenant of Middlesex, will take the chair at the festival dinner in aid of the Royal Hospital for Diseases of the Chest, on Tuesday, May 10th, at the Hôtel Metropole.

The London Skin Hospital.

It appears to have become a rule almost without exception that out of each hospital dispute shall evolve another special hospital. Thus the original Hospital for Diseases of the Throat, in Golden Square,, is the focus from whence two or three others have sprung, one but a few days since, owing to the "Hospital Scandal" about which our readers are already aware; and now another skin hospital springs into existence, from a "scandal" at St. John's Hospital for Diseases of the Skin, Leicester Square, the centre of many previous eruptions. And on the principle that there is nothing like bringing sin home to one's very door, the "London Skin Hospital" has been opened in Cranbourne Street, within a few yards of its foster parent; and we are requested to announce that as an initiatory step of the Committee of Management, the following appointments have been made:—Mr. Jas. Startin, M.R C.S.; Mr. Walter Pocock, M.R.C.S.; and Mr. Edward Joseph Barry, M.D. Ed., M.R.C.S. Eng., to be Honorary Medical Officers to the Hospital; and Mr. Startin, Lecturer.

Poisonous Cheese.

Cases of poisoning from eating cheese are almost unknown on this side of the Atlantic, but according to Dr. Victor C. Vaughan, of the Michigan Board of Health, they are lamentably frequent. The symptoms are those ascribed to some varieties of ptomaines, viz. dryness of the throat, nausea, vomiting, diarrhœa nervous prostration, headache, and occasionally diplopia Though often severe, a fatal termination is rare. Freshly cut poisonous cheeses exude drops of an intensely acid fluid, and this fact should at once create suspicion. There would appear to be good grounds for believing that the poison may be generated by bacterial growth, but so far it has not been satisfactorily eliminated. The best results were obtained by making an aqueous extract of the cheese which is rendered alkaline by the addition of caustic potash; it is then treated with ether from which needle-shaped crystals are deposited. These crystals in solution gave rise to symptoms very like those caused by the ingestion of the cheese itself. Dr. Vaughan suggests that it may be one of the putrefactive ptomaines. He recommends, in consequence, more care in the inspection and cleansing of the milk cans, and greater attention to the cows, because if the surroundings are unhygienic and filthy, their milk is more liable to take on the putrefactive changes, to which the formation of the poison is supposed to be due.

Oil of Turpentine in Chronic Catarrh.

The attention of the profession is called to the value of oil of turpentine in chronic catarrhal inflammations of the pulmonary and respiratory tracts, by Dr. J. B. Walker in the American *Medical and Surgical Reporter*. In the form of tar the writer recommends the drug to be given in bronchial attacks, and he advises it under the form of terebene for such as cannot tolerate the crude preparation. His experiences confirm and extend the results gained in this country with pure terebene.

Compulsory Temperance.

Enthusiastic advocates of total abstinence from alcoholic drinks may well take a hint from the results which have been produced in Kansas, U.S.A., as a consequence of the prohibition of the liquor traffic. An enterprising local contemporary, published at Osage city, has been at the pains and expense of ascertaining to what extent drug stores are utilised there as sources of alcohol, and a somewhat startling though eminently instructive picture is presented by it. According to the laws regulating the sale of drugs in Kansas, intoxicating liquors may be purchased from chemists on the purpose for which its use, medicinally, is required being stated; and a list of three hundred and fifteen reasons for its requirement is given in this return, according to the New York *Medical Record*. Among the diseases named in this connection we find "bilious headache," "chronic diarrhœa," "chronic constipation," "congestion of lungs," "*indigestion*" of the same organs, a mysterious affection suggestively named "dry stomach," "gravel," "epilepsy,' "inflammation of the kidneys," and a whole host of others. The mere word of the candidate is all that is required in the way of diagnosis, nor need it be supported by any medical testimony to entitle to the purchase of spirit for relief of the symptoms. It must be clear, therefore, that though the drinking saloons may be effectually closed, there can scarcely be any limit to drinking habits among a population able to indulge habits of inebriety on such very flimsy pretexts as those named above. Moreover, if the more thorough-going of the agitators in this country had but their own way, and the regular drinking establishments were closed permanently, it is certain that something as bad, or even worse, would occur in this country. Intemperance can never be successfully fought by stringent measures of prohibition; but the constant inculcation of *temperance* will in time bear good fruit and lasting, and it is in this direction that the best results should be anticipated, as they will most certainly be obtained.

Thought-Reading and Instinct.

The question of thought-reading regarded in its scientific aspect is engaging a good deal of attention among physicians in America, where the phenomena attendant on it are being carefully investigated with a view to their explanation on physical grounds, in much the same manner as is being done in this country by the Society for promoting Psychical Research. An animated discussion in this connection recently took place at a meeting of the Massachusetts Medical Society, when a critical and instructive communication was read by Dr. Morton Prince, who, after sketching the progress of thought-reading and the experiments devised for illustrating its effects, arrives at the conclusion that the hypothesis which describes the phenomena as due to direct transference of thought from person to person engaged in experiment is not in itself inherently impossible, but that the subject must be considered as being still *sub judice*, and as requiring yet further investigation ere it can even be established beyond possibility of doubt. The conditions under which thought transference is possible are, in his opinion, very limited, and the ideas capable of such transference, themselves very simple, and he regards the number of failures recorded as tending to confirm the truth of the theory involved. Dr. Prince distinguishes clearly between the class of manifestations he deals with and those resulting from muscle-reading, and in this his critics in the following discussion on his paper in the main agree with him. One of these, Professor Royce, on the strength of a suggestion made to him by Mr. Barrett Wendell, of Cambridge, proposed to regard thought transference as dependent on the persistence of a trait existing in a former less cultivated condition of the human race, and an indication of a retrograde nature rather than a sign of advance. The nature of the phenomena he held to be indicative of a kind of "instinct," which may have been long obsolete in man, having been replaced by the higher attributes of human acquirement, particularly by speech, which has thus supplanted the ruder and more imperfect modes of communication formerly carried on by other and less comprehensive methods of conveying ideas. Such a conception of the *rationale* of thought-reading will possess a good deal of attraction for those who seek to harmonise facts with theories founded on a basis of evolution; and it has decidedly very much to recommend its consideration from this point of view. To what extent the suggestion may prove fruitful in the direction of future investigation remains, of course, to be seen, but that it will have some effect in this way can hardly be doubted, since not a few English observers have in a partial measure shown a leaning towards an explanation of the kind.

Unsuspected Nephritis in Children.

The occurrence of renal disease in young children is scarcely ever suspected or diagnosed except in those cases where it exists as a complication of some other affection, the urine of such patients not being made the object of examination as a matter of clinical routine. It is quite possible, therefore, that instances of diseased kidneys in such young subjects may continue unnoticed, even to a fatal termination, death being in the end ascribed to some totally different cause; and in this connection the experience of a single physician, quoted in the *Boston Medical and Surgical Journal*, has yielded no less than six cases within a few months, in which examination of the urine of infants under two years old had revealed undoubted signs of renal mischief. Within the same period, also, he had received reports of two other cases occurring in the practice of a friend, and in all of these, but for the fact of a special examination having been made, no indication of the true state of affairs would have been afforded. As to the method to be pursued with a view to procuring the fluid for observation, catheterism is the plan advised, though it is doubtful how far this means of collecting it will commend itself to general practitioners. That the warning sounded in the recommendation is a sound one, however, there can be but little question; nor can any great harm ensue from the more universal adoption of a suggestion which, especially in any case of unexplained illness among young children, may possibly be followed by the acquisition of useful and guiding information.

Advertising Dentists.

A person named Partridge, doing business in a sort of Dental Dispensary at Kensington, has applied to the law courts for a *mandamus* to compel the Medical Council to reinstate his name, which has been recently erased from the Dental Register. Mr. Partridge obtained admission to the examination for the Licence in Dentistry of the Irish College of Surgeons by signing an undertaking that he would observe the bylaws of the College, preserve its "reputation, honour, and dignity," and, specially, would refrain from advertising, and, if adjudged by the College to be guilty of violating this undertaking, would, at once, surrender his diploma to be cancelled. Having thus secured the title of L.D.S. which he desired, he at once proceeded to advertise, and otherwise violate the College by-laws, and, on his conduct becoming known, he was called upon to give explanations. He begged off, and apologised, and the College did not punish him as he deserved until they learned that he had again immediately proceeded to repeat the offence. They then called on him for an unqualified submission—apology—and renewed promise, and, as he equivocated and failed to conform to their demand, they struck him off their rolls, called on him to return his diploma, and notified his expulsion to the Medical Council, who, as a matter of course, struck out the L.D.S.R.C.S.I. appended to his name in the Dental Register, and *ipso facto* his name disappeared from the Register, and he became liable to prosecution for illicit practice. The newspaper reports of the case do not clearly disclose the law points upon which Mr. Partridge depends. It appears from the Dental Register that he was not registered as a dentist in practice before July, 1878, but solely as a holder of the L.D.S. Therefore he can hardly maintain that, notwithstanding the withdrawal of that licence, he is still entitled to appear on the Register. But perhaps he interprets the clause of the Dentists' Act as compelling the Medical Council to inquire, for themselves, the cause of his expulsion, and not to erase his name unless they are of opinion that he has been guilty of "infamous and disgraceful conduct in a professional respect." On this point the clause of the Act seems somewhat ambiguous, but it would be an absurdity to construe the law so as to compel the Medical Register to state falsely that this person is the holder of a licence which, in fact, he does not hold. If such an interpretation were possible, and that the Medical Council reinstated the record of the licence in connection with Mr. Partridge's name, they would then become liable to an action on the part of the College to compel them to abstain from degrading its licence by attaching it to a person considered by it to be disreputable. As to the expulsion of Mr. Partridge by the College, no question can arise, for it enjoys the most ample authority under its charters to expel a Licentiate for wilful breach of any by-law or regulation which it pleases to make. The issue of this suit is, however, of considerable importance, for if Mr. Partridge should succeed in his claim to be credited with the licence which the College has taken from him, then any Dental Licentiate may, with impunity, violate all his pledges and break the collegiate law without any apprehension of punishment, and it will become necessary for the College to insist on a money guarantee or else to refuse to grant the Licence in Dentistry at all.

Diabetic Dietetics.

Dr. Pavy has very properly called attention to the fact that a good deal of the so-called "gluten bread," &c., in reality differs but little from ordinary bread so far as the proportion of starch is concerned. The evil results of such fraudulent representations are obvious, and henceforth every medical man in charge of a diabetic patient should not be satisfied with ordering gluten bread, &c., but ought to assure himself that the article is really what it pretends to be. Much disappointment in treatment in the past may be attributable to this weak point, against which medical men have, perhaps, been scarcely enough on their guard. Gluten flour and gluten bread always contain a certain amount of starch, but this is not of importance provided the proportion do not exceed 25 to 30 per cent. Many of those examined by Dr. Pavy contained as much as 75 to 89 per cent. of starch. In bran biscuits, 50 to 60 per cent. of starch was found, but this included the cellulose and lignose contained in bran. Macaroni, vermicelli, and semola, also specially prepared for diabetic patients, were none of them really suitable, only differing to a slight extent from the ordinary article.

Treatment of Fissure of the Anus.

Dr. F. Mendel, of Essen, recommends in the *Deutsche Med. Zeit.*, No. 17, 1887, the following as a simple, comparatively painless, and effective method of treatment for this painful and sometimes obstinate affection. He commences by cauterising freely with arg. nit., and follows this at once by painting with a 5 per cent. solution of cocaine. This at once relieves the pain caused by the cauterisation. He then makes use of the following mixture as an ointment:—

Acid. borac., 2.0;
Cocain. mur., 1.0;
Lanolin, 20.0. M.
Ft. ung.

This is applied with the finger several times a day, and especially after defæcation, and retained by a pledget of lint. Care is taken that the bowels are gently acted on daily—Epsom salts, Carlsbad salts, &c., and the base of the fissure is cleansed several times a day by washing with a 3 per cent. solution of boracic acid. Within one or two weeks this method of treatment always induced healing of the ulcer, as the cocaine prevented the painful contraction of the sphincter ani, and the cleansing with the boracic acid prevented accumulation of irritating matter, fæcal or other.

Preventive Inoculation against Phthisis.

M. Vittorio Cavagius has reported to the Academie des Sciences, Nov. 29, that a two per cent. solution of carbolic acid destroys the infective power of tuberculous virus, that a weaker solution (1·25 per cent.) enfeebles or attenuates it. By inoculation of rabbits and guinea-pigs first with inert tuberculous matter, then with attenuated, he found that they were not made tuberculous, even when pure tuberculous matter was injected.

The Brussels M.D.

A list of the graduates of the University of Brussels residing in England and Wales has recently been published by the Brussels Medical Graduates' Association, from which it appears that their number now exceeds two hundred. Many of the gentlemen holding this degree occupy distinguished public positions in connection with various hospitals and institutions. This list is of interest in view of the application which will be made shortly to the General Medical Council to render the degree a registrable qualification in this country. Only men already qualified in medicine and surgery are exempted from the usual course of study and residence, and the numbers who have availed themselves of the opportunity show the necessity which exists for similar facilities in England.

Influence of Alcohol on the Interchange of Gases.

Dr. Bodlaender, of the Pharmacological Institute of Bonn, has been carefully revising the views held on the fate of alcohol in the system, and has published the results of his researches in the *Zeitschrift für Klinische Medizin*, 5 and 6, 1887. In opposition to the views of French and other authorities that alcohol completely passes out of the system, and unchanged, through the lungs, skin, and kidneys, Binz, of Bonn, and his followers, have shown that an insignificant fractional part only thus passes out unchanged—in the human subject about 2,915 per cent. The question whether this oxidation of the alcohol in the system, protects body material or food from combustion may be answered in two ways: 1. By a computation of the heat evolved; and 2. By calculating the amount of the products of combustion. (Water, urea, and carbon dioxide.) Dr. Bodlaender chose the second method, and arrived at the conclusion that, under the influence of alcohol a diminution of the amount of oxygen absorbed, and of the carbonic acid eliminated almost invariably takes place. Alcohol introduced into the system lessens combustion, it is itself consumed in the system, and thus protects the organism or other food introduced from oxidation; and so much the more as the total amount of combustion is not increased but diminished. This property renders alcohol an important article of diet in the sick-room; it acts not only as a stimulant and a febrifuge, but as food. As an article of food in health its nutritive value, economically considered, is, of course, out of all proportion less than that of the sugar and starch from which it is manufactured. It must also be borne in mind that if a sufficiency of these articles is taken, any alcohol consumed is then in excess of the requirements and likely to be rather injurious than useful.

The crematory furnaces which are being built in the cemetery of Père Lachaise at Paris have now advanced beyond the first story. The upper part and the chimneys, however, still remain to be added, and it is not expected that cremation can take place there before the end of the year. The completion of the original plan, which comprises waiting rooms for the public and temporary resting-places for the ashes, will only be proceeded with "s'il y a lieu" at a subsequent date.

Action for an Alleged False Certificate of Death.

On Saturday last a criminal prosecution was instituted against Mr. Thos. Wheeler, M.R.C.S., of Bexley, Kent, Medical Officer and Health Officer for the district, for that he wilfully did make and issue a certificate of death knowing it to be false. During the hearing of the case it transpired that Mr. Wheeler had been asked to see the deceased woman on December 19th, by her husband, a foundryman, and after giving directions as to what should be done for the patient, left, promising to call again. This he failed to do, although the husband sent or called on him three or four times, begging him to come again, as his wife was dying. The next time he visited her was on Dec. 25th, soon after she had expired, and a certificate was given that he had attended her on the 24th. On these grounds the action was taken; but the prosecution failed to gain a verdict, owing to the fact that the certificate of the cause of death was correct, albeit the date was wrong. After reading the shorthand evidence of the case, we reluctantly forbear to comment.

A dramatic performance, under distinguished patronage, in furtherance of the appeal for £100,000 fund for Guy's Hospital, will be given at the Novelty Theatre on Thursday, April 21st.

Dr. Brouardel, the well-known Professor of State Medicine, has been gazetted Dean of the Faculty of Medicine of Paris, *vice* Dr. Béclard, deceased. Dr. Brouardel is one of the youngest professors of the Faculty, being only forty-seven years of age. He will continue, notwithstanding his appointment, to deliver his lectures on legal medicine at the Morgue.

France.

[From our own Correspondent.]

Pasteur Again.—At a meeting of the Academie de Médecine, M. Peter again attacked the Pasteur method of treating rabies, and brought forward the testimony of two Italian doctors (Renzi and Amorso of Naples) which was to the effect that the malady could be produced by inoculation of the virus under the dura mater after trephining, but there were no prophylactic agents against the hydrophobia thus provoked. M. Vulpian, replied, observing that the experience of the two gentlemen was not very great as regards bacteriology.

Adenoma of the Breast.—At the Société de Chirurgie, M. Terrillon, spoke on a case of painful tumour of the breast. A woman, æt. 21, complained greatly of pain in the left breast, assuming a neuralgic form. The painful part was situated near the nipple, where some hard nodules could be felt. Medical treatment was tried without avail, and the patient insisting on an operation, the glands were taken out, when the pain immediately ceased. An histological examination revealed the presence of adenoma.

Bouchard on the Treatment of Typhoid.—M. Bouchard recommends the following treatment for typhoid fever, which comprises four principal points.—1st. A purgative every three days (half-an-ounce of Epsom salts). 2nd. Eight grains of calomel, daily (in half-grain doses every hour) for four days. 3rd. ℥iij charcoal in powder, xx grains of iodoform. ʒj of napthalin, the whole to be mixed with ℥viij glycerine and ʒj peptone. This mixture forms a treacley mass, and is administered in tablespoon doses every two hours in a little water. An enema should be also given morning and evening of a solution of phenic acid (1 in 1,000, the half each time). 4th. From the first day the patient takes eight baths daily, as long as the temperature exceeds 37 degrees centigrade (98 F.) The baths are only four degrees lower than the temperature of the patient, and thus no shock is produced, by degrees cold water is added until 86 degrees Farenheit is reached, that is to say, after an hour and half, and thus the half of the day is spent in the water. The *régime* comprises beef tea, lemonade and wine. This treatment gave a mortality of only 7 per cent. in the Lariboisière hospital, while hitherto, it exceeded 18 per cent.

Massage in the Treatment of Fractures.—M. Lucas Championnière cites a typical case by a medical man on whom the treatment produced the best results. In the month of August of last year, in getting out of the tramway, this gentleman twisted his foot, and experienced immediately great pain, and was obliged after limping a short distance, to take a cab to his home. M. Lucas was called in, and diagnosed a fracture of the fibula *par arrachement.* Immobility and daily massage avoiding the seat of the fracture were ordered. The pain and swelling diminished gradually, and twelve days after the accident he was able to put on a boot and walk. Another case not less striking, was that of the Surgeon-in-Chief of Prefecture, who fractured the radius in a fall from his horse. Massage was resorted to, and in 48 hours all pain had disappeared; in four days he wrote pretty fairly, and in two weeks he had recovered every movement of the arm. A substitute was only required to perform his functions two days during the whole time.

Reduction of Hernia.—At the Societé de Chirurgie, M. Terrier brought forward a case of internal strangulation caused by the reduction *en masse* of a hernial sac. The man was 61 years of age, suffered for a considerable time from an inguinal hernia of the right side which became frequently very troublesome to reduce. A few days ago the rupture presenting again symptoms of strangulation was reduced *en masse* and all went well for two or three days, but at the end of that time severe pain was felt over the seat of the hernia, the abdomen became painful and distended, and all the symptoms of stricture of the intestine soon appeared, the operation of laparotomy was performed and the suspicions of the surgeon were confirmed. The intestine was disengaged and the man made a good recovery.

Iodoform in Cold Abscesses.—M. Terrillon read a case of abscess of the gluteal region following typhoid fever and treated by iodoform dissolved in ether (1 in 20). The injections produced the best results, and he recommended the treatment to be employed in similar cases, that is to say, in cold abscesses, although he believed that the same method would be tried with benefit in inflammatory abscess. M. Terrier considered the communication of M. Terrillon worthy of attention, but nevertheless, was of opinion that cold abscesses even of tuberculous origin, could cure by a simple incision especially if pressure were applied. M. Le Dentu said that injections as proposed by M. Terrillon, of iodoform for cold abscesses were far from answering up to the expectations. He rather preferred incision of the collection of pus and cauterisation of the walls with a solution of chloride of zinc (1 in 20). He was of the same opinion as the last-named operator in regard to the spontaneous cure of the abscess. M. Reclus, however, was greatly in favour of the iodoform treatment so much preferred by M. Verneuil. He never saw any accident follow the employment of the solution, and on the contrary, insisted on its utility in fistulæ which are otherwise almost condemned to become permanently chronic. Your correspondent can fully verify the statement of M. Reclus. On a patient of his who was suffering from fistula of the axilla consequent on abscess in that region, cauterising with nitrate of silver, injections of irritating agents (liqueur violette), were tried in vain. In a fortnight after the adoption of M. Verneuil's method the fistula was completely cured.

Incision of the Vesico-Vaginal Wall for Purulent Cystitis.—M. Le Dentn cited two cases of incision of the vesico-vaginal wall for purulent cystitis accompanied with pain. First case was that of a woman, 41 years old, who had been admitted into the hospital for cystitis, accompanied with cystalgia of a very distressing character. A vesico-vaginal fistula was treated. At the end of three weeks the pain had entirely disappeared, and the urine became clear, six months subsequently the fistula was closed, and at present, the general condition was as good as could be desired. The second was a case of tuberculous cystitis, the same operation was performed with similar results as far as the urinary apparatus was concerned. The fistula in this case could not be closed on account of the pulmonary trouble.

Treatment of Syphilis by Subcutaneous Injections of Calomel.—M. Besnier, of the St. Louis hospital employs with the most satisfactory result, the treatment of syphilis inaugurated by an Italian physician named Scarenzio, and which consists in the subcutaneous injections of calomel suspended in vaseline oil. M. Besnier, in the treatment, takes every antiseptic precaution: the place where the needles are to be inserted is washed with a feeble solution of sublimate, and the vaseline oil is first brought to boiling point, and then allowed to cool and the calomel is previously washed in alcohol. From a half to a grain of calomel is injected at the time and the place chosen is generally the gluteal region, the needle should be pushed right into the muscular tissue. For the first few days nothing particular is observed, but at the end of a week a little nodule appears at the seat of the injection which sometimes becomes as large as a small egg, but repose and lead lotion prevents suppuration. Salivation is exceptional. M. Besnier says that four or five injections are sufficient to cure syphilis.

Chronic Itching.—The following medicinal treatment of the itching in chronic diseases of the skin is recommended:—Salicylic acid, xx grs.; oxide of zinc, starch powder, ʒv; vaseline, ℥jss.

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Glasgow.

[FROM OUR OWN CORRESPONDENT.]

Completion of the Glasgow Fever and Small-pox Hospitals.—The whole of the Glasgow Corporation Hospital at Belvidere, as originally planned, having now been erected, occasion was taken on Saturday last to officially inspect the institution in its completed condition. On the invitation of the Lord Provost and members of the Hospitals Committee, a large company of medical men and those immediately connected with the Corporation took part in the ceremony. The chief features of this gigantic undertaking may be thus briefly summarised:—Within the walls are two hospitals totally distinct from each other, one for the treatment of small-pox, and the other for fever patients. The former consists of five pavilions, or ten wards, capable of accommodating 150 adult patients, besides doctor's house, nurses' quarters, kitchen and stores, washing-house, stables, morgue, and other offices. The total cost of this portion of the premises has been £30,235. The fever hospital was begun in 1870, the first pavilion erected being wholly composed of wood. In 1879, contracts for four brick pavilions were entered into, and from that time till now pavilion after pavilion has been added, the wooden ones being removed to give place to the more commodious and substantial brick buildings, until there are now 13 permanent pavilions, or 26 wards, capable of accommodating 390 adult patients. The cost of the fever hospital has been £76,167. One very interesting portion of the premises consists of what is known as the Dorcas store, a large apartment which, through the kindness of a number of the ladies of Glasgow, is kept stocked with clothing for presentation to poor patients, who, on leaving the institution, are found not to be sufficiently clad. The hospital has recently been connected with the city fire brigade premises; and in order to show how promptly an outbreak of fire could be attacked the brigade was summoned by means of the electric alarm. In less than a quarter of an hour there was a body of men at the hospital with apparatus sufficient to cope with a very large outbreak of fire.

The Proposed Southern Infirmary at Glasgow.—A meeting of the inhabitants of Glasgow favourable to proceeding with the erection of the proposed Infirmary on the South Side, was held in the Merchants' Hall, on the 28th ult. The Lord Provost, who presided, said that at the first meeting of the Town Council this year an influential deputation attended for the purpose of advocating the claims of the proposed southern hospital, and to ask the sympathies of the Town Council in its behalf. This body had already marked their interest in the undertaking by agreeing to give at a very moderate rate a suitable site in the Queen's Park, and he therefore commended the proposed hospital to the favourable consideration and the liberality of the citizens of Glasgow. It seemed that though the pressure was not greater on the hospitals in the city during last year than the previous year, they were fully occupied, and it was evident that before any considerable lapse of time an increase of accommodation must take place; and surely it was reasonable and becoming that that increase which would be soon wanted should be arranged not for the enlargement of either of the important and successful institutions of which they were so proud, but that a population which numbered about 240,000, and with a natural boundary on the river Clyde, should have an hospital of their own. He could quite understand that the hospital, if erected, would produce on the South Side itself an amount of liberality which one would scarcely believe beforehand; because the duty of supporting at one's door, and the interest awakened by having an institution in the management of which one took a part, was always so very great an inducement to increased liberality that he was quite sure that the funds applicable for the carrying on of the infirmaries by the establishing of this one would be so considerably increased that neither of the two institutions already in operation would be allowed to suffer from want of funds.

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Edinburgh.

[From our own Correspondent.]

University of Edinburgh.—Leave of Absence to Professor Rutherford.—It is stated that Professor Rutherford, F.R.S., acting on the advice of friends, has applied to the University authorities for temporary release from duty. The immediate cause of the step is said to be ill-health, induced by over-work and worry in connection with the painful incident which has been more than once alluded to in our columns. We sympathise with the distinguished professor, and trust that the further request, implied in this step, to have the matter thoroughly sifted will be speedily acceded to by the University Court. It is understood that Dr. Caton, Liverpool, lately Examiner in Physiology to the University of Edinburgh, has agreed to take Dr. Rutherford's place in the approaching spring examinations. The arrangements for the conduct of the practical classes in summer are not yet complete.

University of Edinburgh Academic Hall.—The Government has finally agreed to make a grant of £8,000 with a view to the purchase of a site for the Academic Hall of the University of Edinburgh. The total cost of the site will be £12,000,of which the remaining £4,000 has been presented by a private donor. The building, which is expected to cost £40,000 or £50,000, ought to be one of the finest in the city. As previously stated, it is the gift of an Edinburgh citizen.

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THE CONJOINT EXAMINATION SCHEME FOR IRELAND.

The Irish Colleges have lost no time in acting upon the decision of the General Medical Council, who, as we have already recorded, sent back by amajority vote of 19 to 4 the Conjoint Scheme submitted by the Colleges, in order that the Apothecaries' Hall might be included in it. The Council of the College of Surgeons met last week, and by a vote of 12 to 3 passed a resolution the purport of which was that they strongly urged the College of Physicians to assent to the admission of the Apothecaries' Company to a share in the examination, but that, if that appeal was not successful, it would become necessary for the College of Surgeons to negotiate with the "Hall" for the formation of a separate and distinct conjoint examining board additional to that already contracted for with the College of Physicians. In face of the all but unanimous expression of opinion by the Medical Council, this decision was to be expected, and the hope might have been entertained that the College of Physicians would have seized the opportunity to retire from an indefensible position, and to consent to the admission of the Apothecaries' Hall to the conjunction.

It seems, however, to be a case of *non-possumus* with that sacred and reverend conclave, it being apparently of no importance to them what is best so long as their dignity is preserved. Medical Acts and Medical Councils may come and go, but the King and Queen's College of Physicians in Ireland must go on for ever in admiration of its own importance. So it has received the appeal of the General Medical Council with a vote of 19 to 2, that it will not under any circumstances conform to anybody's wish or remonstrance.

It is to be presumed that the question of a tripartite conjunction in Ireland is thus finally settled. The precipitately constructed Conjoint Scheme between the Colleges will go on, lame and impotent in its conclusion, because the College of Surgeons has rashly pledged itself, and cannot now withdraw, and there will be a second competing conjunction in Dublin qualifying at less money and, doubtless with a lower standard of examination and thus complicating Irish Medical education. But the musty dignity of a College has to be safeguarded which is a consideration supreme in importance, and the public must necessarily stand aside.

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At the Societies.

MEDICAL SOCIETY OF LONDON.—Monday, March 7.

Mr. Marmaduke Sheild read the notes of a very interesting case in which hæmorrhage occurred from the femoral artery and vein following suppurating buboes, and proved fatal, notwithstanding, or perhaps in consequence of, ligature of both vessels. The case evidently excited a very general interest, for Sir Wm. McCormac put in an appearance, and alluded to cases of a similar kind which he had seen. Mr. **Bernard Pitts** was enabled to record a case in which while a resident at St. Thomas's Hospital, he accidentally wounded the femoral vein while endeavouring to secure the artery. He ligatured the vein also, and the lad made a good recovery. All's well that ends well. Mr. Harrison Cripps, who published "fifty-seven cases of femoral ligature for hæmorrhage" in the Bart's Hospital Reports for 1874, advised pressure as a preliminary step to further measures. Mr. J. **Astley Bloxam** retorted by quoting two cases in which he had tried pressure, and which had terminated fatally. Mr. **Thomas Bryant**, attracted by the sound of femoral ligature, had to make the humiliating confession that he had never met with any cases of the kind. He, too, advocated pressure while the diagnosis of the source of hæmorrhage was uncertain. Mr. R. B. **Carter** referred to the celebrated Portsmouth duel case in which Mr. Liston had tied the external iliac artery for hæmorrhage from the femoral, following a bullet wound in the groin; the patient dying, nevertheless, of hæmorrhage.

It was mentioned at the general meeting that only one essay had been received for the Fothergillian medal this year, and this had not been deemed worthy.

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At a recent meeting of the Medical Society of London, the President, Mr. R. Brudenell Carter showed what he justly considered to be a curiosity, viz., a painting by an artist who had been rescued from total blindness by an operation for cataract. In addition to being a work of art, it derives a peculiar interest from the circumstances under which it was enabled to be produced. Successful operations for cataract are fortunately by no means rare, but a success is nevertheless a success, especially when it takes the form of a picture which being a thing of beauty will doubtless be to its possessor, a joy for ever.

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Correspondence.

TEA AS A BEVERAGE AIDING PROGNOSIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I was glad to see in your issue of March 2nd Dr. Mortimer Granville's able advocacy of the use of tea. Having for more than half a century made tea my chief beverage, both at home and abroad, seldom taking anything more potent, I have always wondered at the ferocious attack made upon its use by various writers. When in Java many years ago, I daily consumed large quantities of the fragrant decoction, revelling uery often in teas of exquisite flavour, such as were reserved for the use of the highest Chinese nobles, the worth of some of such teas being almost fabrilous.

My well known appreciation of a cup of tea on my rounds daily caused wonder and amusement among my Chinese patients. Should I, when visiting any of their family, find in the entrance hall, a well spread table of sweets, cakes, preserved fruits, &c., and the cup that cheers but not inebriates, awaiting my arrival, I well know that the patient was markedly better and stated the fact before seeing the invalid; if, however, a solitary cup and teapot were ready for my use then I boldly asserted that the patient was in *statu quo* and cheered the friends by explaining that the fever, dysentery, cholera, &c., had not reached their Chinese, and that they must wait another day. When I entered a house and found no preparation it was at once evident that the case was rather growing worse than better, but confidence was restored by explaining I expected sad a state of things and hoped that another twenty-four hours, or as the case may be, would see a happier state of things; yet how all this was known without the patient being seen, ever remained a matter for wonder and admiration by the heathen chinee.

With regard to Dr. Granville's views as to the value of stimulants in gout, many will, I think, agree with me that they are open to grave question, certainly my own observations lead to the support of Mr. Garnett's opinion, "No alcohol no gout." *Vide* "Medical Digest," Sc., 1467 : 2.

I am, Sir, yours, &c.,
60 Boundary Road, Richard Neale, M.D., Lond.
London, N.W.

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PARKES' MUSEUM OF HYGIENE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I had occasion recently to visit Parkes' Museum of Hygiene in Margaret Street for the purpose of getting some practical information on certain subjects. From the strange way in which the porter spoke and stared at me, I inferred that visitors were not common; he declared himself unable to give any information as to the whereabouts of the models I wished to see, and stated that there was no catalogue nor descriptive lists of the articles on exhibition.

Notwithstanding this unpromising reception, I entered, but only to find that the main hall was unapproachable, on account of the preparations which were being made for a tea-party. It struck me as being an odd place for a *réunion* of this description amidst models of water-closets, urinals, and drains. Fortunately the ladies did not appear in any way embarrassed by the anomalous surroundings, but they effectually prevented any systematic inspection of the sanitary marvels which are piled up on the ground floor.

I was unable to discover several of the objects I had come to see, and ultimately left, somewhat discouraged by my pursuit of science under difficulties.

Surely, Sir, some measures might be taken to facilitate the attainment of the object for which the Museum was founded. It contains a vast amount of valuable material, but partly from the want of space, and partly from a want of order and especially the lack of a numbered catalogue, these treasures can only be utilised with difficulty, or not at all.

I am, Sir, yours, &c.,
London, March 4th. W. C.

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THE INFIRMARY FOR CONSUMPTION—
A CORRECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A singular error occurs in my letter which you published last week. The amendment which was carried by the votes of the Governors at the special general meeting on the 16th ult. is not "That any attempt to limit the *liberality* of opinion and practice . . ." "Liberality" is of course nonsense; it should have been "liberty." I would now add that seven of the representatives of scientific medicine on the staff of the Infirmary have sent in their resignations, which the Executive Committee have accepted. Advertisements have also issued for one ordinary physician, three visiting physicians, and a surgeon, to fill the places vacated by the resigning medical officers. Of course the Committee will get no applications from any self-respecting members of the profession, and none but homœopaths will be likely to apply, or perhaps some degenerate members of the profession who will not object to act along with the homœopaths on the staff, and who can be little better than homœopaths themselves if they join an institution where homœopathy is openly practised, and, as the votes of the Governors have shown, cannot be excluded from the Infirmary.

But, Sir, what is to prevent all our hospitals going the same way as this Infirmary? Suppose one of the physicians of Bart.'s or Guy's were to turn homœopath, and treat his patients on that system, is there anything in the laws or constitution of these hospitals to prevent him doing so? To prevent such a catastrophe, would it not be a wise move on the part of all our orthodox hospitals to incorporate in their laws some proviso for immediately expelling any physician who should dare to introduce homœopathic remedies? Or how would it do to impose an oath on every one of the medical officers on appointment not to practise homœopathy, in the hospital, at all events, whatever they may do outside it? Ichabod! Ichabod! the glory of orthodoxy is departing from our ancient institutions! The thin end of the homœopathic wedge has been inserted in the case of the Margaret Street Infirmary. How can its further progress be arrested?

Your obedient servant,
London, March 3. A Governor.

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VACCINIA AND VARIOLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some years ago I ventured, in a paper read before the Medical Society of London, to propose to that Society that a committee should be formed containing such eminent authorities on veterinary surgery as your correspondent of this week, Dr. Fleming, and as many of the physicians and surgeons, members of the Society, as could attend, to investigate the all-important point of the identity or diversity of variola and vaccinia. My own opinion is that vaccinia must be modified variola, because: 1. It is so very rare to hear of spontaneous cow-pox in our time, when small-pox is so little seen in country districts. 2. Because Mr. Badcock told me that he had had, I think, as many as sixteen successes in causing vaccine vesicles to appear on cows which he inoculated with variola; whilst Mr. Ceely had two or three successes; Dr. Green, one; and Dr. Voigt, of Hamburgh, also one. Of course, as Dr. Fleming says, there have been many negative experiments; but that surely is not conclusive evidence. 3. Since the era of Pasteur's splendid discoveries, we can hardly conceive why vaccinia should prevent variola, unless it be "modified variola." Finally, I hold with Dr. Fleming, that "the time has long since arrived when the question should be set at rest, for it is not creditable that grave doubts should still be entertained with regard to a subject so important to mankind." Why should we not *at once* have a committee formed to investigate the point and settle it?

Yours, &c.,
C. R. Drysdale, M.D.
23 Sackville Street, London, W.,
March 3rd.

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Literature.

FARR'S VITAL STATISTICS. (*a*)

This is not a book which appeals to everybody, and interesting and instructive as are its contents, a special course of training is needed before most persons would derive satisfaction or information from them. Dr. Farr was a man of great but peculiar ability. His taste for matters concerning hygiene and vital statistics showed itself early in his career, but it only definitely became known to the

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(*a*) "Vital Statistics: A Memorial Volume of Selections from the Reports and Writings of William Farr, M.D., F.R.S., &c., late Superintendent of the Statistical Department of the Registrar-General's Office, England." Edited by Noel A. Humphreys, of the Registrar-General's Office, for the Sanitary Institute of Great Britain. London: Edward Stanford.

public on the publication of his valuable article on "Vital Statistics" in McCulloch's account of the British Empire in the year 1837. In that year he first became officially connected with the then new institution for the civil registration of births, deaths, and marriages, and there are few instances of a man being nominated to a post more congenial to his tastes and talents.

One has not to read very far before one perceives that Dr. Farr's contributions to statistical science in no wise partake of the dry-as-dust character which the title might lead us to suppose. He first clears the ground by some general remarks indicative of the nature of the observations which follow, and a careful and dispassionate discussion of the results yielded by the first six censuses. His inquiries into the progressive augmentation of population and material wealth are characterised by a perspicacity and a clearness of apprehension which render them invaluable for reference on such matters, and the same remarks apply to the inquiries on marriages and births. Dr. Farr was no believer in the Malthusian theory, and he combats, by the aid of figures, arguments and inferences with a success which cannot but comfort those of his readers who only ask to be permitted to disbelieve the gloomy prophecies of that high priest of depopulation. To say that his arguments are absolutely conclusive would be rash, since the question is one which admits of more than one interpretation. Indeed, its great success and one time popularity render it extremely probable that the work of Malthus is a *reductio ad absurdam* of what is in the main a reasonable and fair speculation. The Sanitary Institute have done a great and good work in compiling the present volume, and every credit is due to the editor, Mr. Humphreys, for the patience and judgment which he has shown in the fulfilment of a task which he had undertaken. Unfortunately the technical and erudite nature of the papers, together with the price and size of the volume, render it inaccessible to many persons who would otherwise be only too pleased to become acquainted with the result of Dr. Farr's labours. It may be that at some future time an effort will be made to vulgarise the work so as to enable it to be grasped by the reader of ordinary intelligence and education. The science of hygiene is one which, to be thoroughly successful, requires the active and intelligent co-operation of every member of the community, and this can only be attained by enabling even the humbler members—from the point of view of intellectual development as well as from a mere social status—to understand the magnitude and importance of the interests which are at stake.

The volume before us is an indispensable addition to the library of everyone interested in sanitary science and the statistics on which it is so largely based. The publishers are to be congratulated on the excellent way in which the work has been produced. It is one which will remain a standard work of reference for many years to come.

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Medical News.

St. John Ambulance Association. — The Streatham Division of the Metropolitan Police having undergone a course of instruction in "first aid to the injured," under Deputy Inspector-General M. Coates, R.N., have been examined by Mr. G. Carrick Steet, F.R.C.S., Chief Medical Officer, General Post Office, with the result that the whole of the candidates, twenty-three in number, have been awarded certificates. This fact speaks equally well for the care and attention bestowed by the lecturer who has generously borne all the expenses himself, and pupils alike. The whole of the Lancashire constabulary, as well as the police force in several other counties, are now undergoing instruction under the St. John Ambulance Association.

The Medico-Psychological Association.—The quarterly meeting of this Association was held at Bethlem Hospital on Wednesday, the 23rd February. The chair was taken by Dr. Savage. Dr. Baker exhibited a model of a crib bedstead with a close top, as recently in use at Utica Asylum. Dr. Savage then introduced for discussion the question, "Whether there is ever sufficient reason for the use of strong clothing and side-arm dresses," which was followed by an interesting debate, in which Drs. Brushfield, Hayes Newington, S. R. Philipps, Fox, Moody, and Hack Tuke took part. The proceedings concluded with a paper by Dr. Percy Smith on "The Results of an Epidemic of Typhoid Fever in the Insane."

Health of Portsmouth.—The report of the medical officer of health and public analyst for Portsmouth to hand deals with the sanitary matters for the borough of Portsmouth for the year ending December 31st, 1886. The deaths from the seven principal zymotic diseases are 103 below the average for the preceding ten years, due principally to the comparatively few deaths from scarlet fever and measles. It is worthy of note that there has been no death from variola in the borough since 1883, and only one in that year. Several cases occurred, but by prompt removal to the Infectious Diseases Hospital, and thorough disinfection, the further spread of the disease was prevented. Whooping-cough was credited with having caused 44 deaths, and was, therefore, a more fatal disease than diphtheria. This fact is instructive. Enteric fever was more than usually fatal, 90 deaths being recorded as against 58 in 1884. Portsmouth fortunately possesses a well-arranged Infectious Diseases Hospital, the effect of which in checking the spread of disease must be immense. The report is unusually complete, and the medical officer of health is to be congratulated on the care which he has shown in its compilation.

Bequests to Medical Charities.—Under the will of the late Mr. George William Pierrepont Bentinck, J.P., D.L., formerly M.P. for West Norfolk, the following London hospitals receive £1,000 each, free of legacy duty:—King's College Hospital, St. Mary's Hospital (Paddington), Charing Cross Hospital, St. George's Hospital (Hyde Park Corner), the Great Northern Hospital, University College Hospital, the Hospital for Sick Children (Great Ormond Street), the London Hospital at the East End, and the London Homœopathic Hospital (Great Ormond Street). So as to preclude the possibility of being buried alive, the testator directs that his coffin shall not be closed or covered up for three days and three nights after his decease, and that a daily and nightly watch shall be kept during such period; and his executors are to pay 50 guineas to the person or persons keeping such watch.

Navy Medical Service.—The following is a list of the successful candidates at the recent competitive examination held at Burlington House, for appointment as Surgeon in the Royal Navy, and who have now been granted commissions:—

	Marks.		Marks.
J. D. Hughes	3255	C. Dickinson	2750
W. J. Colborne ..	3240	J. E. Coad	2745
J. H. Stenhouse ..	3180	H. Holyoake	2740
J. A. Moon	3070	G. Wilson	2700
R. Hardie	3015	J. Moore	2630
C. Bradley	2980	E. Griffin	2620
G. T. Collingwood ..	2960	J. D. Menzies ..	2615
R. Miller	2910	H. St. D. Griffiths ..	2550
G. F. Collins	2810	W. Bowden	2510

Indian Medical Service.—The following is a list of the candidates for Her Majesty's Indian Medical Service, in the order of merit, who were successful at the competitive examination held at Burlington House on the 14th February and following days:—

	Marks.		Marks.
Meyer, C. H. C. ..	3485	Fisher, C. G. ..	2995
Elliott, W. A. W. ..	3340	Buchanan, A. ..	2970
Childe, L. F.	3320	Manifold, C. C. ..	2905
Clark, W. R.	3 90	Jacob, A. H.	2900
Braide, G. F. W. ..	3270	Garvie, J.	2890
Murray, J.	3230	Jolliffe, A. R. ..	2880
Hailey, P. O. W. ..	3160	Crawford, F. J., M.D.	2770
Marks, R. J.	3150	McEvoy, W. G. ..	2760
Ker, M. A.	3100	Macleod, H. W. G. ..	2760
Barry, T. D. C. ..	3040	Robertson, R. ..	2750
Gilbert, C. E. L. ..	3040	Irvine, G. B.	2730
Vost, W.	3040	Moore, T. C. .. .	2730
Herbert, H.	3035	Karney, W. H. ..	2720
Sunder, C. E. ..	3000	Simpson, D.	2720

73 candidates competed for 28 appointments; 70 were reported qualified.

King and Queen's College of Physicians.—The following candidates passed at the February meetings of the Examiners at this College:—

Medicine.

Butler, James
Egan, James Davis
Foley, Thomas McCraith
Freebour, James S.
Frood, Thomas Morton
Hamilton, W. Richard George
Nash, Vincent

Midwifery.

Egan, James D. | O'Sullivan, E. F. | Nash, Vincent

Membership.

Lyster, Patrick Thomas | Stone, Ralph

Notices to Correspondents, Short Letters, &c.

☞ **CORRESPONDENTS** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. WM. SQUIRE.—We hope to find space for a consideration of the subject in our next.

THE ORPHANS AND WIDOWS OF MEDICAL MEN.

WE are asked to announce that relatives of deceased members of the "Society for Relief of Widows and Orphans of Medical Men" wishing for pecuniary assistance must apply for and send in the necessary forms of application before the 22nd inst. to the Secretary, 53 Berners Street, London, W.

MR. GRESSWELL (Lincolnshire).—Your letter shall be kept in mind.

SANITARIAN.—There is no better work than *Parkes's Hygiene*. "To get your country clean, and your people lovely, I assure you (says Ruskin) that that is the necessary work of art to begin with." Cleanliness is indeed next to godliness.

A **PERPLEXED AUNT.**—With great respect, your old nurse is miserably ignorant, and what you propose would be a useless, unheard of and stupid proceeding. Whether or not it has been ever done we know not but we are quite positive that "nice people" have never thought of such a disgusting mutilation.

DR. LAFFAN.—We could not possibly afford space to transfer to our columns your communication to the Medical Council as to the Royal University. We agree with you that the Reports of the Visitors on its examinations and those of Dublin University deserved much more attention from the Council than they received, but on the question of recognition of workhouse hospitals, you already know our views.

DR. GODWIN TIMMS.—"Notes on the After-Treatment of Diphtheria, with Cases" received.

UNQUALIFIED PRACTICE.—A WANT OF CONSISTENCY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In the annotation headed "A Want of Consistency" in your last number you call attention to a state of things which has long struck many of us as anomalous in the extreme. It is as if a religious journal abused atheism in the editorial department and advertised Freethinking works in another part. All the medical journals join hands in deprecating the employment of unqualified assistants, especially for branch practices, yet none of them (with the exception of your journal) have the courage of their opinions sufficiently to refuse advertisements of this kind. The old excuse about the separate identity of the editorial and advertisement departments may be convenient, but is absurd as an argument, and inadequate as an explanation. The editor knows how to prevent the advertisements of the works or institutions of heterodox practitioners appearing, and there is no reason why the veto should not be extended so as to include what they affect to condemn. The "almighty dollar" is as powerful here as elsewhere, and the editorial soul is evidently accessible to considerations of a financial character, even if consistency and professional etiquette have to suffer in consequence.

I am, Sir, yours, &c.,

KUDOS.

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Meetings of the Societies.

WEDNESDAY, MARCH 9TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Dr. S. Mackenzie (for Dr. W. Myers): Filiaria Sanguinis Hominis in South Formosa.

HUNTERIAN SOCIETY.—At 8 p.m., Dr. Horrocks: Cases of Uterine Tumour accompanied by Pyrexia. Dr. Turner: Actinomycosis.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Mr. G. Massee: On the Differentiation of Tissues in Fungi. Dr. H. J. Johnston-Lavis and Dr. G. C J. Vosmaer: On Section-cutting of Sponges, &c.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 p.m., Exhibition of Specimens. Dr. Purcell: On Three Cases of Vaginal Hysterectomy.

THURSDAY, MARCH 10TH.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Dr. MacAlister: The Nature of Fever (Gulstonian Lecture).

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8.30 p.m. Living and Card Specimens at 8 p.m.:—Dr. C. E. Beevor: Ophthalmoplegia Externa without any other symptoms. Dr. Sidney Phillips (introduced): Case of Peculiar Associated Movement of Upper Lid. Mr. Brudenell Carter: (1) Case of Large Spontaneous Hæmorrhage into the Vitreous in a young man: (2) Painting executed by an artist after Cataract Extraction. Mr. J. G. Mackinlay: Paralysis of both External Recti. Mr. Karop (introduced): Fibroid Degeneration of Ciliary Muscle. Mr. Marcus Gunn: Pupillary Movement in Association with Lateral Deviation of Eyeballs. Papers:—Dr. Brailey and Mr. Hartley: Tubercular Disease of Choroid. Mr. Simeon Snell: Treatment in Sclerotic Wounds. Dr. Gowers: On Conjugate Ocular Palsy with Nystagmus. Mr. Jessop: Sudden and Lasting Lateral Nystagmus. Mr. Nettleship: Night-blindness with Peculiar Retinal Changes.

FRIDAY, MARCH 11TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. de Havilland Hall: On Pneumothorax occurring in Persons apparently Healthy. Mr. Eve: On a case of Intra-peritoneal Excision of the Rectum, with recovery. Mr. Keetley: A case of Scoliosis. Mr. Davies-Colley: A case of Contraction of the Metatarso-phalangeal Joint of the Great Toe.

ACADEMY OF MEDICINE IN IRELAND.—The Medical Section will meet in the College of Physicians at 8 p.m.—(1) Report of Reference Committee on Lower Limbs of a Fœtus exhibited by Dr. Macan. (2) The President: Malignant Disease of Stomach, Pancreas, &c. (3) Mr. A. H. Benson: Fibroma Corneæ. (4) Mr. McArdle: Sarcoma. (5) Dr. M. A. Boyd: Perforation of Stomach. (6) Mr. Wheeler: Description of Calvarium and Brain after Trephining for Epilepsy. (7) Mr. H. R. Swanzy: Coloboma Iridis and Aphakia. (8) Mr. J. A. Scott: Fatty Substitution of Erector Spinæ in the Pig. (9) Dr. E. H. Bennett: Malformation of Shoulder-joint. (10) Dr. C. B. Ball: Gonorrhœal Arthritis.

Vacancies.

Derbyshire General Infirmary.—House Surgeon. Salary for the first year £100, increasing £10 a year up to £150, with apartments, board, and washing. Applications with testimonials to be sent to the Secretary, not later than Saturday, March 26th.

Hastings, St. Leonards, and East Sussex Hospital.—House Surgeon. Salary £70 per annum, with board, lodging, and laundry expenses. Applications with testimonials, to be sent, on or before the 25th inst., to the Secretary.

Holborn Union.—Medical Officer to the Workhouse at Mitcham. Must reside near establishment. Salary £100, drugs and medicines found by Guardians. Applications with testimonials to Clerk's Office, before twelve o'clock noon on Tuesday, the 14th inst. (See Advt.)

Male Lock Hospital, 91 Dean Street, Soho.—House Surgeon. Salary £50 per annum, with board and lodging. Applications with testimonials must be sent on or before 15th March, at noon, to the Secretary, Lock Hospital, Harrow Road, W.

Medical Officer of Health for the Parish of Putney.—Salary £75 per annum, rising (subject to the order of the Board of Works for the Wandsworth District), by annual increments of £5 each to a maximum of £110 per annum Applications must be delivered at the offices of the Board, Battersea Rise, not later than Monday, the 21st day of March inst.

Stockport Infirmary.—Assistant House Surgeon. Salary £70. Applications to the Honorary Secretary on or before March 15th.

Appointments

BRANSON, J., L.R.C S., M R.C.P.Ed., Medical Officer for the Rotheram District of the Rotherham Union.

COLE, W. R. N., M.D., M.Ch. Queen's Univ. Irel., Medical Officer for Seventh District of the Bodmin Union.

HACKETT, H. E., M.R.C.S., L.R.C.P.Lond., Medical Officer for the Sixth District of the Chorlton Union.

JONES, J. T., M.R.C.S., L.S A., Medical Officer for the Laughton District of the Rotherham Union.

LLEWELLYN, E. G. T., L.F.P.S.Glas., M.R C S., Medical Officer for the Sixth District of the South Molton Union.

LYTH, J. B., M.R C.S, L R.C.P.Ed., Honorary Surgeon to the Rotherham Hospital and Dispensary.

PENNY, F, M.R.C.S, L.S A., House Surgeon to the Doncaster Infirmary.

POTTER, E. F., L.R.C.P.Lond, M.R.C.S, Medical Officer to the Victoria Hospital for Sick Children, Hull.

SMITH, J. A, M B.Lond, M.R.C S., Resident Clinical Assistant at the Brompton Hospital for Diseases of the Chest.

TAYLOR, A. E., M.R.C.S., House-Surgeon to the East Suffolk and Ipswich Hospital.

THOM, G., M.R.C.S., L.S.A., Surgeon to the Royal Albert Hospital, Devonport.

TYRRELL, E. M., M.B.Edin., Assistant Medical Officer to the Counties Asylum, Carlisle.

Births.

BLAKE.—Feb. 25th, at Ravensdale, Dundalk, the wife of Richard Marlay Blake, M.K.Q.C.P., of a son.

FLANNERY.—Feb. 19th, at Tubbercurry, co. Sligo, the wife of J. Gordon Flannery, L.K.Q C P., of a son.

GRAY.—March 2nd, at Holsworthy, Devon, the wife of Walter Gray, M.R.C.S., of a son

NANKIVELL.—Feb. 26th, at Bournemouth, prematurely, the wife of Herbert Nankivell, M.D., of a daughter, still-born.

Marriages.

MORRISON—HERNE.—March 3rd, Basil G. Morrison, M.D., to Agnes Caroline, daughter of Lieut.-Col. Herne, late of the 103rd Regiment.

ROULSTON—HORSFALL.—March 3rd, at the Parish Church, Lillington, Leamington, William Roulston, M.D., of Wakefield, to Marion Florence, second daughter of Dr. Francis Horsfall, of Leamington, formerly of Wakefield.

Deaths.

DRUMMOND.—On Feb. 28th, at his London residence, Great Cumberland Place, James Drummond, M.D., late of Nice, aged 6[illegible].

MILLER.—On March 2nd, at Rosendale Hall, West Dulwich, the residence of his niece, William Miller, M.R.C.S., in his 79th year.

PRICHARD.—On Feb. 26th, at Norton Court, Gloucestershire, William G. Prichard, M.D. Inspector-General of Hospitals, aged 73.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. XCIV.] WEDNESDAY, MARCH 16, 1887. [No. 11.

Original Communications.

THE NEUROTIC.

By J. MILNER FOTHERGILL, M.D.,

Physician to the City of London Hospital for Diseases of the Chest.

A WAXING experience of practice as a medical man brings with it many lessons. Among others one important matter it teaches, and that is, the essential difference betwixt individuals. They are different in build, and equally unlike in temperament. This is broadly seen in the comparatively large bulk of country people as compared to town populations. See the massive men encountered at Carlisle on Market day, with their mighty thews and sinews; and contrast them with the slight beings encountered in Whitechapel. The effect of town-life is to dwarf the physique. In the production of the result several factors are in action. The want of exercise in the fresh air, and with that a deficiency of oxygen is certainly one matter. The amusements of a rural population are mainly conducted in the open air; while the amusements of town residents are mainly in doors with a very impure atmosphere. Then the excitement of town life leads to a rapid and precocious development of the nervous system, which tells injuriously upon the nutritive powers of the system. In other words the rapid development of the medullary portion of the epiblast taxes the capacities of the mesoblastic structures on which the epiblastic structures rest for their nutrition. I may remind the reader that the epiblast or outer layer supplies the nervous system and the epidermis; the hypoblast or inner layer, the glands along the alimentary canal; while the mesoblast gives the bones muscles, vascular system, genito-urinary organs, and the other tissues of the body. While there is a certain antagonism apparently betwixt the epiblastic and hypoblastic tissues; and precocious nervous development goes on hand in hand with impaired efficiency on the part of the glandular elements of the digestive organs derived from the hypoblast. Puberty too comes swiftly upon the immature organisms, and brings with it further demands upon the nutritive powers. The consequence of one thing and another is, that urban populations are physically inferior to rural populations. The stalwart country man enters a town and settles down there. His descendants grow smaller till they die out, unless reinforced by draughts of fresh country blood. Probably, however, if the puny town dweller were restored to the country his children would expand.

But as a matter of fact, in the country, there are differences even in the members of the same family. Some are large, others are small. Speaking broadly one will present the stalwart figure of a Norseman, while the other has the slighter framework of an Arab. This latter is the neurotic member of the family group. Why the various children should thus differ is hidden from us; but the fact remains. Of course there is a wide distinction betwixt this neurotic of good family history in the country, and the degenerate neurotic of Shoreditch. Both are neurotics all the same, with the characteristics of neurotics. It is the difference of individuals of families. While the difference of the neurotic from the Norse type is that of races—of the small dark descendants of the Cymri and the larger fair descendants of the Norseman. The class of neurotics may be subdivided into the (1) healthy neurotic; (2) the degenerate neurotic; and (3) the strumous neurotic. But for the present consideration the class will be regarded as a whole.

The tendency of town life is to determine the physique towards the neurotic type, as may be seen by contrasting the small dark beings of the living crowd at Madame Tussaud's with the larger fairer personages who are to be seen represented there by *facsimiles;* or by taking a tour round the picture galleries of Hampton Court Palace and comparing the present generation with the past. And as town dwellers are now the majority of the population, the neurotic comes before the physician with recurring frequency. Consequently the peculiarities of the neurotic are of growing importance to the medical man.

A typical neurotic will complain of indigestion, with acidity and flatulence; more or less constipation; of migraine accompanied by vesical irritability; of palpitation, or of anginal attacks, or failure of the heart's action, which differs from syncope in that there is no loss of consciousness. On questioning a neurotic, and still more a female neurotic, it will be found that there is a history of sediments in the urine. Not uncommonly, there is also a history of some skin trouble or other. She usually has dysmenorrhœa, with a scanty loss, and often complains of rheumatism, while most female asthmatics are of a neurotic type.

Here are a distinct series of phenomena presented in more or less entirety, along with the slight bird-like figure of the typical neurotic. If the neurotic be of a goodly size and stature, it is not unusual to see gouty affections of the joints or even eczema. Indeed, in a very large proportion there is a distinct tendency to revert to the uric acid formation, normal to the bird and reptile. We see that the description commences with troubles referable to the digestive organs, and this is a matter of considerable interest in conjunction with the uric acid formation. A neurotic may have primary uncomplicated atonic dyspepsia, or, in other words, a feeble stomach. But more frequently the dyspepsia is accompanied by acidity and flatulence, often alternating. When this last is the case, there is almost invariably a history of lithates in the urine. What are the relations of the two? We have become so accustomed to associate this uric acid formation (otherwise gout poison) with excessive consumption of food, and largely animal food, that "poor man's gout" is apt to be lost sight of. But a little consideration of the subject will teach us that the consequences of a capable liver chronically overtaxed, and of an incapable liver burdened by a normal and moderate dietary, will be the same: viz., the reversion of the liver to the uric-acid formation. The bird and the reptile pass a solid urine consisting of urates. The mammalia have a fluid urine with the soluble urea as their form of nitrogenised excretion. But traces of the uric acid formation cling to the most perfect mammals, even to the Bimana. The inheritance remains, and, when the liver is burdened, it reverts to the earlier primitive uric acid formation, whether as "rich man's gout" or "poor man's gout." The congenitally "insufficient liver" was recognised by Dr. Budd; and Dr. Murchison endorsed the view ("Functional Derangements of the Liver,") that some persons come into the world with defective livers, incapable of much labour. Such a person is liable to bilious attacks with frontal headache, furred tongue, bad taste in the mouth of a morning, with bilious vomiting, or purging following upon constipation. Such is the bilious neurotic as compared to the dyspeptic neurotic. The bile acids both contain nitrogen, and one also contains sulphur. This chemical fact points to their descent from the albuminous elements of the food. The bile acids and the uric solids have a common ancestry. And the neurotic who is bilious in early years, commonly becomes gouty in middle age. It is the albuminoid elements of the food which burden the liver. Dyspepsia and bilious attacks are the protectors of the incompetent liver. The child who over indulges in rich food (of old called a "surfeit,") pays the penalty in the form of a bilious attack.

But usually kindly dame Nature when sending a child into the world with an insufficient liver, protects this feeble viscus by endowing the child with a small appetite. It is a small dainty, fastidious eater, much to the chagrin of its nurse. It grows up either suffering from bilious attacks, or it suffers from indigestion. Vain are all the attempts to improve it by "feeding it up." It simply cannot be fed up! All attempts to do so are frustrated by the liver; which, instead of dealing satisfactorily with the increased amounts of food borne to it on the current of the portal vein, falls back or reverts to the uric acid formation. When the liver is embarrassed loss of appetite follows, and the food supply is cut off till the liver comes round again. To give tonics and bitters to improve (?) the appetite is to thwart Nature's processes, and to intensify the tendency of the liver to fall back or revert to the uric acid formation in one case; and to increase and multiply the bilious attacks in the other. Nature will manage much better if left alone than when meddled with injudiciously. Many neurotics, especially ladies, have related to me their sad experiences from attempts to feed them up.

Many, too, and especially American ladies, have given vivid accounts of the hard work and energy displayed by their fathers. Long mental toil tells upon the liver; especially in stoical undemonstrative persons, as seen in the production of diabetes and the vaso-renal change, commonly spoken of as "Bright's disease." This fact is one more instance of the truth underlying the statement—"The fathers have eaten sour grapes, and the children's teeth are set on edge." The fathers impair their digestive and assimilative organs (the tissues of the hypoblast) by mental toil, and their children come into the worlds with insufficient livers. Again, it is the story of the epiblast preying upon the hypoblast. The child possesess a bright brain and a crippled liver.

These neurotics are liable to have attacks of hemicrania or migraine. The pain is temporal, and through the eye; and almost always unilateral, but very rarely on the left side. Commonly, the pain shoots through the eye, and sparks, or lines of light are seen. Often the attack ends in vomiting. One curious association of migraine is vesical irritability. There is a constant call to empty the bladder; and frequently a considerable quantity of pale urine is voided, but not necessarily so; sometimes a larval attack occurs with mere mental irritability and the vesical trouble, without the physical pain.

In many of these dyspeptic neurotics can be found the tight artery, the large left ventricles with loud second sound, and the copious urine of the vaso-renal change But usually this condition of the urine alternates with that of a small bulk of urine loaded with lithates. Renal changes, and especially cirrhosis or insterstitial nephritis (Boyle's disease) are found in time.

Such a neurotic is rarely the mother of a large family; and when she is multiparous she lives in the country. The urban neurotic is commonly sterile. Probably the reason of this is imperfect reproductive organs. Irritable and tender ovaries are common among them, and this condition may interfere with perfect ovulation, the ova never becoming fully developed. The uterus is commonly small and infantile, and impregnation frequently results in abortion. Her child, when she has one, is small and delicate, and rarely survives the maladies of childhood. It is a bright-brained little fairy, "too good for the world," upon which it soon turns its back, to the regret of all.

The neurotic is liable to palpitation, and to curious attacks of failure of the heart's action which are very alarming; but which, to the best of my knowledge, are not really serious. In fainting, or syncope, consciousness is lost; but in these attacks the sufferer is acutely conscious of intense mental pain. From the association of flatulence the neurotic dyspeptic experiences a good deal of sharp pain in the region of the heart, and referred to that organ. It is really wind pouched in the angle where the transverse colon curves downwards. As the elastic gas presses the heart through the thin diaphragm and causes it to beat irregularly, the association of the pain with the heart is convincing to the sufferer; who believes the heart to be the seat of actual disease. And this is not unfrequently the particular matter for which the physician is consulted. So strong is the impression on the mind of the sufferers, that sometimes it is somewhat difficult to convince them to the contrary.

The healthy neurotic is a small, active being of ceaseless industry; indeed, a typical example of the adage "the sword will wear out the scabbard." Neurotic ladies use up every particle of energy, and then go to bed to recruit. Headache is the penalty of over-exertion, but it constitutes no lesson. (If those who only see the neurotic bright and fascinating, when well enough to be outdoors and in society, could see her in her hour of suffering, they would be less pressing in their attentions to her, and better comprehend the difficulties of her natural guardians in trying to take care of her.) Knowledge does not inspire conduct. They can take care of anyone but themselves. Usually of high intelligence, they are incapable of foresight in the matter of "knocking themselves up," as the popular term goes. They are often unselfish, and do themselves a great deal of injury in devotion to some good object.

The degenerate neurotic of towns is usually a voluble agitator and spouter, teetotaller and vegetarian, when a man; as a woman, she is fidgetty, "all up and down," as her friends describe her. When the degeneracy assumes a strumous aspect, it commonly takes the form of joint-disease. And most of the children we encounter in the streets minus a limb belong to this class. Such children have generally a family history which tells of one or more of the number having died of hydrocephalus in infancy, or of phthisis later on. Even when flighty, excitable, and moodish, the neurotic is not so liable to hysteria as girls of the lymphatic diathesis, in whom the nervous system is defective.

The neurotic dyspeptic is usually a very pleasant patient, grateful for small mercies. It is difficult to get her (when a lady) to follow out a proper dietary in consequence of her self-forgetfulness, and her dislike to have food specially prepared for her. While as for medicinal measures, the neurotic dyspeptic is the most difficult patient to treat satisfactorily of all those who seek the physician's help.

Clinical Lecture

ON

THE TREATMENT OF TYPHOID FEVER. (a

By Professor H. NOTHNAGEL,

Vienna.

(*Continued from page* 2.6.)

I have already mentioned that increased tissue metamorphosis takes place in fever, and at the cost of the

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(a) A Lecture delivered in the Medical Klinik of the University of Vienna, January, 1887.

bodily substance which is burnt up in the process. Now, alcohol is a substance that oxydises, undergoes decomposition, more readily than other body material, such as albumen, fats, hydrocarbons, that are found in the cells and tissues of the organism. When we introduce alcohol into the system in large quantity the heightened tissue change takes place first of all at the cost of the alcohol, a substance that is readily attacked by the oxydation processes, and thus the body tissues are spared. In this way alcohol acts indirectly as a food for the preservation of the organism. This view appears to be correct. We have thus two indications for the administration of alcohol in acute febrile diseases, first as a cardiac stimulant, in weakness of the organ; second, as a sparing agent against the tissues changes which are heightened. If you hold fast to these principles you will at once arrive at decided, firmly based, scientific views as to the cases in which we give alcohol in acute febrile diseases. I am decidedly opposed to the promiscuous exhibition of alcohol, without discrimination in all acute febrile diseases. I am therefore, opposed to giving alcohol in every case of pneumonia; only one indication demands the administration of alcohol, that is weakness of the heart, when this developes in pneumonia we must give it. On the other hand, pneumonia is a disease with a short febrile course of seven to nine days; this short duration of fever does not bring patients so low that you must give alcohol for it. The same holds good with regard to similar affections with a short fever course, for example, typhus recurrens, &c. But it is a different matter with typhoid fever, in which we have to deal with a long continuing febrile disease, then not only does the indication of cardiac weakness come into consideration, but we have to take into consideration also the question of preserving the bodily substances, and for this reason it is demanded in typhoid, and it is necessary and requisite to give wine in all cases without exception from the first. From the first day on which you determine your diagnosis of typhoid give wine as a sparing agent. The quantities that can be given are positively incredible. I have seen that delicate ladies, who have not been accustomed to wine, have taken in a day a whole bottle of wine (three-fourths of a litre containing ten per cent. of alcohol), twelve to sixteen coffee spoonfuls of brandy, and beer in addition, and what is remarkable, the brain was not acted on. An immense quantity of alcohol must have been given for fever patients to get any sort of drunkenness, any action on the sensorium; the alcohol in these conditions is burnt off so rapidly that it scarcely affects the cerebral activity at all. As for the wine that you given such patients it matters little whether it is very good, the only thing is that it contains alcohol. For this reason in all these cases you may give any of the imported wines that go under the names of Malaga, port wine, Cape wine, Madeira, &c. I say the wines that go under these names for I cannot undertake to be responsible that these wines in question are really grown there. The wines are prepared by the addition of alcohol, spirit, sugar, &c., in these cases, however, it does not so much matter if they only contain alcohol. Then with us patients are given good, heavy Hungarian wine, Dalmatian wine, &c., the aroma and the taste are of no consequence. Whether you give red or white wine I hold to be irrelevant. It is believed that red wine constipates, and white wine relaxes the bowels. This is immaterial, the white wine relaxes so little that we give it in typhoid with perfect calmness, and red wine constipates so little that we could not cure a diarrhœa with it.

We come now to the second indication, the combatting of the fever. I would premise that our views on the treatment of fever have materially changed, with regard to the opinion as to the significance of the fever. When you take the earlier handbooks in your hand, for instance, the very excellent handbook of Griesinger on infectious diseases, you will there find the expression that standing at the bedside of a typhoid patient one is animated by the wish solely to reduce the fever. When Griesinger wrote that about thirty years ago, we were not yet in a position to reduce the fever with certainty. Nowadays, we have the power in a quite remarkable manner, and we have advanced a little further than this, but not so much so as Griesinger has thought. In earlier times the fever was held to be a highly noxious thing, in the times when Griesinger wrote that, and later when the antipyretic method was brought into the foreground. Before that period there was a time when the fever was looked upon as something useful, and now we again recur in a moderate degree to this view, that we do not view the fever as something that must be combatted unconditionally and at any cost, but as a symptom that has its complete justification, and if you will, even its therapeutical value, I will not enter upon this question, I will only point out the following:—We see that there are febrile diseases, accompanied by considerable rises of temperature, in which the patients do not suffer much, I mean in which the organism does not indicate any considerable disturbances. There is, for example, the pyrexia which we observe in the course of recurrent fever, one of short duration, in which we have no disease of any internal organ that is dangerous to life. Erysipelas affords an example that a fever may last ten to fourteen days, the patient not being particularly injured by it, although a certain injurious influence is exerted by the febrile rise of temperature upon the nutrition of the cells of the organs, that is not so important that the fever must be attacked unconditionally. On the other side, observation has taught us that reduction of the temperature *per se* does not render the course of the disease more favourable. I have already told you that by the steady employment of thallin it is possible to keep a case of typhoid completely, or almost, apyretic, and yet we do not see that the course of the disease as a whole, is shortened thereby, that the symptoms are really improved. Thus the banishment of this one factor alone out of the whole group of symptoms does not influence the course of disease. This is the striking proof that our aim in the acute febrile diseases is not to combat the fever, but to seek out specific remedies. If we knew a specific remedy that would at the same time destroy the virus of the disease, the matter would take on a different aspect, but the taking away of this one factor from the whole group of symptoms does not lead to the desired result. On the other side, observation at the bed-side appears to teach, and we have certain data in favour of this from the life histories of the micro-organisms, that to a certain extent a febrile rise of temperature is a remedial agent, that with the heightened temperature the symptoms run a quicker and more favourable course than when fever is absent. The views that are held at present by the majority of German clinicists on the treatment of typhoid I may group together in the following:—A decided antipyresis is necessary in hyperpyrexia, it is unconditionally demanded in typhoid when the morning and evening temperatures keep above 40° (104 Fahr.) and when decided symptoms are present on the side of the nervous system. So long as patients have a free sensorium with a morning temperature of 39° C., so long as the pulse is distinct, the cardiac function is properly performed, antipyresis is not unconditionally demanded; if you treat your cases antipyretically you do no harm, but at the same time you do not do much good. These are about the principal rules according to which we act. For the accomplishment of the antipyresis there are various ways at our command. We divide antipyretis into two great groups, into remedies that reduce temperature chemically, chemical antipyretics, and those that reduce temperature by abstraction of heat. The chemical remedies have become uncommonly plentiful during recent years. Formerly quinine was the only chemical antipyretic we knew. Along with this various other remedies were employed, such as digitalis, which was often mentioned as an antipyretic in the fever literature of the fifties and sixties. Wunderlich, Thierfelder, and Traube also used digitalis. The acids were also given then as antipyretics, nitrate of potash, nitrate of soda, &c. Of all these remedies quinine is the only one remaining, everything else is abandoned. The other antipyretic remedies were ranked along with quinine. Veratrin was the first to be received in this relation. This had only an ephemeral existence, it reduced temperature, but caused the most serious symptoms of collapse, and veratrin is to-day quite abandoned as an antipyretic. By the side of veratrin was placed resorcin, this reduced temperature very energetically, but it had the same disadvantage as veratrin in causing serious symptoms of collapse. Then another antipyretic was introduced that retained its place more securely, that is salicylate of soda. Then came the remedies discovered synthetically, of which the first to be named is that introduced by Filehne, kairin, which, however, had only a short epoch, two to three years, as it also possessed serious disadvantages, it reduced temperature, but with pronounced symptoms of collapse. In the last few years we have become acquainted with new antipyretic remedies, first of all thallin, introduced by Dr. von Jaksch, then the antipyrine of Filehne, and lately antifebrin from Kussmaul's klinik. I will not describe all these remedies in detail, but will mention the following in general terms:—The importance and effectiveness of the antipyretics in febrile conditions I shall at present leave untouched, quinine, for example, acts quite differently in typhus, recurrent fever, and erysipelas, from what it does in typhoid; in those affections it scarcely acts at all, whilst in typhoid it is a good antipyretic. What I am going to say regarding the three remedies mentioned just now relates only to typhoid. In this disease only quinine and salicylate of soda come into consideration on one side, and on the other thallin, antipyrine, and antifebrin.

There are certain views that must force themselves in advance on the attention of the scientifically thinking physician. I will make this clear to you by an example. When chloral was introduced into medicine in 1869 by Liebreich expression was given to the view that it was an absolutely harmless medicine, that it produced sleep without causing any injurious bye-effects. When one is accustomed to think physiologically one could and must say to oneself, when a remedy of that kind acts on the ganglion cells of the central hemispheres so as to force on a deep sleep, the remedy must, under certain conditions, be liable to act injuriously. For you know that the alkaloids, the chemical active substances act not alone upon a single organ, but upon the whole organism, they are carried with the blood to every part. When you give digitalis this acts not upon the heart alone, but also upon the brain and various systems of nerves of the stomach and intestines; opium acts not on the brain alone but upon the heart, upon the vaso-motor centres and the various other systems of nerves; strychnine acts not upon the spinal cord alone increasing the reflex excitability, but it is an intensive stimulant for the vaso-motor centres and acts finally upon the brain and the other nervous apparatus, the same is repeated with atropine, veratrin, and all other substances. When we employ a definite remedy therapeutically for a definite purpose, for example, when we give morphine as an anodyne and hypnotic we do so because the remedy indeed acts generally upon the whole organism, but its principal action unfolds itself upon a definite group of nerve and ganglionic cells. We designate this property as specific affinity. Without doubt this action on the alkaloids comes to pass by their direct action on the substance of the ganglia or the nerve fibres. Digitalis acts upon all nervous apparatus, but with special intensity, and in the first instance upon the nerve apparatus that regulates, or presides over the heart. We can utilise this action therapeutically in the treatment of cardiac diseases, we get the action upon the cardiac nerves, without its action upon the other apparatus coming into force. The art of clinical observation consists in finding out the doses that act just as we wish upon definite apparatus, but at the same time not upon the other nervous apparatus. I have made this excursion in order to point out to you how you should comprehend the action of remedies. To return to chloral, one was able to say in advance: a remedy that acts so intensively upon the cerebral cortex, must under certain conditions also possess the power of paralysing the grey nuclei, the respiratory centre, and the ganglionic cells of the cardiac centre, *i.e.*, that under certain conditions it will attack the vital nerve apparatus, and if too large doses be given, or if an individual have a special susceptibility it may under certain conditions act injuriously. Further observations have abundantly demonstrated this, we have now a large series of fatalities caused by chloral, where chloral has paralysed the vagus centre, the respiratory and cardiac centre, and has thus not acted exclusively upon the cerebral cortex.

(To be continued.)

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REMARKS ON THE RESPIRATION OF ASCENDING AND DESCENDING RHYTHM. (*a*)

By HERBERT C. MAJOR, M.D.,

Physician to the Bradford Infirmary.

The remarkable variation of the normal respiratory process termed by the late Dr. Stokes, of Dublin, the respiration of ascending and descending rhythm, and now commonly known as Cheyne-Stokes respiration, while not by any means a commonly occurring symptom is probably well-known to all of us who have at one time or another encountered it at the bed-side. We know that the characters of the phenomenon are, when fully developed, most striking and peculiar, so much so as to arrest the attention of a non-medical observer, while for us the symptom has an interest and a significance all its own. And because of this, because of the great importance of the symptom in any case, and of the mystery which still surrounds its causation, I have thought that a few remarks with regard to it might not be considered useless or out of place this evening.

No lengthy general description of the phenomena is, of course, called for. Perhaps, however, I may quote as being of historical interest the first descriptions of Dr. Cheyne and Dr. Stokes, which for directness and accuracy, as far as they go, cannot probably be surpassed. Writing in 1816, of a patient under his care, 60 years of age, who laboured under fatty degeneration of the heart. Dr. Cheyne states:—"His breathing was irregular for several days; it would entirely cease for a quarter of a minute, then it would become perceptible though very slow; then by degrees it became heaving and quick, and then it would gradually cease again. This revolution in the state of breathing occupied about a minute, during which there were about thirty acts of respiration." Dr. Stokes' original description is as follows:—"It consists (he says) in the occurrence of a series of respirations, increasing to a maximum and then declining in force and length until a state of apnœa is established. In this state the patient may remain for such a length of time as to make his attendants believe that he is dead, when a low inspiration, followed by one more decided marks the commencement of a new ascending and then descending series of respirations." He adds—"I do not know any more remarkable or characteristic phenomena than those presented in this condition, whether we view the long cessation of breathing without any suffering on the part of the patient, or the maximum point of the series of inspirations when the head is thrown back, the shoulders raised, and every muscle of inspiration thrown into most violent action; yet all this without any rate or sign of mechanical obstruction."

(*a*) Read before the Bradford Medico-Chirurgical Society at the February Meeting.

I will only refer by way of further description to the account of the symptom given by Guttmann in his well-known "Hand-book of Physical Diagnosis" (New Syd. Soc. "Trans."), in which he deals more precisely with the duration of the stages of the altered rhythm. He states that in the most pronounced cases the dyspnœal period comprises about 30 respirations, and occupies ½—¾ of a minute, while the pause or apnœal period is of nearly the same duration; the whole cycle of phenomena, therefore, taking up 1—1½ minutes. In less marked cases, he adds, the cycle lasts only about ¼ minute, and may then be easily overlooked, especially when the pause is very short.

It may not be amiss to mention here a peculiarity of the breathing sometimes observed which it is very important, I think, we should never confound with Cheyne-Stokes respiration properly so-called. In the words of Broadbent "when a person, especially one advanced in years, is lying on his back in heavy sleep and snoring loudly, it very commonly happens that every now and then the inspiration fails to overcome the resistance in the pharynx, of which stertor or snoring is the audible sign, and there will be perfect silence through two, three or four respiratory periods; finally air enters with a loud snort after which there are several compensatory deep inspirations before the breathing settles down to its usual ryhthm." Probably, however, we shall agree that not only in natural sleep is such a series of events familiar to us, but that often also in apoplexy, anæsthetic narcosis, and states of coma generally, is it liable to be observed.

Passing now to the consideration, as far as circumstances will permit, of the various classes of cases in which Cheyne-Stokes respiration has been observed and recorded, we may remember, to begin with, that Stokes, in 1846, first urged its significance as a sign of fatty degeneration of the heart, believing that its presence was pathognomonic of this affection; and this view was naturally, coming from such an authority, widely accepted. It was soon negatived, however, by Dr. Seaton Reid who described a case in which the muscular substance of the heart was found healthy, there being, however, incompetence of both aortic and mitral valves, hypertrophy of left ventricle and dilatation of aorta.

Dr. Hayden found dilatation with loss of elasticity of the aorta in all the cases which he studied, and was led to the conclusion that such a condition was constantly associated with Cheyne-Stokes rhythm. Von Dusch in 1867, asserted that he had observed the symptom in certain cerebral affections, tumours of brain, basal meningitis and uræmic coma. I may next refer to a remarkable case which came under observation at the Hotel Dieu at Lyons, in 1876. The patient, a man, exhibited the phenomenon in a well-marked form for a period of 29 days, when death ensued. The case was reported at length in the Lyons *Medical*, 1876, by M. Biot, and reference to it will be found in the *Lancet* for February 17th, 1877, where also there is allusion to the experience of V. Dusch, to which I have already referred. Physical signs during life had disclosed undoubted aortic incompetence in this case and there was considerable atheroma of the peripheral arteries (and presumably of the aorta also), but, unfortunately, a post-mortem examination could not be obtained. Dr. Broadbent (*Lancet*, March 1877) describes two cases of cerebral apoplexy in which the Cheyne-Stokes respiration was distinctly noted; in one of the cases the patient, notwithstanding, recovered, while in the other instance, although the patient rallied from the seizure death occurred ten days later, in a subsequent attack. Broadbent also testifies to the occurrence of the symptom in uræmia. He observes that he is unable to say of all the cases so associated that there was always change in the heart and aorta, but that of course kidney disease tends to this. He adds his opinion that the one fact respecting the phenomenon which appears to be common to almost all the cases is loss of elasticity and dilatation of the aorta to which Hayden first called attention. Dr. R. Wharry (*Lancet*, March 1877), gives five cases in his own experience, viz.:—1. In a patient with mitral constriction and dilated aorta. 2. Patient with double aortic disease and mitral regurgitation. 3. In a child with acute nephritis and uræmia, following scarlet fever. 4. In a case of typhoid fever complicated with pneumonia. The last-named case, of which a full account will be found in the *Lancet* for March 17th, 1877, made a good recovery. Other instances of the occurrence of the symptom in apoplexy, might be adduced, among these one recorded by Mr. W. A. Frost, in the *Lancet* for August 18th, 1877. In this case there was found marked degeneration of the vessels of the brain, but the state of the heart could not be ascertained.

I have been able to find but little record of Cheyne-Stokes respiration occurring in children. That it does so occur is certain, however, especially in acute hydrocephalus. Von Dusch, as previously quoted, gives "basal meningitis" as one of the affections in which he observed the symptom. In his lectures on the "Cerebral Fever" of children, Trousseau alludes to it as being most significant in the diagnosis of that affection. His words are (New Syd. Soc. "Trans."): "You will meet with this singular anomaly in no other complaint, neither in idiopathic convulsions of infants, nor in typhoid fever. I am right, therefore (he goes on to say), in attaching considerable importance to this symptom, which is of greater value than all others in making a differential diagnosis between typhoid fever with brain symptoms and cerebro-meningitis." I do not know to what extent the general opinion would now confirm the dictum of the illustrious French physician, but assuredly we shall all feel that, especially on such a question, his is an opinion which is entitled to the utmost respect. It is hardly necessary to refer to the importance of not mistaking the sighing breathing—the hydrocephalic sigh—so common in advanced cases of acute meningitis (tubercular) for the symptom now under consideration: the two, we know, can hardly be confounded.

With respect to my own experience of Cheyne-Stokes respiration, while it has comprised a considerable number of cases, it can hardly be adduced as of value, seeing that I have no notes of the cases. Perhaps, however, I may say that I have observed the symptom in acute hydrocephalus, in apoplexy, and in advanced heart disease associated with atheromatous degeneration, and that in all such instances death has soon followed its development.

From the foregoing statement it will be manifest that the morbid states with which the Cheyne-Stokes phenomenon has been found associated are various, and that it is not pathognomonic of any single condition. The practical conclusion, therefore, would seem to be that, upon encountering the symptom in any given case, we should guard ourselves against thinking too much of the medulla and too little of disease elsewhere, upon which the altered respiratory rhythm may very possibly depend.

It will be evident, however, that the question as to the ultimate causation of this peculiar rhythmical dyspnœa as yet remains untouched. The subject, indeed, is surrounded with difficulty, and probably it may be said with truth that the majority of the most competent authorities remain dissatisfied with the various theories which have been propounded. Thus we find so acute an observer and excellent authority as Broadbent expressing himself distinctly to this effect.

In considering this question, it will be apparent that there must be, in all the diseased conditions which have been shown to be associated with and to give rise to this symptom, some common feature or influence which serves as the potential factor in its production. Now Traube supposes that they have such a common feature, which is their influence in impairing the due arterialisation of the blood, and so lowering the irritability—*i.e.*, the normal responsiveness—of the respiratory centre in the medulla oblongata. In physiological conditions, as we know, this centre is called into activity by the carbonic acid in the blood. When then, in states of disease, the irritability of the centre is materially lowered, a much greater than normal accumulation of carbonic acid in the blood will be necessary to rouse it into action. Now upon this theory the long respiratory arrest gives time for the accumulation of carbonic acid in excess in the blood. Arrived at a certain maximum, this begins to stimulate the respiratory centre, slowly and imperfectly at first, afterwards in increasing degree, thus developing the respiratory movements till they culminate in dyspnœa. Arrived at this point, the free respiration rapidly oxygenates the blood, which then ceases to stimulate adequately the medulla, and again the state of apnœa results. Traube's theory has been modified and extended by Filehne, and recently Dr. Byrom Bramwell, in his work on "Diseases of the Heart," has propounded an elaborate explanation based upon a supposed condition of "irritable weakness" of the respiratory centre in the medulla. That there is in all cases of Cheyne-Stokes respiration a lowered, or, at any rate, modified irritability of the respiratory centre appears certain, the difficulty consists in accounting satisfactorily in all cases for this paresis of the centre, *given which*, Traube's explanation of the phenomena appears complete. It appears to me, however, that the question further arises, how is it that the causes considered to be capable in one way or another of lowering the irritability of the respiratory centre being of common occurrence, the Cheyne-Stokes phenomenon is not very frequently, instead of being only rarely, encountered?

With respect now to the influence of the Cheyne-Stokes symptom on the question of prognosis in any case in which it is manifested, we know that it rarely occurs in the early stages of any disease, but that, on the contrary, it usually appears within a short time before death, and that it is, therefore, an indication of the gravest import. I may confess that, for my own part I was in the habit of considering it as practically always significant of an approaching fatal termination, until my inquiries in connection with this communication showed me that recovery after the manifestation of the symptom was less rare than I had imagined. I have already incidentally referred to one of Broadbent's cases (apoplexy) in which recovery occurred, notwithstanding the Cheyne-Stokes symptom; also to Wharry's case; and now I may mention another case given by Broadbent, one of uræmia with Cheyne-Stokes respiration, which went on to a good recovery. As regards the occurrence of the phenomenon in apoplexy, indeed, Broadbent affirms that it bears no relation as a symptom either to the seat or severity of the lesion. Whether this be so or not, having regard to the well authenticated recoveries, we may take it that the symptom is not an *absolutely fatal* indication, and perhaps this is as much as can safely be said.

As regards treatment of the dyspnœa, this, of course, in the main resolves itself into treatment of the affection with which the symptom is associated. Nevertheless, cases occur in which the dyspnœa itself demands our efforts for its alleviation apart from the treatment of the primary affection. We know that, in a large proportion of instances, it is associated with coma more or less pronounced, and in such cases, of course, it calls for no special remedy. But other cases also occur, especially those in association with heart disease, in which consciousness is fully retained, and in these the symptom is often a source of much distress to the patient. Exhaustion is gradually produced by the constantly occurring dyspnœa; the patient cannot rest; sleep, if it occurs, is troubled and soon broken, the sufferer awaking in terror with a start, usually at the acme of a dyspnœal period. In a well-marked case of this nature which I recently saw with Dr. Lodge of this town the patient's distress and suffering were painful to witness. Now, according to Guttmann and others, a condition of increased arterial tension and blood pressure is always present with Cheyne-Stokes respiration. It is, therefore, found (according to the same authority) that the dyspnœa may invariably be arrested at the very commencement of each seizure—*i.e.*, each cycle—by the inhalation of nitrite of amyl, which dilates the vessels. This drug may, therefore, be tried as a palliative, but the well-known transcience of its action will probably render it of doubtful real efficacy. Possibly nitro-glycerine, which we know is similar in action to nitrite of amyl, but more permanent in its effect, might succeed better. This is merely a suggestion, for I have had no experience as yet of these drugs for the symptom under consideration. Chloral has been recommended, and I have given it with temporary relief; probably it should be combined with a stimulant.

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SEMINAL VESICLES. (a)

By JAMES T. CARTER, F.R.C.S.E.,

Examiner in Anatomy at the Faculty of Physicians and Surgeons, Glasgow.

My remarks are restricted principally to the seminal vesicles, with occasional reference to the other organs accessory to generation. There appears to be very little known as regards the functions of these organs, probably owing to the difficulties which are met with in obtaining any of the secretions in a separate condition. My attention was drawn to them from some observations made by John Hunter, who was strongly of opinion that the generally accepted ideas of the functions of these bodies was erroneous. With the object of confirming or otherwise, Hunter's observations, I thought an opportunity presented itself to examine and compare the seminal vesicles and their contents, as found in the entire horse and gelding, especially as no mention is made of any variation in size or nature of contents in the various treatises on the anatomy of the horse. It would also do away with any necessity for vivisection.

In the gelding I find the seminal vesicles to consist of two pyriform sacs situated on the upper surface of the bladder, and having the vasa deferentia and vesicula seminalis tertia or sinus pocularis between them. The duct of each sac joins the vas deferens of its own side, at an acute angle about ⅜'' from the urethra. Each sac extends forwards between the bladder and rectum for a variable extent according to their distension, the fundus and upper surface for 1½ to 2 in. being covered with peritoneum. The average capacity when well distended in a fair sized animal is about 1¾ oz. Each sac consists of an outer complete fibrous coat, beneath which is found a double layer of non-striped muscular tissue, the deeper layer having its fibres running in a longitudinal direction, the more superficial layer being transverse. The cavity of the vesicle is lined with a mucous coat, covered with columnar epithelium. This coat at the neck of the vesicle is quite smooth, but as you pass upwards transverse rugæ begin to make their appearance, which increase in size towards the fundus. Near the fundus of the sac the duplications of the mucous membrane present the appearance of scales, the transverse arrangement of the rugæ disappearing, and from the fundus projecting into the cavity of the vesicle, there is a large mass of long scaly folds. At this point the muscular coat is greatly increased in thickness. The mucous membrane is perforated by a great number of wide-mouthed branching tubular glands, lined with nucleated columnar cells, the nuclei being situated in that part of the cell most distant from the mucous surface. The rugæ at the lower portion of the sac disappear on distension, but the folds at the upper end are permanent, and are no doubt to serve as an increased secreting surface. The two vesicles are connected at their anterior half by the fold of peritoneum which covers them, and beneath this is a thickish transverse band of muscle fibre, which bridges across from one vesicle to the other and also covers their upper surfaces. This band of muscle forms the compressor vesiculæ et ductus seminis, and covers in the two vasa deferentia, behind it is lost on the surface of the prostate. The fluid contained in the vesicles of the gelding is thick and viscid, and has a milky appearance. It has a neutral reaction, and coagulates into a soft jelly shortly after death. Under the microscope it is seen to contain a large number of coarsely granular, roundish, nucleated cells, with granular *débris*. On keeping a small quantity in a test tube for a short time, the soft jelly-like mass becomes slightly more fluid, and the cells and *débris* fall to the bottom, leaving a clear-looking semi-fluid substance, with a slight brown colour. After comparing the vesicles of the horse and gelding, there appears to be no difference as regards size, in fact atrophy has not taken place in the latter animal. The capacity is the same, and I have several times measured as much as ¾ oz. of fluid taken from a single sac in the castrated animal. The fluid found in the vesicles of the stallion, however, differs from that found in the gelding in containing a few spermatozoa, but not in the enormous numbers as seen in the semen after ejaculation. The ampulla-like termination of the vas deferens as seen in the stallion, and which extends for about 5½ in. along that tube, has disappeared in the gelding, the calibre of the deferential canal and the great thickness of its walls having also become greatly diminished.

(a) Read before the Glasgow Medico-Chirurgical Society.

Function.—The general accepted opinion of the function of these bodies is that they form a reservoir for semen, and thus in a manner resemble the gall bladder which acts as a reservoir for the bile. The remarks in Quain's last edition of Anatomy may be taken as an index of this general opinion. On page 696 it says: "The seminal vesicles serve as receptacles or reservoirs for the semen, as is proved by a microscopic examination of their contents; but, besides this, it is probable that they secrete a peculiar fluid which is incorporated with the semen."

Hunter was distinctly of the opinion that the seminal vesicles are not reservoirs for semen. He arrived at this conclusion from a number of observations on castrated guinea pigs. He also examined the bodies in several subjects which had the testicle of one side removed some time before death. In each case the vesicle of the extirpated side was as full of fluid as that on the other side. These observations of Hunter have been enlarged upon in a very able article by Mr. S. R. Pittard, in the "Cyclopædia of Anatomy and Physiology" for February 1852. The basis upon which the function of the seminal vesicles, principally rests, as a reservoir for semen, is that the amount of fluid ejaculated is far greater than is capable of being contained in the ampulla-like termination of the vas deferens, even when that is present; and also on the knowledge that spermatozoa have been seen in the fluid contained in these sac-like bodies.

Taking together all the facts known in connection with the seminal vesicles, I think however, it is more probable not that they act simply as receptacles for semen as secreted by the testicles, but secrete themselves, and store up a fluid, a liquor seminis, which acts as a medium and diluent to the fluid formed by the testicles; the latter fluid being in a concentrated form and only secreted in quantity at stated periods as in the rut of some animals, or kept in reserve in the enlarged termination of the vas deferens as is found in man, and other animals, and especially in the elephant.

There is no doubt that spermatozoa the essential ingredient of semen are found in the seminal vesicles of both man and other animals, but after examining a number of specimens taken from the horse, I found that they were present in comparatively few numbers, to the enormous quantity found in the semen after ejaculation, as has been remarked by other observers, and it is easy to account for those found when we consider the activity of these small vitalised bodies together with the easy means of passing into a sac containing a medium congenial to them. If these structures simply act as reservoirs for semen we would expect atrophy to take place in a castrated animal, similar to that found in the vas deferens, on the contrary, however, the vesicles not only present no diminution in size in the gelding but are found more or less distended with a fluid secreted by themselves, which fact, alone would confirm Hunter's statement that they act as secreting organs. In some of the rodents also the seminal vesicles open by a separate orifice in the urethral canal, and do not therefore form a kind of diverticulum of the vas deferens. In these animals it would be necessary for the semen to enter the urethra before passing into the vesicles, which would be an improbable course. That the secretion of the seminal vesicles, granting that they have a secreting function, together with those of the prostate and Cowper's glands have more or less a similar purpose to perform is rendered probable by an examination of the comparative anatomy of these organs, and also from the fact that they make their first appearance in the vertebrate animals together with a complete urethral canal. This may account for the necessity of an increased bulk of seminal fluid as it is generally believed that both the secretions of the prostate and Cowper's glands perform the office of a diluent to the semen, and together with these we may add that of the seminal vesicles. The secretions of all three organs are more or less viscid. I have not yet been able to examine carefuly the fluid formed by Cowper's glands, but the prostrate secretion in the horse is a thickish semi-fluid clear viscid substance with a brownish colour, it hardens very rapidly after death, so quick that it is difficult to obtain specimens soft enough to allow of manipulation under the microscope, it was seen to contain cells of a similar appearance to the vesiculæ secretion. They were oval and columnar in shape, nucleated and finely granular, but few in number.

The accessory organs are absent in birds, reptiles, and fishes, but appear in the monotremata and marsupials with a closed urethra. In a number of animals one or other of the glands may be absent, for we find in the monotremata just mentioned the seminal vesicles are wanting, but they appear to be compensated for by the relatively large size of Cowper's glands. In the rodents the seminal vesicles are generally large, the gray squirrel is, however, an exception, the vesicles in this animal being diminutive, but both the prostate and Cowper's glands are large. In the carnivora the seminal vesicles are absent. In the bull the seminal vesicles have the appearance of two lobulated glandular masses, the prostate is small and Cowper's gland's are absent. Not only may one or other of these organs be absent, but even when present there is a diversity as regards their form, for in the beaver the prostate consists of short pyriform sacs, and in the rat of convoluted tubes.

When we take into consideration all the facts we know relative to the seminal vesicles it becomes exceedingly probable that their secretion performs a dual function, viz., acting both as a diluent to the concentrated testicular fluid, and no doubt as a protective lubricant to the urethral canal.

During coition I think it probable a strong vermicular action is set up along the vas deferens which drives the spermatozoa towards the common ejaculatory duct, at the same time powerful contractions of the muscular wall of the seminal vesicles force out the fluid contained in them, and the result is a mixture of the two fluids which is violently ejected into the urethra. This forcing out of the vesicular fluid and spermatozoa towards the urethra is facilitated by the obliquity with which the seminal vesicle joins the vas deferens to form the common ejaculatory duct.

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We are asked by the authorities of the University of London to state that as the celebration of Her Majesty's Jubilee will fall in the week in which the usual halfyearly Examination for Matriculation commences, this examination will take place a week earlier, viz., on the 13th instead of the 20th of June.

Clinical Records.

CASES IN COUNTRY PRACTICE.

Under the cars of Jas. Martin, F.R.C.S.

Case 1.—*Removal of Externa Ear for Cancer.*

Six months ago I was called to an old man, æt. 81, and a hard drinker. His right ear was a mass of epitheliomatous cancer about the size of an orange, and bloated extensively. He suffered greatly from the inconvenience it caused and severe lancinating pains, there was a patch adjoining the skull about the size of a sixpence, apparently sound and no more, the entire structure of the external ear was involved. The man was so worn out and feeble that I was afraid that if I removed the mass by excision, the loss of blood, even if trifling, might prove fatal, and he having himself an inseparable dread of the knife, I determined to remove it by elastic ligature. I, therefore, passed a needle armed with a double ligature of india-rubber, through the sound part, and tied it above and below. I then applied water dressings with some tr. of opium over the tumour, desiring that it should be kept constantly wet. The following day I found the old man rather flushed and excited. He had taken a very small amount of stimulants, his pulse was extremely feeble, 100; and he had very little sleep, but he did not complain of pain. I ordered him two glasses of wine daily. gave him a draught of 15 grs. chloral hydrate, 15 grs. bromidi potass, 15 drs. liq. morphine, i dr. of spirits sulphuric ether, and applied an antiseptic lotion of glycerine and boracic acid 2 oz., dissolved in pint of water. He slept well, had no further unpleasant symptoms. I tightened the ligatures on the third day, it having then cut nearly half-way through, and on the eighth day a slight nip of a scissors removed, leaving a small healthy granulating patch about the size of sixpence. It healed perfectly, and no further symptom has appeared since. He is now enjoying as good health as he has had for years.

Case 2.—*Large number of Gall Stones passed without pain or inconvenience.*

I was called to see a woman, æt. about 65, of a pallid fair skinned face, with a certain air of refinement, she has been suffering for some time from ordinary dyspeptic symptoms, and has evidently a very weak heart, the impulse being very much below what would be normal. While talking to her about her symptoms, she said that she had passed some hard bodies, which she had washed and put by. When I expressed my desire, she produced four gall stones of the usual facetted appearance, and after some conversation she said that she had passed a large number besides, but then she only washed them, and left them outside the house in a tin vessel. On asking to see them, a tin vessel, which would hold about a quart, was brought in, containing about two hundred, all oval, of the size and colour of olives. I could not reckon them accurately, as those at the bottom, lying in water, were macerated and softened, and had lost their distinct outline and shape. They had all passed away without giving pain or trouble, but one of her objects in consulting me was to get some treatment likely to prevent a new formation. In connection with this, I may mention that a near relative of mine having died of the effects produced by the impaction of a mass in the common duct, I got my friend, the late Dr. Cavet, of Waterford, to make a post-mortem examination, when he found that the offending body was a mass the size of a large man's thumb, formed by the agglutination of a number of pisiform bodies. This was looked on then as being beyond recovery. How different would it be now. Dr. Cavet also informed me that the hepatic ducts were filled with hundreds of those pisiform bodies of a light pale yellow colour. Many such cases are on record, but I do not remember any in which such a number and of such size were passed during life with so little trouble as in this old woman. The old lady is now doing well, and has passed a few more since I saw her.

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METROPOLITAN FREE HOSPITAL.

Case of Chancre of the Lip.

Under the care of Dr. Charles R. Drysdale.

Cases of hard chancre of the lip are sufficiently uncommon to make each one worth recording. On Tuesday, March 1, 1887, a respectable young woman, æt. 28, a milliner by trade, presented herself among Dr. C. R. Drysdale's out-patients at the hospital, for what she styled "a cold in the lip," and which she had noticed for about fourteen days. There was a swelling of the lower lip in the middle line, which felt wooden in its hardness when taken between the finger and thumb. An abrasion of about the extent of a sixpence was seen on the surface of this swelling, at the punctures of the skin and mucous membrane. The glands beneath the jaw on both sides of the middle lines were enlarged and hard. No eruption existed on the face or body. Patient was engaged to be married and had been kissed by her intended husband whilst he was suffering from a sore mouth.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, March 11th, 1887.

Dr. Broadbent, President, in the Chair.

Dr. de Havilland Hall communicated a case of

PNEUMOTHORAX WHICH HE HAD HAD UNDER OBSERVATION, WITH NOTES OF FOUR OTHER CASES.

Case I.—F. R. P., æt. 24, a clerk, was sent to Dr. de Havilland Hall by Dr. W. D. Penny on June 27th, 1885. The account given by Dr. Penny was that on May 8th, the patient complained of sharp pain in the left side of the chest. In the mid-axillary line, low down, there was pleural friction with slight dulness on percussion and tubular breathing. The dulness only covered a very small area, and the rest of the chest was quite normal pulse, 110; temperature 100·4° F. The patient was sent home to bed, and next day there was hyper-resonance all over the chest and extending half-an-inch to the right of the sternum. Breathing replaced by amphoric roaring and loud tinkling, except that at the angle of the scapula the respiratory murmur was faintly audible. Heart sounds muffled, apex bent half an inch inside right-nipple pulse, 140; temperature, 99° F. The patient stated that while getting into bed he suddenly felt faint, and had a peculiar sensation about the heart. In the course of a month the symptoms slowly subsided, the heart returned to its natural position and the breath sounds returned. A fortnight later there was a return of pain and shortness of breath. When examined by Dr. Hall the patient had just come from business. There was only slight complaint of pain and there was not much dyspnœa, pulse 120; heart sounds clear. Impulse in epigastrium. The left side of the chest hardly moved at all, there was general hyper-resonance and obliteration of the cardiac dulness. No breathing sounds were audible over the left side. The bell sound could not be elicited, The right lung was normal. The urine contained a trace of albumen. On September 30th, the patient was again examined and both lungs were found perfectly free from disease.—*Case II* (Notes supplied by Mr. B. Rix of Tunbridge Wells). J. W., æt. 39, mason's labourer, previous health good, and in constant work for past 11 years. While sweeping, seized with sudden pains just above the left nipple and came over faint. Continued at work for five days, but owing to increasing dyspnœa and pain had to take to his bed on the fifth day. On examination, there were the physical signs of pneumothorax on the left side. He was under observation for seven weeks during which time the heart gradually resumed its normal situation, the hyper-resonance disappeared and normal breathing returned.—*Case III.* Recorded by Dr. Delgrange (see London *Medical Record*, 1881, p. 196) a healthy youth, æt. 19, while exhibiting the powers of his chest suddenly felt severe pain in the left side, his face became blanched and he experienced great oppression. During an effort to vomit he was seized with a sense of something tearing in his side, followed by syncope, there were unmistakable signs of pneumothorax. The patient recovered after about eight days.—*Case IV* (Recorded by Biermer, *Würzburgher Med. Zeitschrift*, Bd. I, p. 385). K. D., a law student, æt. 19, while dancing was seized with a peculiar sensation in the region of the heart, accompanied with giddiness, oppression and sweating; when examined four days later, there were the physical signs of pneumothorax on the left side accompanied by a moderate amount of liquid effusion. In seven weeks all objective signs of the pleural affection had disappeared.—*Case V* (Recorded by Ricker, *Wien. Med. Wochensch.*, March 28th, 1860). A badly developed young man of 18 years of age, was seized, while coughing, with a stabbing pain in the left side. A week later, he complained of considerable shortness of breath and the physical signs were those of a pneumothorax. The distress increased so much that he was punctured, and the operation was followed by an alleviation of all his symptoms. Two months later, he presented a more healthy aspect than before his illness. After remarking on the comparative rarity of cases of pneumothorax occurring among the apparently healthy, Dr. Hall drew attention to the cases collected by Dr Samuel West, in a paper read before the Society in 1883, and to the cases reported to the Medical Society in March, 1886, by Dr. Whipham. Dr. Hall considered that the explanation of great preponderance of males over females in the subjects of this affection is to be found in the greater muscular exertion of males compared with females, and that whatever might be the predisposing cause, the immediate cause of the pneumothorax is some strain. He had no doubt that in a majority of cases the rapid breaking down of a small tuberculous mass before a secondary pleurisy had had time to set up adhesions, was by far the most frequent cause of pneumothorax. The paper concluded with some remarks on the diagnosis and treatment of pneumothorax.

Dr. **Burney Yeo** said that during ten years experience at Brompton he had never met with such a case as those described by Dr. Hall. He would suggest that sufficient stress had not been put on dry pleurisy as a cause of the condition. This form of pleurisy might easily escape notice, or be discovered only by accident.

Dr. **Stephen Mackenzie** quoted the case of a young gentleman who was seized with symptoms of pneumothorax while apparently in perfectly good health. He had noticed "stitch" in the side on several occasions.

Dr. **Samuel West** said he had had one or two cases which bore out the statement which had been made. In a man of fifty the symptoms of pneumothorax were so obscure that he was several days in the hospital before it was remarked. He died soon after, and the disease of the lung was limited to a nodule. He thought most cases were tubercular. He had recently been making some experiments on the pressures at which healthy lungs would burst, and without giving any precise details, the pressure seemed to be much greater than that which would be caused by respiratory movements. He mentioned that he had never met with a case of pneumothorax after accident or injury to the ribs.

Mr. **Sidney Coupland** said he agreed with Dr. Hall that pneumothorax was often associated with small localised phthisical changes. He would add two cases of this lesion to the list; in neither of them was there any phthisis nor history of phthisis.

Dr. **Turner** said he had had a case of traumatic pneumothorax recently in his practice, and on inquiring as to its frequency he was told it was very rare.

Mr. **Rivington** said he would say that in the course of seventeen years' experience, during which he had seen a large number of fractured ribs, he had only seen one or two cases of pneumothorax resulting therefrom.

Mr. **Howard Marsh** alluded to the case of a lad who was admitted into St. Thomas' Hospital, having been run over. His breathing was greatly distressed, and he died soon after. At the post-mortem the lung was found to have been torn bodily away from the bronchus.

Mr. **Bernard Pitts** said he had seen several cases of traumatic pneumothorax. In one case aspiration had been performed twice with benefit to the patient, who, however, died, and was found to have a rupture of the lung.

Dr. **Broadbent** said he had seen three cases some years ago.

Dr. **Hall**, in reply, said that he could not agree with Dr. Yeo that pleurisy was a common cause of pneumothorax, and if present was probably due to phthisis like the other lesion.

Mr. **Frederic S. Eve** on a case of

INTRA-PERITONEAL EXCISION OF THE RECTUM WITH RECOVERY.

The patient, a woman, æt. 34, had suffered with symptoms of cancer of rectum for nine months. The growth encircled the rectum, and it was thought that the finger could be passed beneath its upper margin. The usual operation of excision was undertaken, but as the upper limit of the growth could not otherwise be reached, the peritoneal reflection encircling the bowel was divided, and the diseased portion removed with the écraseur. The bowel excised, measured nearly six inches in length. The upper end was readily brought down to anal margin. Patient is now, five months after operation, in good health. Good recovery, without symptoms of peritonitis. Remarks in recent researches on the experimental production of peritonitis tending to show that this operation should not theoretically be exceptionally dangerous, and that the limits of cases deemed fit for operation might be determined.

Mr. **Harrison Cripps** said he had performed a great many cases of excision of the rectum during the last few years, in about 1 out of 5 having had to remove a portion of peritoneum. No death had resulted. He thought the difficulties of the case had been greatly exaggerated.

Mr. **Golding Bird** asked how far the patient could retain her motions?

Mr. **Eve**, in reply, said he was surprised to hear from Mr. Cripps that the peritoneum was opened and part of it removed in so large a proportion of cases. In his own case the peritoneum had been cut through all round, so as to allow of complete examination of the gut above the site of the growth. He was unable to say what the condition was at present as regarded retention of fæces.

A CASE OF SCOLIOSIS.

Mr. **Keetley** having received from Mr. Bernard Roth a paper on the results of the gymnastic treatment of scoliosis, asked that gentleman for permission to see the treatment. Mr. Roth consented, on condition that Mr. Keetley should send him a case (of the hospital class) for treatment. This condition being fulfilled, Mr. Roth (with Mr. Keetley's consent) exhibited the patient at the Clinical Society twice, once before and once after, a course of gymnastic treatment. Mr. Roth's views of this case are stated (with illustrations) in the Clinical Society's Transactions. Mr. Keetley, while acknowledging that the patient's spirits and muscular strength were improved by the gymnastics, states that she had lost in height, and that the scoliotic curves had undoubtedly increased during the treatment.

Mr. **Bernard Roth** said the patient had been sent to him by Mr. Keetley with a request to do what he could for her, and no intimation was given of an intention to read a paper until last Saturday; further, he had applied in vain to know what line of criticism Mr. Keetley intended to follow. He defended his history of the cases reported in the Transactions, and protested against Mr. Keetley's paper being published by the Society unless his answer was appended. The patient in question had suffered from lateral curvature for ten years, and had been under various treatments. In spite of plaster jacket, &c., she had become frightfully deformed, and this had gradually got worse. He had told Mr. Keetley that he would do his best, and would make her independent of spinal supports in three months, though the osseous deformity would of course remain. He showed photographs and tracings of the ribs. The patient was shown at the Society in Nov., 1885, and again after the three months' treatment in March, 1886, and Mr. Keetley then made no objection. Both patients were present, and had been examined by members. If his reply could not be appended, he would urge the appointment of a committee to report upon the cases, as well as on the case which he had shown in April, 1883.

Dr. **Broadbent** thought that the best course would be to appoint a committee.

Mr. **Heath** said that Mr. Keetley had applied to the Council because he felt aggrieved that a case of his had been used without his permission in support of views which he was not prepared to endorse. He had received permission to read a paper on scoliosis, but it had not been anticipated that it would be of such a controversial nature. He agreed that the appointment of a committee was desirable.

This was put to the Society and agreed to.

LIVING SPECIMENS.

Mr. Robinson and Mr. Parker: Congenital Deformity of Hands and Feet in three generations.

Mr. Bernard Roth: Two Cases of Scoliosis.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

Meeting held Wednesday, March 2nd.

The President, Professor **Grainger Stewart**, M.D., in the Chair.

PATHOLOGICAL AND OTHER EXHIBITS.

Dr. Carmichael showed the brain from a case of tubercular meningitis; Mr. **Miller**, the lower extremity removed on account of a peculiar form of gangrene of the foot and leg; and Dr. **Bruce**, a new form of radial microtome, devised by himself and Mr. Fraser, optician, which was less costly than the instruments already in use, while equally efficient.

DISCUSSION ON CEREBRAL ABSCESS.

The discussion on the Diagnosis and Operative Treatment of Cerebral Abscess due to Ear Disease was opened with papers by Dr. M'Bride and Mr. A. G. Miller.

Dr. **M'Bride** explained that cerebral complication was more common after chronic than after acute ear disease. Such complication might take one of three forms, viz.: abscess, meningitis, thrombosis. In some instances, two or more of these might be combined. His experience led him to the conclusion that, in a large proportion of cases, it was impossible, from the symptoms alone, to say which form was present, in a given instance. Doubtless, some symptoms suggested a presumption in favour of one or other, as for example, the exact seat of tenderness, the appearance of bogginess over the mastoid region, the condition of the pulse and temperature and, as especially indicative of sinus phlebitis, the occurrence of pain and swelling over the line of the internal jugular vein. Did they obtain more exact information from an examination of the ear? The data at their disposal consisted largely of statistical tables drawn up by different observers. Toynbee had spoken of abscess following on disease of the external meatus. This was questionable. Rosa stated that over 50 per cent. of secondary cerebral affection took the form of cerebral abscess. Dr. M'Bride feared that in this number must have been included some cases of purulent meningitis. He had compiled a table himself, in which only such cases were included as had been examined by a competent aurist, and the parts submitted to careful dissection after death. The table was as follows:—

Form of Cerebral Affection.

Part of Ear affected.	Cerebral Abscess.	Purulent Meningitis	Cerebellar Abscess.	Thrombosis.
Tympanum and Mastoid region ...	12	8	3	8
Tympanum only ...	3	1	0	1
Middle and Internal Ear	0	3	4	1
	15	12	7	10

The figures spoke for themselves. When the internal ear was affected, it would be observed that cerebellar abscess was more frequent than cerebral. Hence the tuning fork test might come to be of value. Granting the probable presence of an intra-cranial abscess, they might judge it more likely cerebellar if the sound conduction were lost in the affected ear, while if the sound conduction were greater, it was probably cerebral. He questioned Mr. Hulke's view that cerebral abscess was commoner in the young and cerebellar in the adult. His experience pointed towards an opposite conclusion. If an abscess had been diagnosed, what line of treatment must they adopt? The results of recorded operations and the development of cranial surgery pointed to operative interference. The safest method appeared to him as follows:—A curved incision should be made over the auricle and that structure dissected out. The cranium should then be opened about a quarter-inch above, and just in front of, the osseous meatus. In the large majority of cases, this site would be found nearest to the origin of the evil. It had the further advantage that it was far removed from the course of the middle meningeal artery. Dr. M'Bride concluded by criticising the diagnosis and operative treatment in the case recently reported by Professor Greenfield. No sufficient data has been given for the view adopted.

Mr. A. G. **Miller** read the clinical record of two cases, in which, after consultation with Drs. M'Bride and Wyllie, he had operated in the way just suggested. In both instances there was temporary relief, but the patients sank under septicæmia. Mr. Miller spoke further on the alternation of head symptoms and otorrhœa, and advocated a more scientific treatment of chronic ear discharge, with a view to the prevention of the more serious consequences.

Professor **Annandale** approved of the lines indicated by Dr. M'Bride for operative interference. There was no question that the larger proportion of such cerebral abscesses were directly connected with, or in close proximity to, the suppurating ear cavity. The site suggested had the further advantage that the operation was not likely to be provocative of serious hæmorrhage. There was certainly need for the rigid institution of preventive measures. If free drainage of the otorrhœa were adopted, they would have fewer cases of cerebral complication.

Professor **Greenfield** explained that the chief difficulty in his case lay in the fact that there was no clear history of antecedent ear disease. He had seen several instances where the cerebral abscess was further forward, even in the frontal lobe. Perhaps he had laid too much stress on a certain parallelism which he felt to exist between the recent case and others he had seen. The result, however, justified his conclusions.

Dr. **Bramwell** said that, in his experience, cerebral abscess following on ear disease, was rare. During long service as pathologist in Newcastle and Edinburgh, he had only met with two cases. They must sharply differentiate between an encapsuled and a non-encapsuled abscess. He did not think the encapsuled abscess was in any way to be separated clinically from a cerebral tumour. Too much stress had been laid on optic neuritis as an infallible indication of operation. While he admitted that it was a weighty piece of evidence, they must bear in mind that the occurrence of optic neuritus did not necessarily mean a fatal issue. Cases were on record, where optic neuritis had been completely recovered from. As abscess, consequent on ear disease, was so frequently situated in the temporo-sphenoidal lobe, they should, especially when the condition was left-sided, seek for the existence of *word-deafness.*

Mr. **Caird**, who trephined in Professor Greenfield's case, warmly defended the site chosen. He was led to understand that the pressure symptoms pointed to the presence of an abscess further forward than usual, and he operated where he did, just as he would open a psoas abscess which was pointing in the abdomen, even though the source of the evil was distinctly spinal.

Professor **Chiene** agreed with Mr. Caird's view as to the wisdom of the selection. The symptoms of pressure on the third and fifth nerves, and the shape of the middle cranial fossa, in his opinion, thoroughly justified the course.

Dr. **Hughes Bennett** (London), could not speak from much experience of cerebral abscess. His belief was that, following on ear diseases, it was rare. The rapid advances which cerebral physiology and surgery had made within the last few years were the best defence of operative interference, He had taken part in a large numbers of operations for epilepsy and in only one instance, with fatal issue. It had been found that the mere trephining was frequently curative, even when no definite cause for the condition was forthcoming. In such circumstances, they must remove a portion of dura mater with the bone.

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THE BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held March 9th, 1887.

Dr. G. **Bantock**, President, in the Chair.

Dr. Alfred Meadows showed a specimen of tumour which he had recently removed from a patient, and though the two Fallopian tubes were evident, no trace of an opening corresponding to cavity of uterus could be found. The tumour was removed by the extra-peritoneal method. In the subsequent discussion the question arose as to the length of time the clamp should be left on pedicle after operation. Mr. Lawson Tait was said to sometimes remove it at the end of four or five days, but Dr. Bantock thought ten days was about the best time provided the stump dried up nicely. In choice between extra and intra-peritoneal operations Mr. Reeves advocated the mixed, but Dr. Bantock was decidedly in favour of extra-peritoneal.

Mr. **Spanton** showed some specula made of porcelain lined with platinum. He had used them and found them very effectual and cleanly.

A discussion followed on the requisite length of a speculum, great diversity of opinion evidently existing.

Dr. **Purcell** read a paper on

VAGINAL HYSTERECTOMY FOR MALIGNANT DISEASE,

instancing three cases, all of which recovered. In the first case a woman, æt. 40, mother of five children, youngest four years old. Her illness dated back eight months, and about three months ago she had a small mass moved from the os uteri. After being anæsthetised a cancerous growth, about the size of a cricket ball, was removed by galvanic écraseur and plantinum wire on a line with the internal os, and without loss of blood. On examination it was found that all the disease was not removed, so it was decided to remove the whole of the uterus. The case was published in full in the *Lancet* of Jan. 31st, 1885. Catheter was retained until sixth day. She was allowed up on the twenty-fifth day after operation, and she left the hospital on the forty-second day after operation. She presented herself several times after at the hospital, and appeared to be doing well, but ten and a-half months after operation a letter was received saying she had died, but no information could be obtained as to cause of death. In the second case, a thin delicate woman, æt. 42, mother of six children, there had been two floodings. Epitheliomatous disease was found in posterior lip and body of os uteri, also vagina. The uterus and appendages were removed, and she left hospital thirty-two days after operation. Seventeen months after operation she was quite well. In the third case, a married woman, æt. 29, mother of five children, youngest five years. Disease noticed five months ago. On examination a large growth was found to occupy the vagina, growing from the anterior lip of the os uteri, the disease extended to wall of vagina posteriorly, and to the right. The tumour and part of uterus were cut off by écraseur and Emmet's scissors at level of internal os, but disease was found to extend higher, so total extirpation was performed, the two ovaries being left *in situ*. Allowed up on sixteenth day after operation, and walked about ward by twenty-fourth day. Dr. Purcell doubted the advisability of extirpating if superficial primary cancer of the vagina existed to any extent. Cancer of the cervical mucous membrane and body of uterus always necessitates total extirpation of the organ.

Mr. **Reeves** thought Dr. Purcell hardly up to date in rate of mortality, which was now considered less than he stated, *i.e.*, about 28 per cent. His great difficulty was to arrive at a fully satisfactory diagnosis of the extent of the disease before the actual operation commenced.

Dr. **Bedford Fenwick** urged strongly the attempt at diagnosis per rectum.

Dr. **Grigg** also said abroad he had seen chloroform given to its extreme limit with safety, and then the hand per rectum or vaginam used to thoroughly explore surrounding tissues.

Dr. **Edis** laid special stress on the importance of early diagnosis.

Mr. **Bland Sutton** said the ureters were usually a source of trouble in the vaginal operation.

In reply, Dr. **Purcell** thought the examination by hand in rectum a difficult and somewhat dangerous performance. In two out of the three cases extirpation was not decided on until a minor operation had been performed and demonstrated the necessity. The ureters could be felt in the broad ligaments, and so with care be avoided.

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BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Monthly Meeting, February.

Isaac Mossop, Esq., President, in the Chair.

Mr. **Mercer** introduced the following

CASE OF EMPYEMA.

William B., æt. 6, on August 3rd had an attack of acute pleurisy. This was followed by effusion into the right chest, occupying two-thirds of the cavity. The usual treatment was followed for a fortnight. At this time the case had evidently become one of empyema, marked by bulging of intercostal spaces, great loss of flesh and diarrhœa. On August 23rd under an anæsthetic (chloroform) I explored the chest with a syringe, withdrawing pus. I then made an incision with a scalpel into the 8th interspace, near the angle of scapula, one inch long, I inserted a red rubber drainage tube, held from slipping into the cavity with a thread. I covered the whole with salicylic silk and bandage. The operation was done *à la* Lister. In the course of fourteen days or more the tube came out, and the wound healed. The boy now rapidly gained flesh and strength, the right lung became resonant, and respiration re-established. From beginning of the illness to its termination would be about six weeks.

Dr. **Goyder** congratulated Mr. Mercer on the rapid cure of his case, the cases were generally more tedious, though children did better in this respect than adults. He mentioned a case which had been under his care in this Infirmary which had been operated upon in Leeds. Pus escaped from the opening for about four weeks, but gradually diminished, the wound healed, and the lung gradually restored to its normal size, no precautions but cleanliness and the usual dressings were employed. In ordinary serous effusion he rarely aspirated till blistering and diuretics were used, and these generally succeded in removing the effusion.

Dr. **Major** said the common experience was that these serous effusions went on to the formation of pus, why, it was difficult to say. He could scarcely say antiseptic precautions were used in this case, nor were they needful, since cases generally did well without them. The advance of surgery had shown the necessity of the early evacuation of pus, and acting on this many lives had been saved in recent years that would otherwise have been sacrificed.

Dr. **Bell** remarked that scarcely any disease so illustrated the advance of surgery as the modern treatment of empyema. Dr. Addison said in his day that every case in which the chest had been opened in empyema died. This opinion influenced practice no doubt. Now, the rule was to evacuate pus as a foreign element wherever it existed, whether in the brain, chest, or elsewhere. He advocated two openings, one above, the other below, to facilitate the discharge. Antiseptic precautions were necessary to prevent the pus becoming fœtid.

Mr. **Miall** agreed with Dr. Major that antiseptic treatment in these cases was useless, and might do harm by withdrawing attention from the necessity of making a free opening, and thereby securing perfect drainage, it had even been advocated to excise a portion of the rib to make drainage more effectual.

Mr. **Mercer**, in reply, said he followed the advice of authorities in using antiseptics to prevent putrefaction of the pus.

Dr. **Denby** then read a case of

DIPHTHERITIC CROUP.

A. B., æt. 4, began with symptoms of "cold" on Thursday, Sept. 30th. First seen on Monday, Oct. 4th. *Symptoms:*—Voice whispering and thick, as of some throat obstruction, foul odour of breath, nostrils tender and moist from discharges, slight cough of "brassy" character, temp. 101-102, pulse over 120, fauces, &c., thoroughly covered with dirty white membrane. *Cause:*—Only cause that could be assigned was that early in preceding week ashpits in back street had been emptied, and child probably playing about at the time. Prescribed mist. pot. chlor., acid hydrochloride, &c., and ordered throat to be syringed every three hours with gargle of mg. sulphis. In the evening worse, symptoms of diphtheritic laryngitis well marked. Emetic of sulph. of zinc. caused vomiting, but no membrane noticed. Patient being an only child, and other circumstances made the case one of painful interest. Instruments necessary for tracheotomy were got ready, and I slept in the house during night. Symptoms continued the same till following morning, when I was sent for about nine as she was thought to be dying. Mr. Meade, sen., saw her with me immediately. *Result of Consultation.*—As strength of child was fairly good, complexion of good colour, no urgent difficulty of breathing, no decided symptoms of pulmonary congestion, and especially considering diphtheritic character of laryngitis, it would be safer to watch carefully a while longer, and reserve any operation until more urgent symptoms developed. An emetic of sulph. of copper with same result as before. I saw her several times during day. She was watched constantly, and plied persistently with milk food. Nutrient enemata had to be abandoned. Mr. Meade saw her at 11.30 a.m. and at 9 p.m. Symptoms slightly worse, but we decided still to postpone operation. I remained in the house through the night. At 4 a.m. on Wednesday all symptoms worse, and got ready for tracheotomy at any moment. Gave another emetic of sulphate of copper with unsatisfactory result. Saw her every two hours. At 3.15 p.m. sleeping more quietly, breathing more softly, colour good, and pulse better. Had vomited about 2 p.m. a thick substance like "boiled white of egg." I charged them to let her have her sleep out. At 5.45 I found her awake with slight but decided improvement of all symptoms. I enjoined still unremitting watchfulness. However, from this time there was steady amelioration of symptoms. Syringing continued, but throat not clean until about the 14th. Cough did not lose "brassy" character, and voice did not resume its usual tone till about two weeks from commencement. Scarcely any gland enlargement at any time. No albuminuria that I remember. No sequela except nervousness. *Treatment* consisted not in any specific medicine, but in syringing regularly and thoroughly with sol. of mg. sulphis, in keeping up strength by plying her persistently with milk, &c., in constantly watching her and making her comfortable in every way, giving an enema when necessary, keeping air of room soft and warm with steam, keeping her quiet and favouring sleep so as to diminish laryngeal irritation, and result was happily very satisfactory.

A short discussion followed the reading of this case in which the President, Drs. Goyder, Johnstone and Bell took part. In reply to questions by the two latter gentleman,

Dr. **Denby** said he had not entered into the pathology of the affection. He preferred syringing to the spray as less liable to irritate the larynx. Before Mr. Gilchrist Burnie's paper he had used dilute sulphurous acid, he now preferred magnesium sulphide as less irritating.

Dr. **Herbert Major** then read a paper on

RESPIRATION OF ASCENDING AND DESCENDING RHYTHM (CHEYNE-STOKES).

which will be found at page 241.

Following the reading of this interesting paper the President, Dr. Goyder, and Dr. Denby, cited cases which exhibited this peculiarity of respiration, and remarked on the interesting *resume* which Dr. Major had given of the causes and phenomena observed by various authors.

Mr. **Miall** remarked that there was a description of similar respiration in Hippocrates, it occurred in a case of fever of which the man died, the language used was, much the same as that employed by Cheyne to describe, the affection.

Dr. **Major** thanked the members for the manner in which his remarks had been received. The various causes of this respiration would be better understood if greater opportunities for post-mortems could be obtained in cases in which it occurred. Though there might not be any heart affection in some of the cases, yet whatever the disease it ultimately so affected the respiratory centre as to produce these phenomena. He said he was aware that Hippocrates had mentioned a case of this kind.

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Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·3 per 1,000 of their population, and were—Birkenhead 17, Birmingham 22, Blackburn 28, Bolton 11, Bradford 22, Brighton 14, Bristol 19, Cardiff 25, Derby 20, Dublin 28, Edinburgh 22, Glasgow 25, Halifax 19, Huddersfield 26, Hull 21, Leeds 21, Leicester 19, Liverpool 23, London 20, Manchester 31, Newcastle-on-Tyne 24, Norwich 21, Nottingham 17, Oldham 24, Plymouth 24, Portsmouth 21, Preston 24, Salford 22, Sheffield 19, Sunderland 15, Wolverhampton 26. The highest annual death-rates in these towns last week were—From measles, 2·1 in Liverpool and in Salford, 2·2 in Manchester, and 4·6 in Huddersfield; from whooping-cough, 1·7 in Birmingham, 1·9 in Oldham, 2·0 in Preston, and 2·7 in Plymouth; from scarlet fever, 1·0 in Manchester and in Salford, and 1·6 in Birkenhead; and from "fever," 1·3 in Blackburn. The 38 deaths from diphtheria included 19 in London, 5 in Glasgow, 2 in Bristol, and 2 in Birmingham. Small-pox caused 3 deaths in Manchester, but not one in London or in any of the other large towns.

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WEDNESDAY, MARCH 16, 1887.

PROFESSIONAL ADVERTISING.

Very numerous complaints reach us in reference to alleged infringements of the rules of etiquette which, especially in the medical profession, put a formal veto on appeals to the public by means of advertisements. Now, advertisement is a very vague name for a very common, but none the less reprehensible proceeding, and the essence of the misdemeanor lies in doing it in ways that are derogatory to the individual and to the dignity of the profession to which he belongs. It is difficult and even impossible to lay down a definition which shall explain exactly what is comprised under this term, and still more so to find a line of demarcation which shall separate the venial, because general advertisement, from the variety which should subject the offender to the pains and penalties in that case made and provided.

In the law, a large amount of publicity is obtained merely by the performance of one's duty, although the more astute members of the legal profession know very well how to improve the occasion and obtain a notoriety not always commensurate with either their position or their abilities. The doctor works in a more secluded sphere, it is only exceptionally that he appears before the public at large in his professional capacity, and then not always to his advantage, thanks to the abilities of his adversaries to discountenance and misinterpret his actions and their consequences. To the young and struggling man, therefore, the temptation to obtain advancement by self-advertisement in one or other of its various forms, is very great, and to it a regrettably large number succumb. Not that many men recklessly throw themselves into opposition with the regulations of their particular licensing bodies; to do so is the act of a foolish or an ignorant man but, while still within the limits of the written law, they ruthlessly violate its spirit and thwart its intentions.

On examining the matter closely, one is struck by the difference with which the self same act is viewed by the profession according as the delinquent—for he is always a delinquent—is high up or low down in his department. Many of the instances of unblushing advertisement of the kind which we have alluded to as legal but improper, are to be traced to men whose position in the profession and socially, should place them above it. Passing by the alacrity with which the men who are fortunate enough to have for patients, members of the *classes dirigeantes*, sign and issue bulletins of the condition and progress of their patient, it is impossible to view the wholesale advertisement in the lay press, of books, good, bad, and indifferent, addressed or not to the public, as anything else than complacent self-advertisement. The example is so frequently given in high places that it is positively invidious to single out for disapprobation the humbler brother who does, on a small scale, what his more successful *confrère* does wholesale. That the practice is reprehensible and contrary to the spirit of the law there can be little difference of opinion, but, when the censors of professional conduct themselves lead the way, it is no wonder if hungrier men endeavour to emulate a practice which has undoubtedly contributed in no small degree to the *vogue* of many of our great men.

The great man, too, gets much of his advertising done for him for nothing by a tribe of admirers, who, from faith or interest, blazon his virtues and his skill *urbi et orbe*. This has the immense advantage of allowing the adulated person to disclaim all responsibility, and even affect to dislike the very means to which he owes his celebrity. He may be or becomes a lecturer, and then not unfrequently his lectures, whatever else they may contain, do not fail to put in relief the sagacity and skill of the lecturer. The recital of other people's errors only render his own perfection more patent.

The miserable little devices of his humbler brother seem ridiculous after such an exhibition, and are treated with the contempt which they undoubtedly deserve. What is wanted is a higher conception of the duties of one's profession in this respect. A man who transgresses a tacit convention of this kind even in the intention, is guilty of taking, or endeavouring to take, a dishonest and unfair advantage of his fellow professionals who are simple enough to abide by their undertaking. It is this feeling which gives rise to the dislike which men feel when prominent examples of this description of offence are brought to their notice. No legal repression would probably be of avail against this violation of professional etiquette; only the pressure of public opinion will ever do anything towards restraining men, whatever their position, from advancing their interests by the best way in their power, careful only not to lose the fruit of their labour by too tangible a departure from the normal lines of conduct. But there must not be two sets of weights and measures, one for the use of the great and powerful, and the other for the especial advantage of the poor and struggling. It is derogatory anywhere, but it is doubly so when the daily bread is no longer at stake, and the morrow can be looked forward to with complacency, and without apprehension.

THE IRISH APOTHECARIES' HALL AND THE CONJOINT SCHEME.

We have received for publication the following correspondence between two distinguished Fellows of the Irish Colleges of Physicians and Surgeons, and—under existing circumstances, and considering the importance of the questions involved—we feel that no apology from us is necessary for devoting considerable space to their publication. The practically unanimous decision of the College of Physicians not to regard the persuasion of the Medical Council, the invitation of the College of Surgeons, or the voice of public opinion has narrowed the controversy and brought near the settlement of the Irish conjoint examination question. The College of Surgeons put before the Physicians a choice of alternatives, either to admit the "Hall" to a tripartite conjunction, or to stand by and see the formation of a second and competing conjunction between the Surgeons and the Apothecaries. They have advisedly rejected the first alternative, and we cannot see that they have any choice but to accept the second. From Clause 2 of the new Medical Act the College of Surgeons derives power to enter into any number of conjunctions collateral to that with the College of Physicians, and we do not believe that there is any shadow of foundation for the idea that a contract of either law or honour has been entered on by the College of Surgeons which might debar it from forming a second conjunction.

It is scarcely necessary to say that we regard the double conjunction as an alternative greatly inferior to the tripartite scheme, but it is equally superior to the proposition to leave the "Hall" to stand out as an independent qualifying body. We feel obliged to say that the Fellows of the College of Physicians have displayed a childish weakness of policy in this matter. Instead of looking facts and probabilities in the face, they have clung to puerile interpretations of the law, far-fetched hypotheses as to their own and the "Hall's" status, and forlorn hopes that the Medical Council, or the Privy Council, or some unlooked-for contingency would stand between them and the inevitable. Even still there are, we believe, some of the Fellows who count upon being able to induce the Medical Council or Privy Council to refuse the "Hall" its assistant examiners in case it is excluded from conjunction. We will not discuss such an unsubstantial illusion, but we take the occasion to warn them that disestablishment and disendowment has, by the contumacy of the College, been brought much nearer to its doors than to the doors of the despised "Hall."

The following is the correspondence to which we have referred: —

My dear ——,—I cannot tell you how concerned I am at the move to institute a double conjoint examination, namely, the one already nearly perfected between the Colleges of Physicians and Surgeons and another between the College of Surgeons and the Apothecaries' Company. You know well that I am not actuated by any extreme hostility to the Apothecaries' Company, for under existing circumstances I am in favour of admitting it to a share in the Conjoint Scheme which our two Colleges are about to establish. You also know that I am far from being hostile to your College, for for twenty years I have constantly advocated the junction of the two Colleges for examination purposes, on the basis of existing scale of fees, but I feel that the dual scheme now proposed is fraught with great injury to your College and to the status of the profession in Ireland. The idea of the College of Surgeons adopting the proposed plan is far from being received with disfavour by some of the Fellows of the College of Physicians, but it is probable that these men will assert that the College of Surgeons was ready to make any terms calculated to be of pecuniary advantage to them, and will say, "See, we were right, the College of Surgeons will do anything to make money." It is not what you think, but what the public will believe, that is of importance. I cannot but fear that in the present instance your usual good judgment is influenced by the annoyance you feel at the refusal by the College of Physicians to admit the Apothecaries' Company to a share in the conjoint examinations, and I beg of you to consider well the step you think of taking before it is too late, for I am sure you will live to regret it. Pray excuse my writing thus freely, but I desire the welfare of the College of Surgeons not less than that of my own College.

I am, yours sincerely,

March 7, 1887. F.K. & Q.C.P.

Dear ——,—Thanks for your letter, which I have thought over very carefully.

Of your anxiety for the public welfare and of your loyalty to the profession and to both Colleges no one is more fully aware than am I myself, but it seems to me there are some points in reference to the proposed dual combination between the College of Surgeons and the College of Physicians on the one hand and the College of Surgeons and the Apothecaries on the other to which you have not given due weight.

As to what may be said by the clique to which you allude as to the College of Surgeons being ready to stoop to mean devices for making money, if the character of the College will not enable them to treat such vulgar abuse with the contempt it deserves, the sooner it loses its existence the better. I am sure neither you nor any man whose opinion is worthy of consideration would join in such an outcry.

The important question is as to what, under present circumstances, is best for the public welfare and for the profession at large.

On this question there is not much difference between you and me so far as I can see.

I believe the Apothecaries are legally established as a licensing body with authority to grant a licence in medicine, and as such entitled, under the Act of 1886, to enter into a combination with a surgical corporation to grant a registrable diploma, and, failing this, entitled to have assistant examiners appointed for them by the Medical Council, which would give them full and independent powers to grant registrable diplomas.

Whether they should have been put in this position is not the question. We have to deal with the fact that they are in this position, and the question is how would this affect the public and professional welfare, and how can we prevent evil arising from their position.

The Legislature passed the Act of 1886 for the purpose of effecting a combination, and our Colleges acquiesced in the passing of it, in so far that they did not oppose it, which seems to me to imply a contract to carry out the Act. The College of Surgeons used their best endeavours to induce the College of Physicians to admit the Apothecaries into combination. They urged the formation of this tripartite combination on the ground that the establishing of the Apothecaries as a separate licensing body would lead to the lowering of the standard of education, and so be injurious to the public welfare, but the College of Physicians objected so strongly that the College of Surgeons yielded, and a combination of the two Colleges was agreed on. The scheme for this combination was, in accordance with clause 19 of the Act of 1858, sent to the Medical Council for their sanction, and they referred it back with a strong expression of hope that it would be reconsidered with a view to admitting the Apothecaries.

The College of Surgeons again urged that the Apothecaries should be admitted, and stated that, failing that, they would be willing to maintain the combination already entered into with the College of Physicians, and to enter into a separate combination with the Apothecaries.

In this they proposed following the precedent of the Scotch Corporations when the College of Physicians combined with the College of Surgeons, and entered into a second combination with the Faculty of Physicians and Surgeons of Glasgow This arrangement in Scotland, after existing some years, has resulted in the formation of a single tripartite combination, and our College entertained a hope that the same result would, in a little time, be arrived at in Dublin. We also hoped that, by effecting this combination, we could prevent any lowering of the standard of education and examination, and any serious competition as to fees for diplomas. We thought we would thus be doing what was best for the public welfare, and for maintaining the honour and dignity of the profession, and, notwithstanding your arguments, it still seems to me the right course to be adopted.

I have looked carefully into clause 2 of the Scheme, in reference to what you said in our conversation on Monday as to its debarring us from entering into the proposed dual combination. This clause was intended to deal with the cases of registered practitioners of three classes, viz.:—

1. Men seeking higher degrees.
2. Graduates of Universities wishing to have the licences of, and associate themselves with, either of our Colleges.
3. English, Scotch, colonial, or foreign practitioners anxious in the same way to have a licence or be associated with us.

Any other application of this clause would, I think, be a straining of its meaning and intention, and a misapplication. I do not see how it could affect the question of the proposed dual combination in any way.

I have written at length in the hope of making my views understood, and am sorry I could not express myself more briefly.

Yours very sincerely,

March 9, 1887. F.R.C.S.I.

Sir,—We are quite in accord on the main point, as to what would have been the best course, but as my College absolutely refuses to admit the Hall we take different views. You think you, by joining with the Apothecaries, will elevate them. I believe, on the contrary, that by degrees you will be lowered to meet what is their standard, and that you will have two classes of licentiates who will be antagonistic to each other, viz., those who hold the College of Physicians and Hall licenses respectively. You need not hope that the public will esteem them on an equality, for the former will take good care they will not. I believe you will establish a low grade of mongrel qualification. If the Council give the Hall Examiners (or one examiner only as they ask) these licentiates will be fully qualified no doubt, but they will with equal certainty be esteemed of an inferior rank. The number of candidates will not be very numerous, and I hold that there will be quite as much, or more chance of a permanent amalgamation than by your scheme, but even if there be not, I do not think we should do wrong that good may come. The analogy in Scotland is not perfect, the Glasgow body was not a joint stock trading body, keeping open shop, and the College of Physicians had no rights over them, such as the College of Physicians has, which rights clearly indicate the subordination of, not inferiority of, the Hall. There is no doubt but that every Fellow of the College of Physicians, who thought of the matter believed when the clause I referred to was being considered, that we were entering into an agreement, excluding the junction, directly or indirectly, of any other body. Of course, I do not know what were your ideas. I know I spoke to that very clause, and advocated it, on the idea that, that was its force; and I cannot oppose the demand which will now be made for the reconsideration of the whole scheme. We will say your college refuses, or that the scheme falls through, and that we are refused examiners by the Council, we appeal to the Privy Council, and I doubt if they will disenfranchise us when we show that we merely asked for re-constitution and re-adjustment when a fundamental principle is violated; suppose we fail, will it be for the benefit of medical education that we be wiped out? I feel quite sure that the solution of the question by the means you advocate is not a wise one. I write freely because I know you have sincerely the well being of the profession at heart, and fully acquit you of any desire to promote the monetary interest of your college by unfair or improper means, and without doubt the free circulation of such a statement will lower our profession in the eyes of the public. They will say it is another battle of the shops for customers. My college is greatly encouraged by the action of the London Colleges, whose case is not so good as ours.

No person whatever is aware of this correspondence. I have never alluded to my communication with you to any one. We are simply two friends who equally desire to do right, but look at the question from different points. I have desired to put my views before you, which I cannot do at your Council table, and nothing but my anxiety for the welfare of my profession, would induce me to bother myself by thinking over the matter, as I have done of late, for I have become most adverse to all forms of politics. Your letter is very clear far more I fear than mine, but if you can gather my meaning it is all that is needed.

I am, your very sincerely,

March 9, 1887. F.K. & Q.C.P.

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THE LUNACY ACTS AMENDMENT BILL.

This Bill has had a chequered career in the House of Lords. It has been dissected and reconstructed year after year until the result arrived at is one of inextricable confusion, ill-digested enactments and vague ideas as to how it can possibly work. Each Lord Chancellor has left his individual mark upon it only to serve a temporary purpose and to be obliterated by the mark of his successor, and we find present and past Lord Chancellors disagreeing on vital principles, and a weak compromise giving place to what was a strong measure for good or ill. On its last appearance in the House of Lords the Lord Chancellor offered to amend sub-section 11 by inserting a provision into it to the effect "that where a person has been sent to an asylum or a private house and has not been visited by a county court judge or a magistrate having jurisdiction there, the person confined shall have a right to be seen by such." This compromise did not satisfy the Earl of Selborne or Lord Herschell, and the discussion arising out of it showed that it was ill-considered and unworkable. Indeed, the more we read of the lunacy discussions in the House of Lords the more hopeless seems the ignorance and confusion of those to whom is entrusted the responsible task of legislating on the subject. The Bill has been hammered at from all directions, and it seems impossible to lick it into shape, so as to please all parties; in fact, it has been a hot coal to successive Lord Chancellors, and each in turn is doubtless glad to get it off his hands with all possible despatch. It is one of the melancholy signs of our times that public affairs, and especially medicine in its public aspect, are handled more and more by amateurs to the exclusion of experts, and there can be no doubt that in giving so much legislative powers to the lawyers in the House of Lords, a decided non-medical bias is given to the construction of the Bill. The Lord Chancellor, for example, is either so obtuse or so ignorant that, to use his own reported statement, "he did not know why an examination before a magistrate should be more injurious to a lunatic than the investigation which medical men were supposed to make before signing a certificate for his removal, and he could not understand why a magistrate should not be competent to decide the question with a judicial mind as a medical man. The magistrate would determine the question not solely by his own view of his power of detecting mental disease but in the ordinary way in which he determined any matter which came before him in his judicial capacity." Here is the point where Medicine and Law diverge. Medicine recognises disease and disease only, and is competent alone to diagnose mental disease. It recognises the necessity for prompt treatment, quiet, unexciting methods of procedure, and the treatment of the patient deprived not of his liberty so much as of his healthy mental action. The question of liberty is so aggressively introduced into every phase of this lunacy question that there is a danger by no means imaginary of developing *traits* of lunacy of a correspondingly aggressive character, of multiplying and accentuating morbid suspicions, delusions of persecution and of evil designs on the part of relatives and friends. With the idea of imprisonment which a cumbrous and semi-public mode of committal implies to a sensitive mind, the beneficial influences of an asylum give place to what is baneful, and recovery is retarded, if not rendered impossible. Law recognises mental disease in so far only as it is a social or medico-legal question, and is more readily guided in its so-called diagnosis by the haphazard teaching of common untutored experience, by individual proclivities on the part of the judge or magistrate, and by the hue and cry of public opinion that is most loudly heard in the political atmosphere. If judicial decisions were as free from error as the medical diagnosis of insanity has been, there might be some occasion to throw stones and to sneer at the diagnostic capacity of Medicine. Our profession is the wisest friend in this matter, not only to the individual who suffers from mental disease, but to society at large; for with a minimum of risk, it procures speedy treatment for those who are mentally afflicted, and it regards publicity as inevitably calculated to weaken the mental stability of a recovered lunatic when he subsequently realises what he has passed through.

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Notes on Current Topics.

The Etiology of Scarlet Fever.

The chain of evidence connecting human scarlatina with a certain disease (as yet unnamed) occurring in milch cows has been made remarkably complete and unbroken by the renewed researches undertaken for the Government by Dr. Klein. It may be remembered that a specific and distinct micrococcus was isolated from the ulcers of the cow, and that this when inoculated into calves, produced morbid lesions exactly like those of the cows at Hendon, and those usually found in human scarlatina. During the present winter, Dr. Klein has examined the blood of scarlatina patients at the Western Hospital, Fulham, with the result of finding in it a micrococcus identical as to growth and cultivation with that obtained from the cows' ulcers. He further found that on inoculating and feeding mice with the two sets of micrococci, viz., Hendon and Fulham, the same pathological results were produced And, lastly, cultures were established from the blood of mice which had perished after these inoculations; and these were found to contain the same micrococci again, growing in exactly the same manner. Similar inoculations were made on calves, who developed similar lesions to those affecting certain calves inoculated with the Hendon micrococcus last year; and from the heart's blood of these the same micrococcus was recovered by cultivation as had been found in the Hendon cows' ulcers and the fever patients' blood. Thus, then, the circle has been fully drawn; and a valuable discovery lies enshrined within it, one which reflects the greatest credit upon the perspicacity of Mr. W. H. Power, who made clear the circumstantial details of the Hendon outbreak, as well as the skilful and philosophic experimentation of Dr. Klein. But the practical importance of this newly observed relation between scarlatina and cow-disease transcends its mere scientific aspect, for there is obviously power by careful supervision of herds and of dairies to limit and curtail the action of the most blighting influence against which our youthful population has to fight.

Nine Hours' Artificial Respiration.

Reports from Ceylon contain an interesting description of recovery of consciousness of the taxidermist of the Victoria Museum who was bitten by a cobra, which he thought harmless, from previous extraction of the poison bag. For a few moments after the bite he took no heed of it, but pain and nausea were soon set up. Carbolic acid was then applied, ligatures were bound round the arm, an incision was made at the bite, and the blood of the arm was wholly removed. Various antidotes were used, but the unfortunate man lost the power of speech, and soon every muscle became paralysed, and respiration ceased. Artificial respiration was then resorted to, and this operation was unceasingly continued for nine hours, when at last the patient made an attempt to breathe, and soon regained consciousness enough to make his wants known. He steadily improved until Friday, the accident having taken place on Wednesday, and then astonished those around him by stating he was conscious of all that had been taking place, but was unable to make his feelings known, not having the power over a single muscle. It would seem that the poison paralysed the nerves of motion, but not those of feeling, for he could see and hear and feel, although the attending physician, even by touching the eyeball, could get no response either of feeling or consciousness. His partial recovery was, however, followed by a high fever and inflammation of the lungs, and he died, perfectly conscious, on the following Sunday.

Sir Walter Foster, M.D., one of the Direct Representatives on the General Medical Council, formerly M.P. for Chester, has been invited, and has consented, to contest the Ilkeston Division of Derbyshire, in opposition to Mr. Leeke, the Conservative candidate.

Absorption through the Skin.

A further contribution towards clearing up the uncertainty which exists on this subject, has been made by Messrs. Ritter and Pfeiffer (*Med. Chron.*). Their method was to rub well into the extensor surface of a healthy limb half an ounce of an ointment containing the substance under investigation, then to cover the spot with a bandage to prevent any possible absorption by the lungs, and after twenty-four hours to collect some urine and examine it. It was found that potassium iodide from a 10 per cent. ointment passed into the urine in only one out of five cases, and this was after the ointment had been used for four days, when the skin had become irritated and its continuity practically destroyed. Sodium salicylate applied in the same way was never found, even in traces, in the urine; but salicylic acid gave its test within a few hours after its application. This is attributed to the property possessed by it of softening the epidermis, and if the application of salicylic acid ointment was followed by one of potassium iodide ointment, the potassium iodide quickly became detectable in the urine.

The Procuring of Abortion.

In all large cities the trade of procuring abortion is one which almost inevitably obtains a footing; the footing, it is true, is insecure, but the occupation is probably remunerative. Fortunately for public morals, persons possessed of the requisite skill are rarely disposed to have recourse to such a questionable means of gaining a livelihood, and the others sooner or later fall into the hands of the police. Last week Dr. G. Danford Thomas held an inquest on the body of a woman who was taken ill on February 11th, being then pregnant, and died on the 22nd. The medical man in attendance gave a certificate, and the body was about to be buried, when information was given to the coroner, who ordered a special examination by Professor Pepper of St. Mary's Hospital. This gentleman certified that death was due to pyæmia consequent on lacerations following an attempt to procure abortion. Both the husband and the medical attendant of the deceased woman were ignorant of any operation having taken place. So far the police have been unable to trace the deceased's movements, but it is to be hoped that this may ultimately be done. The position of the medical man in such cases as these is full of difficulty. He is called in to a woman, let us say with general febrile symptoms, who of course does her level best to put the doctor off the track, very often with success. As the malady progresses, the doctor, baffled in his attempts to arrive at a diagnosis, by deliberate misstatements as to the site of pain, &c., falls back on typhoid fever, meningitis, or some other disease, the symptoms of which are not altogether at variance with those presented by his patient. Unless the patient voluntarily or unconsciously allows the real circumstances of the case to transpire, or the doctor be a man of unusual astuteness and sagacity, the facts, whatever the termination of the case, remain a secret, known only to the parties immediately concerned. It is so difficult during life to be absolutely certain of one's diagnosis in such cases, that it is no wonder if men prefer the easier course. Nothing can be so objectionable as to make an unjustifiable accusation of such an abominable offence, since it is even more difficult to disprove than to prove.

Quack Advertisements.

It is with some astonishment that we see in both of our medical contemporaries an advertisement of the "Art of Massage," by Donald Maguire, an individual who was erroneously described in some recent proceedings in the police-court and elsewhere, as a medical man, to the great scandal of the profession. The mere insertion of the advertisement of an unqualified man, writing on a quasi-medical subject, is in itself an innovation, and not by any means one that can be commended. It would be comforting to know exactly what code of ethics the proprietors or editors of the journals referred to, profess to follow. Now they have inserted this advertisement it is difficult to see where they can draw the line without rendering themselves liable to a charge of gross inconsistency. The irregular practitioners who, hitherto, have confined their operations to the columns of our religious contemporaries, will do well to forward their puffs to the respective journals. Their offers can scarcely be refused if accompanied by a cheque for the amount due, and if their advertisements were declined, they would be justified in animadverting severely on the partiality of the censure, which admits the advertisement of one quack, and refuses that of another. The now notorious Mrs. Longshore Potts who undertook to familiarise our young ladies with American notions of practical physiology, experienced no difficulty in obtaining insertion of her announcements, although as events proved her intentions, if excellent, were distasteful to the public. The habit of straining at the gnat after having swallowed the camel is a habit which is lamentably common, but it can never be either graceful or becoming.

"The Puff Oblique."

Some time since we found it necessary to draw attention to the small vices that disfigure our medical societies, and the homily on "Little Foxes" appeared with, we are glad to know, good results. It is only by careful watching that the more bold "toats," who by their manifold devices bring discredit on medicine, are kept in check. The paths to honour in the art of medicine are narrow, and are but poorly macadamised. Oft has the weary toiler to rest until renewed strength gives him strength to pursue a journey which love drove him to undertake. How many noble spirits have broken down under the toil? Anstie, Mahomed, Moxon, and others occur to the medical mind, and we cannot but regret that too often the honest worker and the most gifted of the sons of medicine die unrecognised and unrewarded. But also there is a swarm of miserable beings, who, either from their own ambition or from pride of their relatives have donned the livery of medicine for worldly considerations, and who seek to attain notoriety and wealth by short cuts. Forbidden by the profession to advertise in the lay press, they exert the little brains which such a fraternity usually possesses to circumvent the plain purpose of the rule and contrive by personal friendships, &c., to make the law a nullity. Knowing the good-will of the press is the "sesame" to popularity these gentry adopt many and devious devices to secure that favourable mention. And on the waiting-room table in due course are to be found, with the paragraph "puff" prominently marked, several copies of the particular newspaper, until manipulation has worn them to tatters. To particularise special offenders is not within the limits of our duty. Such should devolve on the College to which the offending member belongs, and recently the College of Surgeons has shown themselves so quick to protect the fair fame of medicine, by punishment of licentiates who allowed their names to be advertised in the lay press in connection with quack remedies, that it is to be expected that one of the Colleges will remind one of its Fellows that a notice which recently appeared in a "pictorial" paper is on the border land of advertisements, and reads suspiciously like a "puff direct," though we in charity have selected to consider it under the heading of the "Puff Oblique."

The Sanitary Condition of Windsor.

Owing to certain remarks that were made in a contemporary last year concerning the sanitary state of the Royal Borough, an inquiry has recently been conducted by a medical and an engineer inspector of the Local Government Board, who made a careful investigation into the state of the place, at the request of a local deputation representing the various parties and interests involved. The report of the two inspectors has been recently issued and is before us. It will be seen from perusing this document that, though there is agreement in the main with the assertions of the so-called "Commissioner" of our contemporary; yet, as the inspectors themselves justly conclude, Windsor is, if anything, in a better sanitary condition than innumerable other old towns, and that judgment should not be hastily passed upon public bodies who are inheritors of the shortcomings of the pre-sanitary era, when public health acts and bye-laws were unheard of. It is indeed somewhat hard that Windsor, from its very favoured associations, should have been pitched upon for the unmitigated strictures that were lately passed upon it. But, on the other hand, Windsor may have intercepted some beams of the "Fierce light that beats upon a throne," which causes more to be expected of her than other less fortunately favoured places; and therefore there is now an opportunity, by attention to the recommendations appended to the official report which has recently appeared, to truly merit her prominent position. The points to which particular notice would appear to have been directed are the improvement of the ventilation and air space of the poorer quarters of the Borough, under either the Public Health Act of 1875 or the Artizans' and Labourers' Dwellings Improvement Acts; the appointment of a separate nuisance inspector, instead of combining this office with that of borough surveyor; the provision of hospital isolation and proper disinfection, as well as of a destructor for house refuse. We trust to the good sense of the Windsor corporation to see that these reforms are speedily carried out.

The London Hospital and its Students.

A curious, not to say, very unfortunate, degree of friction is at present prevailing between the students and staff at the London Hospital. Indeed, if rumour be correct, a campaign of rustication is to be instituted by the latter in order to attempt to relieve the existing state of things. A radical treatment, forsooth, and necessary perhaps in certain cases; but what have the students to say in defence of their conduct? Briefly it is as follows: Certain resident appointments which, in the ordinary course of things, are always considered in medical schools, more or less, as rewards for diligence and conspicuous merit, have recently at the London Hospital been handed over to outsiders, men possessing university degrees. With reason and right on their side the students have openly remonstrated, complaining of the "jobbery" which has been perpetrated, and regarding the action in question as an unwarrantable violation of the established custom, which has hitherto obtained, of choosing medical students or junior qualified men of the London Hospital to fill the vacancies. The line which the students have taken up is receiving more or less support from some members of the staff, and this shows at once how deplorable will be the results to the school—if not even to the best interests of the hospital—unless measures are speedily adopted to undo the harm which has been done, and meet the difficulties of the case by the exercise of justice, foresight, and tact. When a surgeon, about to visit his wards, is met by a large body of students, publicly hissed, and then deserted, and left to plod his weary way round his wards by himself, surely the time has come when a searching inquiry should be made into the grievances which are said to persist. It is doubtful whether a hospital which obtains an unenviable notoriety ever afterwards recovers the ground in public estimation, which it may lose in consequence. It is to be hoped, therefore, that the points in dispute at the London Hospital will be harmoniously adjusted before this undesirable contingency can occur.

The Unqualified Assistant and the Death Certificate.

A somewhat remarkable occurrence is reported from Tinsley in reference to the death of a child, three years of age, on whose body an inquest was held on Wednesday last. A certificate purporting to have been given by Mr. Dearden, surgeon, of that locality, had been handed to the Registrar to the effect that death was due to epilepsy and convulsions. By some curious error the Registrar entered the death as due to "a fall eleven months ago," which presumably led to an inquest being held. It was rather fortunate that this was so, for it transpired that the certificate in question had been given, not by Mr. Dearden, but by a Mr. Branson, his unqualified assistant, who had imitated his signature with a talent worthy of a better cause. Mr. Dearden's explanation of this odd proceeding was that it was the result of a misapprehension of his instructions; but the Coroner very curtly intimated his scepticism as to the possibility of this having been the case, and declared his intention of bringing the circumstances under the notice of the Registrar-General, who will doubtless take the necessary steps to impress Mr. Dearden and his assistant with the desirability, not to say the necessity, of greater attention in the giving of death certificates. A post-mortem examination of the body of the child, made by Mr. C. Atkin, proved that death was attributable to tubercular meningitis. The error in diagnosis is a matter of comparatively trivial importance, but medical men cannot be too strongly impressed with the necessity of giving death certificates with the care and accuracy which their nature requires.

Resignation of Sir Michael Hicks-Beach.

The certificate which has been published in reference to the reasons which have decided Sir Michael Hicks-Beach to resign his portfolio is couched in language which strikes one as curious, to say the least of it, on the part of its signatories. Attention is called to the fact that the unfortunate ex-Minister has a "cataract *on* either eye." We should be glad to know if this is to be considered the correct way of describing this affliction in "either" eye. It is on a par with the context, which bears the appearance of being studiously ambiguous. It is satisfactory to find that his dimness of vision, though due to cataract, has become much less, and that Sir Michael is now much better in health and sight.

A New Pharmacy Bill.

A Bill has been introduced in the House of Lords by the Earl of Milltown, under the title of the "Pharmacy Acts Amendment Bill," to amend the Pharmacy Acts of 1852 and 1868. The object of the Bill is to introduce sundry modifications into the curriculum of pharmaceutical students, the supervision of which would be entrusted to the Pharmaceutical Society of Great Britain. It is not intended to apply to Ireland.

The Margaret Street Infirmary.

At the last meeting of the Medical Board of the North London Hospital for Consumption a resolution of sympathy with the resigning members of the above institution was passed, a copy of which was directed to be forwarded to Dr. Hawksley, the late senior consulting physician to the Infirmary, with a request that he would convey the substance thereof to his former colleagues.

"Jacob Testimonial."

We are requested to remind intending subscribers to this fund, which has now amounted to nearly £500, that the list will be closed on Monday, 21st inst. The Hon. Secretaries will be obliged if subscribers will point out any inaccuracies which may have occurred in the lists published weekly in the medical journals.

A Correction

We are requested to state that the David Thomas charged last week with illegal assumption of the title of "Dr.," does not reside as stated in Rye Lane, but at Peckham Rye. This correction is rendered necessary by the fact that a genuine Dr. Thomas does live in Rye Lane, and he is naturally very anxious that no confusion should be allowed to exist as to the identity of the culprit. Q.E.D.

M.D.'s. for London Diplomates.

We understand that the action taken by the Irish Colleges, in claiming that all powers taken by the London Colleges to grant degrees in medicine shall be extended also to them, has been followed up by the Edinburgh and Glasgow Colleges, who have lodged with the Privy Council a *caveat* against the grant of such privileges to the London Colleges exclusively. These movements open up speculations as to a lively passage of arms between the Colleges and Universities of the three divisions of the Kingdom. If the title of M.D. is to be the property of every London general practitioner, it will require a good deal of logic to satisfy Parliament and Government that it is not equally the right of Scotch and Irish diplomates.

The Irish Medical Association.

Dr. Jacob has considered it incumbent on him to resign his seat on the Executive Committee of the Association, and his resignation—being persisted in after a request for its withdrawal—has been accepted by the Committee. The cause of Dr. Jacob's retirement from the working of the Association with which he has been intimately associated for five-and-twenty years, is a disagreement with his colleagues respecting the Poor-law Superannuation Bill. He thought that the present condition of politics offered some hope that a Bill which would be a clear gain to the Poor-law medical officers of Ireland might, by negotiation and compromise, be got through Parliament, and having made inquiries, he was encouraged in this hope. He therefore moved the committee to open up (or to allow to be opened up) *pourparlers* with the Irish Members whose hostility had defeated the Bill three years ago, with the object of ascertaining on what, if any, terms, they would allow such a Bill to pass. It would have then remained for the Association to say whether such terms would be any improvement on the existing state of things. The committee—for reasons which no doubt they understand—did not consider the occasion opportune for taking any action in favour of Poor-law medical superannuation, and therefore declined to enter on negotiations with the Irish Members. Dr. Jacob, on the other hand, is strongly of opinion that the opportunity is not likely to be more promising for any number of years to which Ireland can look forward, and he is not prepared to acquiesce in the postponement, not only of the Superannuation Bill, but of all the Parliamentary work of the Association (which has been his special department of work), until an indefinitely distant change in the political *status quo*. He therefore felt it necessary to resign his Committee seat, and any future action which is to be taken on the subject must be either in the Council of the Association or in the general meeting of its members.

A conference of gentlemen and ladies interested in the extension of University teaching will take place at Oxford on Wednesday and Thursday, April 20th and 21st. The Bishop of London will take the chair at the first, and Dr. Percival at the second meeting of the conference.

Grievances of Army Medical Officers.

The President and Council of the Royal College of Surgeons in Ireland have sent the following Petition to both Houses of Parliament. Lord Ashburne has presented it to the Upper House, and Dr. Cameron, M.P., to the Lower:—

The Petition of the Royal College of Surgeons in Ireland.

Humbly Sheweth—That your Petitioners, having been charged by Charter with the duty of "providing a sufficient number of properly educated Surgeons for the service of the Army," are concerned to represent that the Medical Officers of Her Majesty's Army suffer under substantial grievances deserving of consideration and redress by your Honourable House.

That Medical Officers entering the Army Medical Service are placed at a disadvantage as compared with Officers of similar rank and seniority entering the Indian and Naval Medical Services, inasmuch as their commissions do not date from the period at which they have passed the examinations necessary to their admission, but from a date subsequent to their period of service in the Army Medical School.

That Officers of the Army Medical Staff when ordered to service in India are not allowed the pay granted to other officers of the rank which they held under Her Majesty's Warrant, their monthly pay (under five years' service) being R317 8 0, to include all expenditure from transport and field duty, as compared with R415 6 0 *per mensem* allowed to combatant officers of the same rank under similar circumstances.

That Army Medical Officers suffer great injustice from the fact that, when incapacitated by disability incurred by and in the discharge of their duty, they are not allowed, as combatant officers are, to count all their sick leave (beyond a period of six months) towards seniority, and are not entitled to pension or gratuity of equivalent value to that granted to combatant officers of their rank.

That, if Army Medical Officers become so incapacitated before the tenth year of their service, they are not entitled, under the terms of Her Majesty's Warrant, to receive any pension or gratuity equivalent to that granted to other officers of similar rank.

Your Petitioners, therefore, humbly pray your Honourable House to take such steps as may be necessary to cause the Medical Officers of Her Majesty's Service to be placed in the same position, in these respects, as that occupied by other officers of equal rank and period of service.

And your Petitioners will ever pray, &c.

William Stokes, Knt., *President.*
Anthony H. Corley, *Vice-President.*
Archibald H. Jacob, *Secretary of the Council.*

Mr. Howse, F.R.C.S., of Guy's Hospital, has been elected on the Court of Examiners of the Royal College of Surgeons of England.

The consideration of the request of the General Medical Council to admit the Apothecaries' Society to the joint examination of the London Colleges has been deferred by the Royal College of Surgeons to the extraordinary meeting summoned for the 24th inst.

If the work done by the General Medical Council bears any relation to its cost, the millennium in the matter of medical education is near at hand. It was stated by Dr. Quain, who, in his capacity of chairman of the Finance Committee, ought to know, that, taken altogether, the expense of the Council averages £1 per minute. Even this statement did not have the desired effect of checking the irrelevant loquacity of sundry members, whose aim in life would seem to be to raise and prolong a futile discussion on points of order or disorder. The system of paying these gentlemen by fees is radically bad, and should be modified.

At the Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The existence of a form of parotitis of gouty origin, and which subsides on the outbreak of the gout in localities such as the knee-joint was described at the last meeting of the Medical and Chirurgical Society, in a paper which was communicated by Dr. Garrod, F.R.S., the author being Dr. Debout D'Estrées. In the discussion which followed the reading of the paper, Sir Dyce Duckworth remarked on the absence from medical literature of any records of such affections of the parotid, and referred to Sir James Paget's observation to the effect that the lymphatic system as a rule escaped gouty injury. Sir Dyce, however, had no doubt of the correctness of Dr. D'Estrées' diagnosis, and the succeeding speaker, Mr. Stephen Paget, was able to adduce an instance in support of it, as the result of a search extending over the records of 100 cases of parotitis. Dr. Garrod also, who spoke after Dr. B. O'Connor had made a few remarks, was able to recall 100 cases of the affection in gouty subjects. In neither did suppuration occur, profuse salivation being the mode of their termination. Out of two thousand cases of gout, however, recorded in his private note-books, he could find nothing to show that the symptoms observed included any connected with the parotid glands. In replying on the discussion, the author of the paper mentioned a second case, which occurred in the practice of his friend Prof. Damaschino, of the Hôpital Laennec, Paris, also a woman, in whom double parotitis subsided on the onset of gouty inflammation of the knees.

A very animated discussion next ensued on a paper for which Dr. W. Ewart and Mr. Fitzroy Benham were jointly responsible, and detailed the history of a case of empyema with pulmonary gangrene following enteric fever, and treated by perflation. The patient was a boy of ten, who contracted empyema when convalescing from typhoid fever. Aspiration was first employed, and later a free opening made into the chest in front and behind. No injection was used, but, under the spray, perflation of air, by aid of which not only pus, but also a piece of necrosed lung and some heavy membranes were discharged. The President, Mr. G. Pollock, was unable to see that the plan proposed possessed advantages over that he himself had been accustomed to pursue for thirty-five years, viz., to make an exploratory incision first, and then, if pus was present, a free opening. Sir Dyce Duckworth advocated treatment by opening and counter-opening and drainage, reserving the plan of perflation for such cases as did not otherwise do well. Mr. Godlee recorded his preference for iodoform blown into the cavity to get rid of suppurating residual matters; but Mr. Howard Marsh, at a later period of the discussion, declared himself suspicious of iodoform, believing that it might exert a toxic effect, although he approved of free opening into the cavity and drainage by a counter-opening. Messrs. W. H. Bennett and R. W. Parker gave a support to the method of perflation, which Dr. Drewitt expressed himself unable to understand the possibility of; and Dr. Sansom suggested an improvement on Dr. Ewart's plan for disinfecting the air employed for perflation. Mr. Pearce Gould advised caution in framing conclusions from the single case of Dr. Ewart's, especially as it would probably have recovered if treated in any one of several other ways.

MEDICAL SOCIETY OF LONDON.

Mr. Fenwick read a paper embodying a rather novel suggestion as to a means of checking severe hæmorrhage from the kidney resulting from injury or carcinoma. It consisted in introducing an instrument into the ureter and nipping it so as to give time for a clot to form, the clot being intended to act as a mechanical impediment. The operation had been performed successfully in the case of a man aged 51, who had long suffered from profuse hæmaturia. He died six months later, but unfortunately no post-mortem examination was obtainable. Mr. Morris maintained that plugging of the ureter was likely to be followed by enormous dilatation of the ureter above and of the kidney. Several speakers preferred direct surgical intervention in the class of cases for which the operation was proposed.

Mr. Bruce Clarke read a paper on some conditions of bladder in children simulating stone. The particular condition he referred to was a roughness of the mucous lining of the bladder and its coating with hard gritty particles. He quoted two cases which he had had under his care, where the most characteristic symptoms had been produced, and which had yielded to alkalies, milk diet, and rest in bed. Mr. Parker pointed out that the symptoms of stone in girls were very different from those in boys, consisting chiefly in tenesmus and diarrhœa. Mr. Marmaduke Sheild quoted three cases of pelvic sarcoma in which the symptoms closely resembled those of stone. Mr. Henry Morris pointed out that the condition described was dependent on over-acidity of the urine causing cystitis. When this acidity was corrected the condition disappeared.

The Annual Festival Dinner of this Society was held last week in the Venetian Chamber of the Holborn Restaurant, and was in every respect an unequivocal success. Mr. Brudenell Carter discharged the duties of the chair most admirably, and his capacity as a ready and telling speaker was fully evoked and appreciated. In the toast of the evening, "Success to the Medical Society of London," he spoke of its steady increase both in numbers (now 533 subscribing Fellows) and usefulness, of its work in the past, and the great future that lay before it. He then announced that Dr. Hughlings Jackson had been unanimously elected his successor in the presidential chair, and bespoke for him that cordial sympathy and support which had been so cheerfully vouchsafed to him during his year of office. The other toasts were responded to by Sir Thomas Crawford for "The Army," Capt. Crozier "The Navy," and Col. Edis "The Reserve Forces." To Mr. Bryant was entrusted the toast of "The Houses of Parliament," which he prefaced with an amusing speech, which provoked considerable laughter. To this Col. Duncan, M.P., replied in a very able manner. Dr. Ord proposed the "Medical Corporations," to which Mr. Shillitoe, Master of the Apothecaries' Society, replied. Sir Joseph Fayrer, in a few felicitous remarks, proposed the "Health of the Retiring President," who briefly responded, and then gave as the final toast "The Secretaries," which was suitably acknowledged by the retiring Secretary, Mr. J. H. Morgan, Dr. Samuel West, the senior Secretary, Mr. Bernard Pitts, the new Secretary, and Mr. Poole, the highly respected Registrar.

At the last meeting of the Middlesex Hospital Medical Society for the session, which was held on March 10th, Mr. Victor Horsley gave an interesting lecture on Brain Surgery, with limelight illustrations. Dr. David Ferrier took part in the ensuing discussion. Mr. Edgar Crookshank exhibited several preparations of micro-organisms, and showed the capabilities of an oil-immersion lens constructed of the new boric glass.

Scotland.

[FROM OUR OWN CORRESPONDENT.]

Greenock.—Medical Aid Society.—The annual meeting of this society was held on the 10th inst., Mr. John Scott, hon. president, in the chair. The chairman, in opening the proceedings, referred in feeling terms to the loss which not only the society, but the whole community had sustained in the death of ex-Bailie John Duff. Mr. Duff had been connected actively with the society almost since its foundation. The chairman then moved a resolution expressive of the society's sympathy with Mrs. Duff and family in their sore bereavement. Mr. Wm. Auld, secretary, seconded the motion, which was unanimously adopted. Mr. Auld then read the annual report, which showed that at the end of the year there were 17 males and 25 females—total 42—receiving aid from the society at the close of the year. There were 13 deaths of recipients of the society's relief during the year. Mr. Duncan M'Callum, treasurer, read the financial statement, which showed that the total income for 1886 was £350 0s. 9½d. and expenditure £403 16s. 7d., making a deficit for the year of £53 15s. 9½d. The chairman, in moving the adoption of the report, regretted the condition of the finances, recommending the society to the increased liberality of the public. The election of office-bearers for the current year concluded the proceedings.

Glasgow.—Health of the City.—At a meeting of the Glasgow Town Council, held on the 7th inst., Dr. Russell, the medical officer of health for the city, reported that during the fortnight ending 26th February, there were 522 deaths registered as compared with 488 in the fortnight preceding, an increase of 34, representing a death-rate of 25·9 per 1,000 living in place of 24·2. As compared with the corresponding fortnight of last year the death-rate was 2 per 1,000 lower. The death-rate in the first week of the fortnight was 27, and in the second week 24·8. After adjusting the balance between deaths registered in institutions without and within the municipal boundary, the deaths properly belonging to Glasgow were found to number 514, or 8 less than those registered within it, there being 12 added and 20 deducted. The number of deaths of persons aged below one year was 107, as compared with 96; and of persons aged 60 years and upwards, 86, as compared with 82. Of the total deaths, 46 per cent., the same as in the previous fortnight, were of children below 5 years of age. Of children at school age (viz., 5 to 13 years, both inclusive) there were 40 deaths as compared with 29, viz., 2 scarlet fever, 3 measles, 4 whooping-cough, 1 diarrhœa, 6 consumption, 6 acute diseases of the lungs, and 18 from miscellaneous unclassified causes.

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Correspondence.

VALUE OF REGIMENTAL SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As a medical officer who has served with all branches of European troops, in England as well as in India, I was very much gratified to read the remarks which an experienced general officer—Sir Donald Stewart—recently made at Netley on the subject of the regimental system; and your own comments thereon. The system now in force is undoubtedly good for the medical department, but not, I venture to affirm, so good for the soldier. In civil life the medical practitioner, who for the most part lives amongst his patients and who, in course of time, becomes familiar with their several temperaments, predispositions, and idiosyncracies, as well as—a point of no small importance—with their family histories, is, as a rule, better qualified to prescribe for them in sickness than the physician who sees them, perhaps, only once. And, where a case is submitted for a second opinion, the information as to the antecedents, &c., (supplied by the medical attendant) is of great value to the consultant; who very frequently can do no more than what has been done already. So with the regimental medical officer. A conscientious man, in view to future usefulness, makes a point of knowing all he can about every officer and man in the corps (malingerers too are known): and the longer he remains the more useful does he become as an essential part of the military machine. I was once, when in India, attending a board convened for the purpose of examining volunteers, from a regiment about to return home, for further service in India. An active-looking private, who had volunteered, was about to be rejected on account of a suspicious external abdominal ring. The surgeon of the regiment (who was present) suggested that, as during the previous eight years he had known the man to be endowed with considerable powers of physical endurance, to be a good athlete, and never to be "sick nor sorry," the suspicion might be disregarded; and he was accordingly "passed:"—a result entirely due to the information supplied by the regimental surgeon. A good and acclimatised soldier, who would otherwise have been lost, was thus secured for further service to the state.

Dr. ———, who had been appointed to the temporary medical charge of the —th during the absence on leave of the surgeon of the regiment, was returning with me one morning in my carriage from a committee, to which we had been together. As we arrived near home we met a young officer, who saluted Dr. ———. On my asking the latter who he was, he replied, "I fancy he's one of those —th fellows, but I'm so soon going away (he had then been some months in the station) that it is'nt worth while to try to know the whole regiment." Dr. ——— was a married man.

I could record many instances proving the value of the regimental system. Dr. ——— was by no means justified in the view he took of his position; but his remark tends to show how little interest a medical officer would be *likely* to take in a body of officers if he were not permanently connected with them. Nor under the present system is it pretended that he would. The regimental system is useful in other ways. For example, every effort should be made to attach a soldier to his regiment:—he should look upon it as his home. The success of such efforts will greatly depend upon the officers; and who so well able to help them as the doctor? To be spoken of, moreover, by a private soldier as "Dr. ——— of my regiment" implies a bond of union which the initiated will appreciate. In cantonments or a campaign, in peace or in war, in sickness or in health, the regimental surgeon, "Dr. ——— of our's," may occupy an enviable position—a position often fraught with some of the most interesting and touching recollections of a military career.

The "authorities" have responded to the request of the medical department for "unification," and what is the result? What does the abolition of relative military rank portend? That the days of the so-called army medical department—as essentially a *military* medical department with all its accompanying relative military advantages—are, if matters continue to progress in the direction to which they now point, numbered. The abolition of the regimental system was, I have always thought, a serious and short-sighted mistake; and the sooner that system is again adopted the better, I venture to say, for all concerned. It would be, moreover, the truest economy in the end.

I am, yours, &c.,
Chas. R. Francis, M.B.,
London. Surgeon-General.

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HOMŒOPATHY AT THE INFIRMARY FOR CONSUMPTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I beg to submit that you have been wrongly informed with respect to the vote of the governors of the Infirmary for Consumption on the 16th February. The two medical officers whose resignation it was endeavoured to procure had certainly been treating their patients for some years with homœopathic remedies, but they neither "assumed nor accepted any designation implying the adoption of a special mode of treatment." They never told the patients that the remedies they prescribed, and which were dispensed in the Infirmary were homœopathic, *i.e.*, selected according to the homœopathic rule. They merely exercised the inalienable right of all medical men to prescribe the remedies they considered to be best for their patients. They certainly believed that the method they employed was corroborated by "fact, reason, and theory," and this belief they shared with upwards of 10,000 qualified medical men in all parts of the world. The only semblance of a ground for asserting that they assumed any special designation, was that their names appear in the so-called "Homœopathic Directory." But the work bearing this title is merely an unauthorised list of a Liverpool chemist, which gives the names of the medical men he supposes to be favourable to homœopathy, but which has no special character whatever, and it is ludicrously incorrect, both as to the names it contains and the names it omits, and no body or adherent of the homœopathic school has anything to do with its compilation or publication. So far are the medical adherents of the homœopathic school from adopting any special designation that the British Homœopathic Society, to which both these gentlemen belong, has a law which visits with the penalty of expulsion any member who assumes a designation implying that he adopts any particular method of treatment. The amendment which I proposed, and which the meeting adopted, merely states: 1. "That any attempt to limit the liberty of opinion or practice of the medical officers is not sanctioned by the laws of the Infirmary." This is absolutely true, and I believe I am correct in saying that no hospital or dispensary in Britain sanctions by its laws any limitation of the liberty of opinion or practice of its medical officers. 2. That such attempt "is prejudicial to the interests of the Infirmary." This also is undeniably true. Homœopathic treatment had been practised in the Infirmary for about eight years without the slightest disturbance of the harmony and well-being of the Institution, and it was not until this attempt was made to interfere with the liberty of action of those who were quietly and inoffensively exercising their right to treat their patients according to their conscientious convictions, that the friction began which terminated in the resignation of seven of the medical officers, and the withdrawal of some of the subscribers from the Infirmary. 3. That the attempt "was opposed to the spirit of the Medical Act." This, too, is indisputable, for Clause XXIII of that Act explicitly forbids examining bodies to interfere with the medical theories of candidates, and thus implicitly protects the holders of diverse medical theories from being persecuted by their differently-thinking colleagues. Again, the College of Physicians in their resolution of 1881, to which you refer, expressly states that "it has no desire to fetter the opinions of any of its members with respect to the theories of medical practice they may adopt." The vote of the governors must be looked upon not as an expression of their opinion as to the value or otherwise of homœopathic treatment, but as an emphatic protest against the attempt to effect an alteration of the laws and constitution of the Infirmary, by giving the lay supporters of the Institution the right to dictate to their medical officers how they shall treat their patients. My amendment in which homœopathy is not alluded to was entirely in the interests and for the protection of the freedom of opinion of the medical profession. If the bulk of the medical profession disapprove of this successful effort to defend the rights and liberties of the medical staff of a public Institution, by implication they approve the attempt to limit liberty of opinion and action without which no progress in science is possible; in that case, they should abandon their claim to be members of a *liberal* and *scientific* profession.

I think you are mistaken in asserting that the College of Physicians could withdraw their diploma from a member for derogating from the code of medical ethics above laid down. By the way, you have omitted to lay down any code of ethics, nor does the College of Physicians in reference to practitioners of homœopathy, as far as I know. If they think they have any power to withdraw their diploma from their members who countenance homœopathy they had better begin with their own examiner in materia medica, Dr. Lauder Brunton, whose "Text-book of Pharmacology," contains about 50 per cent. of homœopathic treatment, as I have elsewhere shown. Do you not think it is about time your party abandoned the fiction of calling yourselves "orthodox" practitioners? It is difficult to conceive of an orthodoxy without a creed or principle of some kind; but your "school" has hitherto failed to formulate a creed of any kind, and your foremost men acknowledge that you have no principles.

Your obedient servant,
London, 10th March. R. E. Dudgeon.

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THE MULTIPLICATION OF SPECIAL HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Regarding your remarks respecting the similarity of titles of new special hospitals to those long established, it is interesting to point out that each of those recently promoted within the immediate neighbourhood of the institutions from which they seceded have adopted the title of "London." There can be no doubt that if an American or a foreigner were asked which he understood to be the London Skin Hospital he would point to the long-established institution in Blackfriars Road, honourably associated with the names of the elder Startin, Jonathan Hutchinson, and Naylor. The same may be said with regard to the Throat Hospital in Golden Square, and in American medical journals that institution is invariably called "The London Throat Hospital." Not only so, but the new hospital is denominated "The London Throat Hospital for Diseases of the Throat, Nose, and Ear," thereby also assimilating the title of "The Central London Throat and Ear Hospital," established thirteen years ago. That this similarity was intended I do not say, but it is decidedly unfortunate and misleading, especially when I inform you that in some unaccountable manner the Hon. Secretary, who is also one of the medical staff of "The London Throat Hospital," and was the Registrar at Golden Square, has sent out hundreds of printed circulars to former patients of that institution. Some of these have been returned, I understand, both to Golden Square and Gray's Inn Road. Whatever the cause of these constantly recurring scandals at the London Throat Hospital, and the St. John's Hospital for Skin Diseases, it is much to be deplored, and the tactics pursued by the promoters of the two rival institutions are equally regrettable. It is a pity that there should be any connivance at these proceedings on the part of your medical contemporaries.

I am, &c.,
A Looker-on.

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THE ACCURATE DETERMINATION OF UREA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The accurate determination of the amount of urea in a given quantity of urine has been one of the dreams of my life (like squaring the circle). Consequently it was with a thrill of pleasure I read the announcement in your esteemed journal that a process "on the quantitative estimation of albumen, urea, and sugar in the urine," by Dr. Cruise, was published in the last vol. of the "Transactions of the Academy of Medicine in Ireland." I got that book, and think I understand the manipulation so clearly described and shown in the clever plates, but I find that all my difficulties are not yet ended, owing no doubt, not to the author of the article, but to my own want of discrimination.

For example, Dr. Cruise says that, "having discharged the urine rapidly into the tube and closed it promptly with the thumb, decomposition setting in at once, a considerable froth is developed, which settles quickly into a few large bubbles, &c." He does not say if the urine with the reagent fill the tube to the top or not, for this the bore of the tube, alone, must determine. If the tube were so filled it would be likely to burst, and no bubbles or froth could be formed as are shown in the plate. If the fluids do not fill the tube, all the upper part is filled with atmospheric air, which, acting as an air spring, prevents bursting, mixes with nitrogen as it separates, and perhaps does not vitiate the calculation. Secondly, Dr. Cruise says: "If the volume of nitrogen amounts to 50 cubic millemetres, and the baroscope points to 72, we find, at a glance, the amount of urea is 13·9 grammes per litre." I wish the equations producing these results had been stated. The nearest approach I can make to them is 72 : 60 :: 15,482=12·85; that is to say that as 72 (the volume of nitrogen obtained) is to 60 (the atomic composition of urea) so is 15·432 (the gramme of urine employed) to the fourth proportional 12·85. Thirdly, Dr. Cruise says: "Taking for a working estimate each gramme as 15 grains and the litre as 35 ounces, we find that such a urine contains 205 grains per litre." I make 13·9 × 15=208·5 instead Lastly, Dr. Cruise says, supposing then, that the patient passes an axerage of 60 ounces of urine, he is eliminating just 360 grains of urea daily. But I make it amount to only 351·4 grains for 35 : 60 :: 205=351·4. The materials employed in the decomposition are:

		C	O	H	N	
Urea	...	2	2	4	2	
Water	...		2	2		
2 Carbonic Acid		2	4	6	2	Ammonia 2

These, with two atoms of water, readily form two atoms of carbonate of ammonia. To these are added a solution of hypobromite of sodium—1 hypobromite of sodium to evolve nitrogen gas.

Na.	Bromine.	Ox.
1	1	1

I can see that in the breaking up of urea, nitrogen may become the disengaged product. That the carbonic acid of the above table going to soda disengages bromine, that this disengaged bromine going to sodium disengages oxygen, that the disengaged oxygen going to form water with the hydrogen of the urea, leaves the nitrogen free to escape.

I modestly conclude that, as there is an error somewhere, it must be placed to my account, and not to Dr. Cruise's, for whose acknowledged talents I entertain the greatest possible espect.

I am, yours, &c.,
J. Carey, M.D.

Taunton,
March 10th, 1887.

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Literature.

THE MEDICAL ANNUALS.

I.—*A Dictionary of New Treatment in Medicine and Surgery.* Bristol: John Wright and Company.

II.—*The Year Book of Treatment for* 1886. London: Cassell and Company, Limited.

The great number of medical periodicals, home and foreign, makes it almost impossible for the practitioner to keep conversant with the many new suggestions that are made to alter the existing condition of therapeutics. Year books and annuals have become a necessity to the physician who wishes to have a fair idea of the progress of medicine, and amongst the best of annuals is the "Medical Annual." The arrangement is alphabetical, and the editing is most creditable; in clear and concise language, the most recent treatment is examined, and the reader is not left to form a conclusion from short scrap-quotations, but has the conclusion arrived at by a competent editor, who has carefully weighed the evidence given. Besides these advantages as a book of reference, the "Annual" has several appendices, one of much value in which the prices and doses of drugs are given. Several others follow, such as "Notes" to be filled into blank pages, &c. Altogether, the book is, considering its low price, one of the most remarkable examples of publishing enterprise, and of its kind is without an equal.

We regret that we cannot so highly commend the "Year Book" of Messrs. Cassell. To the reviewer nothing is more unpleasant than to point out defects, and nothing but our duty to the profession causes us to draw attention to the defects of this year's issue of the "Year Book." The "Summary of Therapeutics" is most carelessly edited, and appears to have been quickly prepared by scissors and paste. Nothing could be more disappointing than the brief notices of *Strophantus*, *Adonis*, and *Sparteine*. A druggist's advertisement contains more information on these drugs, and since Martindale's book on *cocaine*, the alkaloid is hardly expected to occupy so much space in a Year Book as it does in this. The increased use of terebene would have justified a notice of it in this section of the book, and although it is mentioned by Dr. Powell on page 22, the notice is too brief for a drug that many practitioners are prescribing with so much benefit in bronchitis. On "Surgical Diseases of Children" the same want of care is evidenced. How came so much space to be given to "Bone Drainage in Hip-joint Disease?" The article contains neither original matter, nor are the old materials put in a more agreeable manner than they were twenty years ago. Year Books are justly looked to for well-matured opinions of practical value, or carefully constructed theories. They are not considered as repositories of ill-digested ideas crudely put forward. Plainly the "Year Book for 1886" lives on the high character of the publishers and the good reputation of its predecessors.

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COSGRAVE'S CASE SHEETS. (a)

Those of the profession who take an accurate and full set of case notes find as year succeeds year how valuable such notes become, and learn how they suggest many hints for future guidance and beget a habit of systematic examination. In the seventeenth and eighteenth centuries case-taking and accurately noted dissections were the rule in the profession, or at least it was so with the men who became eminent. Nothing seems to have been allowed to interfere with note-taking. We have only to look at the amount of work done by Johannes Batist Morgani of Forli, who for fifty years, namely, from his appointment to the chair of Physic in Padua until his "De Sedibus et Causis Morborum," published in Venice in 1760, was, amidst many temptations, a constant note-taker. Once the habit is contracted, note-taking becomes a pleasure. Burton's statement ("Anatomy of Melancholy") may be applied to this habit: "Amongst those exercises or recreations of the mind within doors, there is none . . so aptly to be applied to all sorts of men so fit and proper to expel idleness and melancholy." The earlier observers were almost wholly prompted to work for the personal benefit to themselves of well-noted cases. Facilities such as we now enjoy did not then exist for benefiting the profession with the results of their observations. The primary difficulty with beginners is the arrangement of the matter and the preservation of the notes when taken. All this has by Dr. Macdowel Cosgrave's admirable plan been made easy. On a sheet of paper of convenient size with suitable headings is a tabulated systemic plan for notes on "family" and "personal" history, advice and treatment. The opposite page is intended to contain the history of the case, and the inside pages are intended for diagrams, and those of Messrs. Danielsson accompanying Dr. Cosgrave's case sheets are the best we have seen, and greatly aid in ensuring accuracy and economising time. With the sheets is an alphabetical index for holding them. The arrangement is simple, involves no trouble, and enables one quickly to find any case to which it may be necessary to refer. Dr. Cosgrave has thus left the practitioner no excuse for not keeping a detailed and accurate record of his cases. To those who have been accustomed to keep notes of cases Dr. Cosgrave's "Case Sheets" and "Index" will be very welcome, as nothing could be better adapted for accuracy and time-saving, this last, no mean gain to the busy practitioner.

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Presentation to Dr. Waters, of Chester.—At Chester Town Hall on Saturday last, in the presence of a large assembly, the Duke of Westminster, on behalf of subscribers, presented to Dr. Waters his portrait and a cheque for £296, in recognition of his long laborious services in the cause of medical reform, culminating in the passing of the Medical Amendment Act, 1886, and of his valuable services to the community as Physician at Chester Infirmary. In making the presentation the Duke of Westminster explained that in doing honour to Dr. Waters they were following the example of the British Medical Association, which last August conferred on him the Association's gold medal for distinguished merit, an honour that had been conferred only three times since the institution of that distinction ten years ago. For nineteen years Dr. Waters had laboured in the cause of medical reform, and was now rewarded by finding the status of the profession raised, and the public protected against practitioners not properly qualified. Dr. Waters thanked his Grace for the honour done him, and the many friends who had subscribed to the testimonial, which he highly appreciated.

(a) Dr. MacDowel Cosgrave's Case Sheets. London: Danielsson and Company.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. MORTIMER GRANVILLE ON GOUT.—The concluding paper of this author is unavoidably held over to our next.

DR. D. (Cannes).—An exactly similar occurrence to the one referred to took place two or three years ago, in which the *Lancet*, *Medical Times*, and *Practitioner* were concerned. The same arguments were used, and their fallacy exposed by us. We cannot now undertake another "mission" in this direction.

DR. F. E. R.—We are afraid we cannot accept a series of papers on the subject just at present, as all our available space is promised for the next three months. We shall, however, be happy to place our columns at your disposal later on.

MR. T. F. (Manchester).—Our correspondent is referred to a letter on "The Accurate Determination of Urea" which appears in our present issue. He will see the same difficulty has arisen in the case of others.

MR. HY. WILSON.—Yes, in a week or two.

A HATER OF SHAMS.—It is doubtless very annoying to have such practices brought almost to one's own door, but we fear it is so common a one as to be beyond the reach of "reform by exposure."

DR. WM. SQUIRE.—Letter unavoidably held over this week for want of space.

ERRATA.

IN Dr. Neale's letter, March 9th, page 232, on "Tea as a Beverage aiding Prognosis," the following corrections were only made in part of last week's edition. The letter should read at line 14 from top—for *Chinese* read "climax;" line 18, for *sad* read "such;" line 20, for *may* read "might;" line 28, for *sc.* read "sect."

PROFESSIONAL ADVERTISING.

A CORRESPONDENT sends us the following advertisement, and asks our opinion thereon:—"Just published, Practical Treatise on *the Cure* of 'Pulmonary Consumption,' with Medicinal Dietetic and Hygienic Remedies, by James Weaver, M.D., &c., Southport. Price 2s. London: J. & A. Churchill."

[It is always a matter for regret when a medical man deliberately puts aside the ordinary rules of professional etiquette with respect to self-advertisement. The advertisement of a book in a daily paper with the address of the author side by side with those of patent medicines of every description is a violation of the spirit, if not of the letter, of the law. The fact that the same disregard is not unknown in high places is no justification. For a medical man to talk to the public of the "cure" of pulmonary consumption is in itself a suspicious circumstance. If the advertiser is proof against the disapprobation of his *confrères* he must be left to pursue his own path.—ED.]

JAMES W. (Belfast).—Yes, according to a return that appeared the other day in the *Times*, 3,114,496 persons have emigrated from Ireland since 1851. Of these 1,649,701 were men, that is to say, more men than were lost in any twenty of the greatest battles ever fought from Marathon to Waterloo; more men than the whole standing armies of France, Germany, and Russia put together, and of these 190,000 left that country in 1852. We need only further remind you, in this connection, of your countryman Goldsmith's noble lines—

> "Ill fares the land, to hastening ills a prey,
> Where wealth accumulates and men decay;
> Princes and lords may flourish, or may fade,
> *A breath can make them as a breath has made;*
> But a bold peasantry, their country's pride,
> When once destroyed, can never be supplied."

MRS. M. (Letterkenny).—Yes, the cat sweats freely in the hairless soles of the feet, but not in any part that is covered with hairs. The dog also sweats in the same regions, but not so freely as the cat. Rabbits and other rodents do not sweat at all. The pig sweats freely at the snout, and as you appear to be a good horsewoman, you must know that this animal sweats profusely everywhere.

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Meetings of the Societies.

THURSDAY, MARCH 17TH.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Dr. Broadbent, The Pulse (Croonian Lecture).

PARKES MUSEUM OF HYGIENE.—At 5 p.m., Dr. E. F. Willoughby, George Varrentrapp, Sanitarian and Philanthropist.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Dr. W. H. Day, Habitual Constipation in Children, and the Methods of Treatment.—The President, A Case of Congenital Syphilis.

FRIDAY, MARCH 18TH.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At 7.30 p.m., Dr. W. N. Thursfield, (1) A Contribution to the Etiology of Congenital Deformities with a special bearing on State Medicine; (2) A recent case of Contagious Carbuncle in the Human Subject.

ROYAL INSTITUTION.—At 9 p.m., Mr. George John Romanes, Mental Differences between Men and Women.

SATURDAY, MARCH 19TH.

ROYAL INSTITUTION.—At 3 p.m., The Rt. Hon. Lord Rayleigh, On Sound.

Vacancies.

Birmingham General Hospital.—Resident Surgical Officer. Salary £130 per annum, board, residence, &c. Applications with testimonials must be sent on or before April 2nd to the House-Governor.

Wandsworth Board of Works.—Medical Officer of Health for the Parish of Putney. Salary £75 per annum. Applications must be delivered at the offices of the Board not later than the 21st March.

Cheltenham General Hospital.—House Surgeon. Salary £80 per annum, with board and apartments. Applications to the Hon. Secretary on or before the 31st March.

Easingwold Union.—District Medical Officer. Salary £26 per annum. Applications, with testimonials, to the Clerk, on or before the 31st March.

Children's Hospital and Dispensary, Manchester.—Medical Officer. Salary £1·0 per annum. Applications, with testimonials, to the Chairman of the Medical Board, on or before March 24th.

Derbyshire General Infirmary.—Resident Assistant House Surgeon. Appointment for six months. No salary, but a bonus of £10 is given. Applications, with testimonials, to the House Surgeon, not later than March 21st.

York County Hospital.—Assistant House Surgeon. Salary £50 per annum, with board and residence. Applications with testimonials to the Secretary, on or before March 23rd.

Derbyshire General Infirmary.—House Surgeon. Salary £100 per annum, with board, residence, &c. Applications, with testimonials, to the Secretary not later than March 26th.

Royal Free Hospital, London.—Lady Superintendent of Nurses. Also Junior Resident Medical Officer. Applications respecting emoluments, duties, &c., must be addressed to the Secretary. (See advt.)

Appointments

BRADBURY, A. F., M.B., B.S., District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary.

BRISTOWE, J. S., M.D.Lond., F.R.C.P.Lond., F.R.S., LL.D.Ed., Senior Physician to St. Thomas's Hospital, has accepted the office of Honorary Consulting Medical Officer to the London Skin Hospital.

CLEARY, J., Medical Officer to Kilmallock Dispensary of the Kilmallock Union.

GULLAND, G. L., M.A., B.Sc., M.B., C.M., Resident Physician to the Royal Edinburgh Hospital for Sick Children.

HOLTHOUSE, E. H., M.A., M.B.Cantab., F.R.C.S., Assistant Surgeon to the Western Ophthalmic Hospital.

Births.

MURPHY.—March 4, at 18 Harcourt Street, the wife of Dr. Murphy, of a daughter.

THEED.—March 8, at New Wall Gates, Leicester, the wife of W. Cawood Theed, M.R.C.S., of a daughter.

Marriages.

BELL-IRVING—HULBERT.—March 9, at St. Andrew's, Watford, Duncan Bell-Irving, of Bushey Heath, Herts, M.R.C.S., to Ethel, second daughter of John Henville Hulbert, of Colnehurst, Watford, and of Lincoln's Inn.

BUCHANAN—MAPLES.—March 9, at St. James's Church, Dublin, Lewis Buchanan, M.B.Dub., J.P., co. Cavan, to Laura, only daughter of Captain Maples, Royal Artillery.

GROSS—KEIZER.—March 8, at the St. John's Wood Synagogue, N.W., Arthur Gross, L.R.C.P., M.R.C.S., of Clapham Common, to Julia, only daughter of the Rev. Moses Keizer, of 17 Brondesbury Road, Kilburn, N.W.

JOLLY—LESTER.—March 11, at St. Mary's Church, Glasgow, Sydney B. Jolly, M.B.Cantab., to Maude Helena, younger daughter of W. Lester, Esq., of Glasgow.

WOOD—MULLOCK.—March 10, at St. Wollo's Church, Newport, E. Stanley Wood, L.K.Q.C.P.I., L.M., M.R.C.S., of Pontypool, to Edith Morgan, eldest daughter of James Flewitt Mullock, Esq., of Caerleon.

Deaths.

BEAMISH.—March 7, at his residence, 6 Peafield Terrace, Merrion Avenue, Blackrock, Dublin, William Beamish, M.D., M.R.C.S. Edin., of Mount Beamish, county Cork.

BURKE.—March 7, at his residence, 86 Upper Leeson Street, Dublin, Dominick Burke, Esq., M.D., late of Ballinasloe.

FRANCIS.—March 6, at Brighton, Dayrell Joseph Thackwell Francis, M.D., F.R.C.P.Lond., of Cranleigh, Surrey, aged 67.

GILLAND.—March 8, at Sevenoaks, R. Bryce Gilland, M.D., late Medical Superintendent of Berks County Lunatic Asylum.

GREER.—March 3, at his residence, Northallerton, Yorkshire, Arthur Jackson Greer, Deputy Surgeon-General, H.P., late of the 21st Fusiliers and 17th Lancers, aged 56.

HUDSON.—March 3, at his brother's residence, Glenville, county Cork, Charles Hudson, Esq., F.R.C.S.I., aged 85.

SCOTT.—March 7, at Camden Square, London, N.W., suddenly, David Scott, M.D., aged 60.

WILSON.—March 8, at 21 Cromer Terrace, Leeds, in his 80th year, George Wilson, M.B.Cantab., M.R.C.P.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, MARCH 23, 1887. [No. 13.

Original Communications.

ON THE MANAGEMENT AND SELF-MANAGEMENT OF GOUT, OR THE URIC ACID DIATHESIS, AND THE "GOUTY."

By J. MORTIMER GRANVILLE, M.D.

(Concluded from page 214.)

TAKING from my recent case books some five hundred records of analyses which I have made of urines furnished by patients consulting me for gout, or for maladies arising out of, and directly dependent upon, the uric acid diathesis, and which may therefore be fairly classed as "gouty," I group them as follows. I have thrown out all, and the proportion is considerable, having more than the merest trace of albumen. In my experience it is rare to find a gouty patient passing urine heavily loaded with uric acid, or even greatly concentrated, and to be unable to find some trace of albumen with either Dr. Oliver's potassio mercuric iodide, Dr. Pavy's ferric cyanide, or Dr. George Johnson's picric acid. I have, elsewhere, expressed my strong persuasion that we exaggerate the importance and misinterpret the physiological—I cannot bring myself to say the pathological—significance of the presence of even appreciable quantities of albumen in the urine. If we made it a practice to examine the urines of *all* patients consulting us, just as we examine their hearts, and take sphygmographic tracings of their pulses as matters of routine, we should I believe discover that not only albumenoids, but casts of the renal tubes, hyaline, epithelial, and granular, are by no means unfrequently present in the urine of persons who have no organic disease of the kidney. This may seem to be a bold, possibly even a rash, statement, but I make it advisedly and am prepared to maintain it. However, in the urines now under consideration, I have excluded all that could be regarded as even slightly albuminous. I simply want to show that it is not the fact that the urine of gouty patients presents any strongly marked feature, either as regards the proportional quantity of

I.—SHOWING THE RELATIONS OF UREA AND SPECIFIC GRAVITY IN FOUR HUNDRED AND TWENTY-NINE GOUTY URINES.

Urea grs. per oz.	*Specific Gravities 1000 +*																																		Totals.
	'3	'4	'5	'6	'7	'8	'9	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19	'20	'21	'22	'23	'24	'25	'26	'27	'28	'29	'30	'31	'32	'33	'34	'35	'36	
2·5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
3	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
3·5	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
4	...	2	1	...	...	...	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
4·5	...	1	...	1	...	2	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7
5	...	...	1	1	...	1	...	...	1	4	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11
5·5	...	1	1	...	1	1	...	1	1	4	1	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14
6	...	...	3	...	...	...	...	4	1	...	2	1	4	2	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20
6·5	...	...	...	...	...	1	...	1	...	5	...	2	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	12
7	...	...	...	...	...	...	...	2	...	...	...	1	11	1	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18
7·5	...	...	...	...	...	...	...	1	...	3	...	...	9	2	2	3	...	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	24
8	...	...	...	...	...	...	...	...	...	...	1	1	5	2	1	1	...	5	...	3	...	...	2	...	...	...	...	...	1	...	...	...	...	...	22
8·5	...	...	...	...	...	...	...	...	...	1	...	...	12	1	1	2	...	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	22
9	...	...	...	...	...	...	...	...	...	1	...	...	5	...	1	2	2	4	1	3	2	2	2	...	...	1	...	...	...	...	...	...	...	...	26
9·5	...	...	...	...	...	...	...	...	...	2	...	...	3	2	3	3	...	4	1	2	...	1	1	1	...	...	...	...	...	...	...	...	...	...	23
10	...	...	...	...	...	...	...	...	...	3	...	1	2	...	...	3	...	2	1	3	4	...	1	...	...	...	...	...	...	...	...	...	...	...	20
10·5	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	1	...	4	1	3	...	1	2	...	...	...	...	...	...	...	...	...	...	...	16
11	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	...	...	4	...	5	1	2	3	...	1	...	...	...	...	...	...	...	...	...	21
11·5	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	...	6	...	1	1	...	1	...	...	3	...	...	...	...	...	...	...	...	16
12	...	...	...	...	...	...	...	...	...	1	...	...	2	1	...	...	...	8	2	4	3	...	3	1	...	1	...	2	...	...	...	...	...	...	28
12·5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	2	...	...	2	...	...	...	...	1	...	...	...	...	...	...	8
13	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	5	...	2	3	...	...	1	...	...	1	1	...	...	...	...	1	...	15
13·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	2	...	...	...	...	2	...	2	...	...	...	...	9
14	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	5	...	1	...	1	1	1	1	2	...	1	...	1	...	1	...	...	16
14·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	2	2	2	2	...	2	...	...	3	...	...	...	...	...	...	16
15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	1	1	1	1	2	1	1	3	...	2	...	...	...	1	18
15·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	3
16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	3	1	...	...	...	1	...	...	...	...	...	...	7
16·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	3
17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	...	2	...	1	...	...	...	...	7
17·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2
18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	1	1	...	...	...	...	...	5
18·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2
19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
19·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2
20·5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—
21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
	1	4	7	2	1	5	3	11	3	26	10	6	62	16	11	17	4	67	6	40	18	13	29	7	7	11	3	21	4	7		5	1	1	429

urea, which has been alleged to be deficient, or of its acidity which has been represented as being excessive. I have already pointed out that the acidity of the urine is raised, while the uric acid is coming away, not, as we know, from the presence of this acid, but by reason of the oxalic acid which accompanies it. The acidity somewhat closely follows the urea, as we shall presently see, and the urea is, I think, chiefly significant as an indicator of liver-function, according to the view taken by Dr. Quain and other careful observers. We will first look at these urines for the combined characteristics of Specific Gravity and proportional quantity of urea. The following table presents at the head of each column the two last figures of the specific gravity, and down the side to the reader's left the proportions of urea in grains per ounce of the urines. The figures in the squares show the number of urines which with the proportions of urea expressed on the corresponding line of the marginal column to the left, had the specific gravities expressed at the top of the columns in which they stand. The marginal column to the right displays the aggregate numbers of urines having the several proportions of urea, and along the base of the table will be seen the numbers of the urines of the different specific gravities.

2. Showing the Relation of Acidity (in parts by weight per 1,000, by volume, as Oxalic Acid), to Urea (in grains per oz.) in Gouty Urines.

Acidity.	Urea	Acidity.	Urea.	Acidity.	Urea.	Acidity.	Urea.	Acidity.	Urea.	Acidity.	Urea.
0·315	3·	1 575	14·	2·520	8·5	3·150	10·	4.095	9·	5·355	9·
0·463	4·5	1·578	5·	2·520	9·	3·150	10·	4·095	10·	5·355	11·
0·630	3·	1·890	4·	2·520	9·	3·150	10·5	4·095	10·	5·355	13·
0·819	7·5	1·890	4·5	2·520	9·	3·150	10·5	4·095	14·	5·355	17·
0·882	4·	1·890	5·	2·520	9·	3·150	11·	4·095	14·	5·670	10·
0 946	3·5	1·890	5·5	2·520	9·	3·150	11·	4·095	14·	5·670	11·5
0·946	3·5	1·890	6·5	2·520	9·5	3·150	11·5	4·095	14·5	5·670	13·
0·946	5·	1·890	6·5	2·520	10·	3·150	12·	4·095	15·	5·670	13·5
0·946	6·	1·890	7·5	2·520	10·	3 150	13·5	4·095	15·	5·670	14·
0·946	6.	1·890	7·5	2·520	10·	3·150	14·5	4·095	15·	5·670	15·
0·946	6·	1·890	8·	2·520	11·	3·150	15·5	4·095	17·5	5·670	16·5
0·946	7·5	1·890	8·	2·520	11·	3·213	14·5	4·410	8·5	5·670	18.
1·008	6·5	1·890	8·5	2·520	11·5	3·276	11·	4·410	9·5	5·955	19.
1·134	4·	1·890	11·	2·520	11·5	3·465	7·	4·410	10·	5·985	9.5
1·260	3·	1·890	12·5	2·520	12·	3·465	7·	4·410	11·	5·985	10.
1·260	5·	1·890	12·5	2·520	12·	3·465	8·	4·410	11·	5·985	10.5
1·260	5·	2·016	8·5	2·520	12·5	3·465	9·	4·410	12·	5·985	11
1·260	5·5	2·205	4·5	2·520	12·5	3·465	9·	4·410	12·	6·300	10·5
1·260	5·5	2·205	5·	2·520	13·	3·465	10 5	4·410	12·	6·300	13·5
1·260	6·	2·205	5·	2·520	13·	3·465	11·	4·410	12·5	6 300	13·5
1·260	6·	2·205	5·5	2·520	15·	3·465	13·	4·410	13·	6·300	13·5
1·260	6·	2·205	5·5	2·533	11·5	3·465	13·5	4·410	14·	6·300	15·
1·260	6·	2·205	7·	2·646	8·5	3·465	14·	4·725	8·	6·300	15·
1·260	6·5	2·205	7·5	2·772	14·	3·465	14·	4·725	9·5	6·615	13·5
1·260	6·5	2·205	7·5	2·832	10·5	3·465	15·	4·725	9·5	6·930	11·5
1·260	7·	2·205	8·	2·835	10·	3 654	18·	4·725	10·	6·930	14·
1·260	7·	2·205	8·5	2·835	11·	3·780	7·	4·725	11·	6·930	15·
1·260	8·	2·205	8·5	2·835	11·5	3·780	7·5	4·725	12·	6·930	16·
1·260	8·	2·205	9·	2·835	13·	3·780	8·	4·725	12·	6·930	17·
1·260	9·	2·205	9·	2·961	11·	3·780	9·	4·725	12·	6·930	21·
1·260	10·5	2·205	9·	3·150	4·5	3·780	9·	4·725	13·5	7·245	11·
1·260	12·	2·205	9·5	3·150	6·	3·780	9·5	4·725	14·	7·245	15·
1·260	14·	2·205	10·	3·150	6·	3·780	9.5	4·725	14·5	7·245	20·
1·386	5·5	2·205	10·	3·150	6·	3·780	10·	4·725	18·5	7·566	9·
1·449	7·5	2·205	11·5	3·150	7·	3·780	10·	5·040	9·	7·566	14·
1·575	5·	2·205	12 5	3·150	7·5	3·780	10·5	5·040	10·	7·566	16·5
1·575	5·5	2·331	6·5	3·150	7·5	3·780	11·	5·040	10·	7·566	16·5
1·575	5·5	2·331	8·5	3·150	8·	3·780	11·	5·040	10·5	7·566	17·5
1·575	6·	2·520	5.	3·150	8·5	3·780	12·	5·040	11·5	8·190	13·5
1·575	6·	2·520	7·	3·150	8·5	3·780	12·	5·040	12·	8·190	14·
1·575	6·5	2·520	7·	3·150	9·	3·780	12·	5·040	12·5	8·190	19·
1·575	7·	2·520	7·	3·150	9·	3·780	12·	5·040	13·	8·505	13·
1·575	7·	2·520	7·	3·150	9·	3·780	12·	5·040	13·5	9·135	13·5
1·575	7·5	2·520	7·5	3·150	9·	3·780	13·	5·040	14·	9·135	15·5
1·575	7·5	2·520	7·5	3·150	9·5	3·780	16·	5·040	14·5	9·450	15·
1·575	9·	2·520	8·	3·150	9·5	3·780	16·	5·040	15·5		
1·575	9·5	2·520	8·	3·150	10·	3·780	16·5	5·040	15·5		
1·575	10·	2·520	8·	3·150	10·	3·780	16·5	5·040	15·5		
1·575	12·	2·520	8·5	3·150	10·	4·034	20·	5·040	16·5		

It will be evident at a glance that there is nothing really morbid about these urines. They group naturally at the normal points. The specific gravities of ’15 and ’20 are the clustering points. Perhaps the ’15 s are a little too numerous in proportion to the total number tabled, but it could scarcely be otherwise with the urines of persons seeking medical advice. They are not likely to be quite "fit," and presumably their average disassimilation will be somewhat slow and low; but the deviation is not greater among these "gouty" people than it would be among invalids of any class. The distribution of urines in regard to urea is not quite so satisfactory. The majority have more than Parkes gave as the normal, which was 8 grs. per oz., but 118 have less than that really meagre proportion, and of these 118, 76 had specific gravities above ’12, so that there cannot have been any great dilution. Nevertheless, I doubt whether the urines of any similar number of ailing folk would make a better show. The data collated may be studied from many points of view, but I think it will be conceded that they do not bear out the hypothesis that the excretion of urea in gout is strikingly abnormal.

It is not always possible, in consulting practice, to secure specimens of urine in such conditions and quantities as to justify the quotation of results obtained by examinations, however carefully made, as trustworthy *facts* available for the determination of questions clinically important. Having regard to these qualifications of my data, I will next group something less than three hundred for acidity, with their proportional quantities of urea. In Table 2 these particulars are set out in columns.

It will be seen that, speaking broadly, though with many notable exceptions, the acidity increases with the urea, 12 urines showed less than one part per thousand of acid calculated as oxalic; 53 more than 1 part but less than 2; 63 more than 2 and less than 3 parts; 67 more than 3 but less than 4; 35 between 4 and 5 parts of acid per thousand; 32 from 5 to 6; 13 showed over 6 parts; 8 more than seven; 4 have upwards of 8 parts; and 3 above nine. Most authorities put the normal as about two-and-a-half parts per thousand, so that one of the larger of these numbers, 63, falls near the mean of health. I confess that without laying down any very strict rule, I should incline to regard an otherwise healthy urine with from 3 to 4 parts per thousand of acid, as perfectly normal. In any case the proportion of extremely acid urines in these "gouty" specimens is not large. As regards any attempt to infer the proportion of urea from acidity, I do not think it practicable. I used to think it might be, but increasing experience does not bear me out in this idea. It is true in the majority of instances, but not so true as to be applicable to individual cases.

I will now place in adjoining columns the results of examination for the four points, specific gravity, acidity, urea, and uric acid. The uric acid was precisely determined in each of the instances given by Haycraft's full process with the use of the Sprengel air-pump, and the sulpho-cyanate ending, so that the analyses as far as they go are complete.

The Specific Gravity has in Table 3, as in the last been made the indicator. It will be seen that in the urines here tabled the uric acid follows the urea though a little less closely than the urea follows the acidity, meanwhile, many instances will be noted in which there is a marked divergence. I am not prepared to give expression to any of the deductions which might be hastily drawn from the data I have as yet collected. The results now presented to the reader are few in comparison with the total number obtained, but nothing short of an experience extending over many thousands of cases, carefully weeded of misleading peculiarities, would warrant didactic remark. Meanwhile these figures will serve to give an idea of the facts in process of accumulation, and as it would be premature to throw out any suggestion, it is not worth while to table more.

The clinical use of these analyses is, at present, limited to the study of changes arising in the course of the disorder, or produced by treatment; but with in these limits the value of the information obtained is considerable.

This brings to a close the discursive remarks which I have been led to make in the endeavour to epitomise some of my more recent experiences and observations in con-

3. SHOWING THE RELATIONS OF SPECIFIC GRAVITY, OF ACIDITY (PARTS BY WEIGHT, PER 1,000, BY VOLUME, AS OXALIC ACID), OF UREA (GRAINS PER OZ.), AND OF URIC ACID (FRACTIONS OF GRAINS PER OZ.), IN GOUTY URINES.

Sp. G. 1,000 +	Acidity.	Urea.	Uric Acid.
’9	0·315	3·	·2058
’9	2·205	4·5	·1911
’10	1·260	3·	·2205
’10	1 890	4·5	·1764
’11	1·260	6·	·2499
’11	1 260	5·	·1186
’11	1·260	5·5	·1764
’12	0·882	4·	·2058
’12	0·946	3·5	·1617
’12	0·946	5·	·1617
’12	1·890	4·	·1764
’12	1·890	6·5	·2058
’12	2·520	7·5	·2646
’13	0·463	4·5	·2940
’13	1·260	5·	·0735
’13	1·890	5·5	·2499
’13	2·205	5·	·1911
’13	2·575	6·	·1617
’13	3·150	6·	·1911
’14	1·008	6·5	·2058
’14	1·260	6·5	·1617
’14	1·260	7·	·2053
’14	3·150	6·	·1911
’15	0·946	6·	·1470
’15	2·205	7·5	·1323
’15	3·150	6·	·2205
’15	3·150	7·5	·2783
’15	3·150	8·5	·2058
’15	3·780	7·	·3528
’16	1·260	6·	·2646
’16	1·386	5·5	·3087
’16	1·575	7·	·3087
’16	2·520	8·	·2793
’17	2·520	8·	·2352
’17	2·520	11·	·2352
’18	0 829	7·5	·2940
’18	2·520	9·	·2940
’18	3·780	7·5	·2499
’18	3·780	9·	·2940
’18	4·095	10·	·3822
’19	1·134	4·	·1186
’19	2·205	7·	·3087
’19	3·150	9·	·3381
’20	1·260	6·5	·2352
’20	1·890	8·	·2940
’20	1·890	8·5	·3969
’20	1·890	10·	·4704
’20	2·520	7·5	·4704
’20	2·520	10·5	·3087
’20	3·150	7·5	·3087
’20	3·150	10·	·2058
’20	3·465	10·5	·3675
’20	3·780	8·	·2646
’20	3·780	9·5	·3675
’20	5 040	9·	·6174
’21	2·855	9·	·2499
21	3·150	10·	·3822
’22	2·205	8·	·3528
’22	2·520	9·5	·2499
’22	3·150	10·	·4263
’22	3·150	10·5	·4116
’22	3·150	11·	·3528
’22	3·465	9·5	·4557
’22	4·410	11·	·4704
’22	5·355	9·	·2646
’22	7 566	9·	·3381
’23	1·575	10·	·3234
’23	1·575	12·	·4263
’23	2·520	9	·4559
’23	2·520	10·	·2499
’23	3·780	12·	·3087
’23	5·040	10·	5145
’23	5·985	10·	·2940
’24	2·205	9·	·2352
’24	2·331	6·5	·3822
’24	3·150	9·	·3087
’24	4·110	14·	·4263
’24	4·410	15·	·4410
’24	5·985	11·	·2940
’24	6·300	10·5	·3822
’25	0·946	14·5	·4116
’25	1·260	8·	·4410
’25	1·449	7·5	·4263
’25	2·520	9·	·7350
’25	3·465	11·5	·4704
’25	3·780	9·	·4410
’25	3·780	16·	·4410
’25	4·410	11·	·3381
’25	4·725	12·	·3822
’25	5·985	9·5	·5586
’25	7·245	11·	·4410
’26	4·410	13·	·4263
’26	4·725	12·	·4263
’27	4·410	11·	·3822
’27	5·040	14·5	·3822
’27	8·190	14·	·3087
’28	2·772	14·	·4851
’28	3 465	11·5	·3969
’28	4·725	14·	·4116
’28	5·670	11·5	·4998
’29	2·520	13·	·5880
’29	4·095	15·	·2494
’29	5·040	15·5	·4704
’30	3·654	18·	·2058
’30	3·780	12·5	·4410
’30	4·410	14·	·4116
’30	5·040	14·5	·5439
’30	5·355	13·	·6468
’30	6·300	13·5	·5292
’30	9·135	13·5	·4116
’31	4·725	8·	·6027
’31	7·566	17·5	·4704
’32	2·835	15·	·2499
’32	5·355	17·	·2205
’32	6 615	13·5	·6615
’32	6 930	14·	·2793
’32	8·190	13·5	·6027
’34	4·034	20·	·3234
’34	7·245	20·	·8085
’34	7·566	16·5	·4557
’34	9·135	15·5	·4557

nection with the management of the uric acid diathesis and the "gouty;" but, before leaving the subject, I am desirous of embracing this opportunity for the submission of what may, perhaps, be held to be a new hypothesis of gout. Let me first say that, as regards the part played by the nervous system in the production of "attacks" of gout, I believe the mode of its operation is reflex. Just as in diabetes the excitation, which either produces an excessive formation of sugar or inhibits the action of the liver in destroying it, which ever may be the true explanation of the disorder, is propagated to the diabetic centre in the medulla along the pneumogastric as an afferent nerve, the sympathetic being the efferent and conveying the active impulse to the liver, so the stimulation, however initiated, which either produces an excess of uric acid or inhibits the process of metamorphosis which would, under normal conditions, convert the uric acid into something else, is probably propagated through the pneumogastric to the centre, and reflected by the sympathetic to the seat of the uric acid formation or accumulation, that is the liver. That the vaso-motor centre is likewise excited or inhibited is evident, and this action also is reflex. In short, the whole disturbance, whether of a special liver or kidney centre or of some particular part of the vaso-motor centre in special relation with the uric acid forming or destroying apparatus, is reflex. And it follows that, although the nervous system is the prime mover in the production of the phenomena of gout, as it doubtless is in the development of the great majority of functional and nutritive disorders, the exciting, if not also the predisposing, cause of the trouble must be looked for at the periphery rather than in the centre; that is to say in this instance in the liver or kidney, or both. Bearing this in mind, I proceed to notice a particular disturbance in the digestive apparatus, to which I have for some time past been devoting much attention, and which I am not without hope may, hereafter, be found to supply a key to the mystery of gout in some of its commonest manifestations. Those who have seen much of this malady and observed its first approaches in any considerable number of cases, can scarcely fail to have noticed that long before a man has an attack of gout or any clearly recognisable symptom of the so-called disease, even in its irregular forms, he is almost sure to have complained of a special pain or uneasiness, or "sinking," or "coldness" or soreness at the epigastrium, occurring, generally, a short time before or at the moment of commencing, a meal, and followed by flatulency with or without eructations, but nearly always accompanied by a more or less sudden outpouring of "water in the mouth," and other symptoms characterised as "dyspeptic." At the same time he has, as a rule, at least for a time, and commonly a considerable time, been accumulating fat chiefly about the abdomen. There is often so much tenderness on pressure at the epigastrium, accompanied by what seems to be "enlargement," that either ulcer of the stomach or pyloric disease may be suspected. The seat of the trouble I believe to be the duodenum, which is not unfrequently largely distended, first with fluid then with gas, and later on with solid matters passing out of the stomach after a meal and there delayed in their progress. I have drawn attention to this symptom in my little work on the clinical aspects of gout, but without offering the suggestion which I now venture to submit for consideration. What happens is, I believe, a sudden out-pouring into the duodenum of pancreatic secretion, with the effect first of setting up local irritation, and second, of exaggerating a stage in the process of digestion. We do not know the precise quantity of the pancreatic juice normally discharged into the duodenum at the commencement of a meal, but it has been demonstrated by experiment to be large. We know that this fluid must, for the integrity of the first stage of intestinal digestion, be duly mixed with bile, which probably is not in the cases to which I refer, instantly forthcoming, owing to failure of the liver function. We are aware that the pancreatic juice emulsifies fats, rendering them especially easy of absorption, that it acts directly on the starchy elements of the food, converting it into glucose, that it has a special tendency to rapid decomposition if not promptly mixed with bile, and this may, if the transformations effected by the pancreatic juice acting directly on the food are of a nature to set up considerable local and general irritation. The salivary gland of stomach or, more accurately, of the first portion of the small intestine, is probably excited simultaneously with the salivary glands of the mouth, and when the mouth fills with water the duodenum is filled with pancreatic juice. Relief for this form of dyspepsia is very often found in the administration of small doses of sulphate of magnesia, which, as we know, coagulates the pancreatine. That the duodenum is the seat of the special form of gouty dyspepsia to which I allude cannot, I think, be doubted, and it is worthy of note that the drugs which have been regarded as particularly useful in gout, have a special action on the duodenum. My theory, then, is that, in some if not in most, forms of gout, the irritation set up in the duodenum by this pancreatic emission in advance of, or without, the secretion of bile, is the primary exciting cause of the reflex nerve disturbance which either inhibits or over stimulates, the uric acid function, with the result that this acid and its salts accumulate, and the uric acid diathesis obtains. I do not propose this as exhaustive or complete, but as a tentative and working, hypothesis, and I submit that pancreatic dyspepsia is one of the earliest indications of gout, and calls for prompt treatment in view of what is likely to follow.

I must content myself with the bare mention of this matter on the present occasion; but if the hint thrown out should induce other observers to study a train of symptoms which unquestionably precedes the development of gout in a large proportion of instances, and which together constitute a form of indigestion so characteristic that it deserves to be recognised as pancreatic dyspepsia, my purpose will be fulfilled. Whether the immediate cause of the sudden and copious emission of pancreatic juice into the duodenum be vaso-motor inaction permitting a sudden influx of blood to the organ with the result of an almost instantaneous outpouring of the secretion as happens when the vagus is divided and the sympathetic is stimulated experimentally, or whether the gland fills up at leisure and simply empties itself when full at rhythmically recurring periods is doubtful; but the recurrence of the pain and disturbance in these cases at fixed times, even if the meals are irregular, would seem to point to the latter mode of causation. However this may be, I think the pancreas plays the first part in the disturbance, and the sluggishness of the hepatic function, which leaves the pancreatic fluid without the required admixture of bile is the secondary but essential cause of the disorder, and third, the action of the pancreatic juice either almost alone or with much less than the normal admixture of recrementitious bile, containing its due proportion of taurochlorate of soda, upon the food that passes into the duodenum is of a nature to leave the products of stomach and intestinal digestion for absorption and transference to the liver by the portal system in a condition peculiarly likely to bring about those physiological errors in the glycogenic and cognate processes which result either in the excessive formation of uric acid or in arrest of the subsequent processes by which it should be converted or destroyed. I will only remark in conclusion that possibly some portion of the good effects of the iodine given in gout may be due to its action on the pancreas after the fashion in which it is known to act upon other glands; and that the value of the administration of taurochlorate of soda in this particular form of gouty dyspepsia, with obesity, may perhaps depend on the power of that salt to saponify some of the fat consumed, instead of leaving the whole of it to be simply emulsified by the pancreatic juice, and so taken up too greedily by the lacteals.

ON THE DIFFERENT MODES OF ADMINISTERING MERCURY IN SYPHILIS,

AND THE INDICATIONS FOR THEIR APPLICATION. (a)

By E. MILNER, M.R.C.S.,
Surgeon to the Lock Hospital.

I think every one here to-night will admit that the treatment of syphilis is comprised pretty well in the word *mercury;* but the manifestations and evidences of syphilis are of so varied a character, and above all, are in many of its forms the source of such terrible anxiety to the patient suffering from them, that the few observations I have to make, founded upon the experience of twelve years out-patient practice at the Lock Hospital, may, I hope, be of some service to the members of this Society, in helping them to arrive at some definite conclusion in some instances, as to which preparation of mercury they should adopt, in order as rapidly as possible to get rid of those visible signs of syphilis, which to many of their patients seem almost as formidable, as must have been the curse of leprosy in the days of the laws of Moses.

I will at once admit that, apparently in many cases, and perhaps in the majority, blue pill is as good as blue ointment, - and green iodide of mercury, as Donovan's solution; but even in these cases, I believe, that more accurate and more careful observation in practice, will teach us, that such an admission is unjustifiable.

To-night I shall only venture to bring before the society the consideration of *three* of the most common methods of administering mercury, and these are:—

1. Some of the cases in which green iodide of mercury should be used.
2. Some of the cases in which inunction should be practised.
3. Some of the cases in which the vapour of calomel should be applied.

And I shall endeavour to point out the peculiarities of the syphilitic manifestations, which in my experience would indicate to me, which of these three preparations I should use in a particular case.

Of all the syphililic rashes the most evident, the most persistent, and perhaps the most difficult to combat, is probably the vesicular syphilide, and it is upon this peculiar form of syphilide, I would venture to make my first notes, in reference to the use of green iodide of mercury. This form of rash most frequently occurs in light haired people, in occurs more frequently in women than men, and is nearly always associated with the drinking of large quantities of wine, as distinguished from spirits.

There is another class of patients in which the vesicular is associated with the early tubercular syphilide, and this usually occurs in the dark haired patients, during cold weather; in the underfed, and underclothed patients of anxious temperament, who have faith that two glasses of stout a day are necessary for the cure and treatment of their disease, and take them in preference to food. In the first of these two classes, I have found that green iodide of mercury with Donovan's solution, in large doses has proved most advantageous, while in the second class, the inunction of the German preparation of blue ointment has excelled all other methods of treatment.

In billiard markers and actors of a certain class, in barmaids and actresses of a certain class, and in commercial travellers, who consider it necessary to have a glass with every customer to conclude a bargain, and in so many others who sit up late and follow very much the practices of these typical classes, or remain long and late at the card table, the syphilitic rash, of whatever character, is apt to become angry, excessively red, and very evident. To all these, whose living may to an extent, depend on their personal appearance, I say emphatically, in spite of the diarrhœa, which is so constantly present in such cases, give green iodide of mercury, and give it in large doses, stop their spirits if you can (especially brandy), but givé them green iodide of mercuvy, Donovan's solution with soda and iodide of sodium will assist, for iodide of sodium is much better borne by these patients than the corresponding salt of potassium.

I feel no doubt that the keeping of late hours very materially alters the character of the syphilide, and therefore such a history should influence the selection of the preparation of mercury. People who sit up very late have their skins thick, and very frequently covered with an oily perspiration, and it may be this while impeding the nutrition of their skins, irritates the manifestations of syphilis upon their persons, and is one of the causes of the angry, or so-called gouty, character of the syphilide, of those whom inclination or necessity keep out of their beds.

Barmaids, as distinguished even from barmen, and the whole of the rest of the syphilitic would present the reddest, the most angry syphilitic rashes, and are the most difficult to cure, and indeed sometimes present a rash, which is never found, as far as my experience goes, on anybody else; a rash which is excellently illustrated by the specimen which, by the courtesy of the authorities of the museum of St. Bartholomew's hospital, lies on the table, and which might, I think, be fairly denominated, "Barmaids' Syphilis." For all these cases I select green iodide of mercury.

Patients who drink constantly, however much you may frighten them, will never take care of themselves, though in a maudlin state of penitence, they will promise anything, I need hardly say they can never be depended upon, and I have found, that though in some of their cases, inunction would probably be the best method of treatment, still green iodide is the next best, and will probably, under all the circumstances of the case, prove most efficacious. It is also the most available remedy with patients who sit up late, who have light hair, and above all, drink frequently, though perhaps stopping short of actual intoxication, and the typical case for the use of green iodide of mercury, would probably be the light haired degenerated lady, who sits up all night playing the piano at suburban parties, who does not eat much, but refreshes herself frequently, and takes a little brandy before she goes to bed in the early morning.

I next pass to a few points which guide me in ordering the exhibition of mercury by inunction, and would remark that the German ointment, less strong, and containing more suet, and therefore harder than our own, is preferable to the strong ointment of the British Pharmacopœia for this purpose. It salivates severely less frequently and produces more permanent effect. The cases in which, in my experience, the ointment is the best preparation of mercury to use, must be divided into early and later stages of the disease.

Many cases of primary syphilis in healthy abstemious light haired men do exceedingly well under the administration of mercury by inunction, and they may even sometimes be so fortunate as to escape any further manifestations of the disease; but I find as a rule, that patients, especially with dark hair, treated in this country, at any rate with inunction, though they may almost avoid syphilides, and distressing external manifestations of the disease upon the surface of their bodies, suffer so severely from a form of sloughing sore throat, as to do away, in a great many cases, with the advantages which this method of treating primary syphilis undoubtedly possesses; for I think that inunction, even in the early stages of syphilis, gives the best prospect of a subsequent complete cure. Inunction, in the more advanced stages of syphilis, is a refuge for the destitute, and rarely have I found it give other than gratifying results in older cases which have defied most other methods of treatment, save where the patient is careless, drunken, and inattentive to the directions of his medical adviser. Large syphilitic testicles, secondary gummata in patients (who from the duration of their disease ought to be in the tertiary stage one would think), and syphilitic interference with nerve supply, yielded alike like magic to the treatment of inunction, when the surgeon is at his wit's end, and the patient from anxiety has almost lost his reason. In fact, I believe it is not too much to say, that the treatment by inunction in the advanced stages of syphilitic evidences, is by far the best remedy we possess, and most rapidly produces a disappearance of chronic syphilitic symptoms, especially in the man who has implicitly followed the directions of his surgeon, and has eaten and drunken moderately as he was bid.

(a) Read before the Medical Society of London.

To sum up, use inunction in the early stages, when you have a healthy, light haired, abstemious patient with a primary sore, but above all, congratulate yourself that with the German blue ointment you can almost certainly cure the distracted married man, whose ambition for the last five or perhaps ten years has been to get rid of a swollen testicle or some other syphilitic lump.

In conclusion, I would draw attention to the advantage of mercury administered locally in the form of fumigation, leaving entirely the question of its administration generally for the cure of constitutional syphilis, and I fear my remarks on this point to be of value to this learned society must be confined to two notes only. We are told that the hard local sore should usually disappear under treatment in about six weeks. In very many cases the Hunterian chancre remains much longer, and I have seen distinct hardness remaining at the end of a very very much longer period. How to get rid of this induration rapidly is, I am sure, a most material point in the treatment of syphilis, because I believe that the duration of the primary lesion affects the constitutional severity of the case, though I would say in passing that I believe in my own mind that the quickly disappearing parchment French sore is most apt to be followed in the early stages of syphilis by serious nervous lesions, and because frequently the hardness of an imperfectly absorbed primary sore is the point at which, in after life, destructive ulceration of the penis not unfrequently begins.

To rapidly get rid of a local sore, the local administration of mercury in the form of the vapour of calomel is of material assistance, whether the sore be the smooth flat headed indolent button or accompanied by destructive ulceration of the glans penis.

For ulceration of the extremities, especially the legs, syphilitic in their origin, but frequently associated with a weak state of constitution, or more frequently still, associated with a too rapid or indiscriminate administration of mercury; you have cases that require mercury and in which it is almost impossible for a time to continue the administration of that drug. In these cases the vapour of calomel locally applied is of material assistance, and it is also in the red, angry, prominent, eruption on the forehead along the line of the hat leather, and in the destructive ulceration of the fauces in late secondary syphilis.

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NOTES ON
MOVABLE OR FLOATING KIDNEYS:
WITH A CASE.

By DIGBY F. FFRENCH.

These terms appear to some to be quite distinct, and to indicate different affections, whereas they are only degrees of the same affection, and a kidney produces the same symptoms whether it has or has not a mesonephron, for it may be freely movable behind the peritoneum, yet it is a more accepted opinion that it forms a sack of the peritoneum which moves about with it by a pedicle. This condition is often brought about by the absorption of the peri-renal fat in connection with phthisis, anæmia, &c., and also by various degrees of recurring congestion, but as a rule the kidney, though movable, undergoes no change in itself, though occasionally it does set up adhesive inflammation, and becomes bound down in its new position, or it may even become strangulated; this must always be borne in mind, for at one time we may have a moving body, and after a time we find it fixed in an abnormal position, following some slight local or constitutional disturbance. From the very small number of recorded cases one would be led to suppose that this is a very rare affection, and many aged physicians declaring that they never met with a case of it, but, those who made it a point to look for it in their examinations of the abdomen declare that it occurs in about one in every two hundred and fifty cases whom they examined. Although it is found post-mortem, it rarely produces any unpleasant symptoms, and consequently is only found on examination of the abdomen for something else, either by the patient or physician; most frequently the patient draws attention to something that is moving about, which makes her very nervous, but causes no trouble. The most usual age for it to occur is said to be from twenty-five to forty-five, but it has been found in a girl of six and a boy of nine years. The cause of the affection may be congenital, in which case Cruveilhier considered that it is attended with anomalies in the origin and number of its arteries which is not the case in the accidental varieties caused by repeated and protracted labours, catamenial congestion, too active exercise, as riding, compression in tight lacing (which chiefly affects the right kidney, owing to it being pressed by the liver in front and the ribs and spine behind), the removal of peri-renal fat, and cancerous disease. By glancing at these several causes it is no wonder that women suffer more from the affection than men, in the proportion of one male to every seven females, while the right kidney is said to be affected five times oftener than the left, but occasionally both are affected in the same individual. In many cases the symptoms are *nil*, but the disease may be the cause of much suffering and constitutional disturbance, rendering the patient nervous, desponding, and even suicidal.

The chief point in the diagnosis is to remember the possibility of such an occurrence, to examine the right kidney, stand on the right side of the patient, the upright position being best, and placing the left hand at the lower border of the ribs, and with the right hand palpate gently, so as to move aside the intestines between the lower margin of the ribs above and crest of the ilium below, when the kidney can be felt and lifted up in the hand, its outline, which is not altered, can then be traced, and pressure on it produces a "peculiar sickening sensation." Occasionally the pulsation of the renal artery can be felt at the hilus, but this must not be confounded on the left side with the pulsation which the kidney may receive by lying in front of the aorta; it is liable to slip into its place when the patient is reclining in bed, and requires moving or even getting out of the bed to again dislodge it. Percussion in the corresponding lumbar region is lower and deeper, but with less resistance than on the other side, while in front it is not so dull as one might expect, as often there is intestine in front of it. The treatment in most cases consists in remedying the probable cause, and wearing an abdominal bandage. Where there has been much suffering the kidney has been ligatured to the abdominal wall, and it has been also removed successfully. I have only met with one case, a Mrs. C., married, æt. 42, six children and a miscarriage the second last time, when she lost a quantity of blood, after which she suffered from anæmia and sciatica of the right leg, which completely yielded to tonic treatment after a time. When she was confined to bed lately with a "bilious attack," she discovered that there was a movable lump in her right side, which made her very nervous, but there were no symptoms connected with it.

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Therapeutic Notes.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

ICE-WATER ENEMATA.

In a communication to the *Therapeutic Gazette*, January, 1887, Dr. Ralph C. Huse gives his experience of the beneficial effects of ice-water enemata in a case of prolapse of the rectum with acute dysentery and also in hæmorrhoids, with prolapse of the rectal mucous membrane from acute diarrhœa "ice-water enemata relieved all the symptoms."

ECZEMA IN CHILDREN.

Lanoline in contact with the human skin is said not to produce any acid decomposition products and is therefore, a suitable base for ointments to be applied to inflamed surfaces. A salve of bismuth and lanoline is recommended by the *All. Wiener Med. Ztg.*, for eczema, especially in children.

WARTS—REMEDY FOR.

Warts are amongst petty annoyances of life, and few are capable of submitting to the annoyance with the equanimity of "Old Noll." Amongst the latest remedies for the growth is the addition of 15 grains of corrosive sublimate to an ounce of collodion, and with this sublimated collodion the wart is to be brushed once daily. *Zeitschrift d'. Oester. Apotheker*, v. A more safe and equally efficacious application is a saturated solution of the carbonate of sodium, common washing soda. After many trials, I have found it superior to all other remedies for removing warts.

ANAL FISSURE.

A one in fifty solution of chloral hydrate in water applied on a rag to the fissure immediately after the morning stool is recommended by Dr. Crequy, in the *Therapeutic Gazette*. Its action as a stimulant to granulations, and as a local antiseptic makes it very suitable in such cases.

ANTI-FEBRINE.

At the meeting of the "Society of Chemical Industry," M. Levins thus briefly alluded to this new and, it is said, most useful of febrifuges. The substance has been long known) to chemists as *Acetanilide* or *Phenylacetamide*, $C_6 H_5 N (C_2 H_3 O) H$. It belongs to the anilides a group of the aromatic series. These bodies are obtained by replacing the hydrogen of the anido-group by acid radicles (Roscoe). The anilides are decomposed by boiling with caustic soda into the acid and the aniline.

Acetamilide or antifebrin, is usually employed in chemistry for the preparation of other substitution products of aniline. Antifebrine is obtained by boiling aniline wiih glacial acetic acid for one or two days, and the acetanilide isolated from the product by fractional distillation (Williams). It was recommended by Messrs. Cohn and Hepp, as a febrifuge, they find it produces a fall of temperature within one hour, and that its maximum effects are not reached until three or four hours. The dose employed by the authors varies from 5 to 15 grains, but as it is non-poisonous, much larger doses may be given with safety.

Messrs. Cohn and Hepp's paper (*Centrab. für Klin. Med.*) No. 33, 1866, attracted the notice of Dr. A. Berézovsky, of Kazan, and induced him to carry out a serious of operations concerning the action of anti-febrine in febrile patients (namely those suffering from enteric fever). The outcome of his experiments is this:—

1. Even small doses (4 grains) produce a marked fall of febrile temperature (0·9° C to 2° 0 C) in an hour after the administration.

2. The duration of action of the drug is different in different types of fever; it is relatively shorter (1½ to 3 hours) in cases of febris continuing it is longer in remittent fever. The latter may be suppressed comparatively easily; the normal temperature may be kept up by giving four grain doses every two hours; however, the fever returns immediately after discontinuing the drug.

3. Anti-febrine reduces the frequency of the pulse from 8 to 22 beats a minute.

4. The blood-pressure markedly rises after a dose of anti-febrine.

5. The amount of urea decreases with a fall of temperature, six patients take anti-febrine readily. The drug markedly improves appetite and does not give rise to any unpleasant symptoms, such as vomiting, &c.—*Russkaia Meditz.* The drug can be given conveniently in wine. It has the advantage of being inexpensive. It is moderately soluble in ether and alcohol, and slightly in water, from which it crystallises in lustrous tablets, consisting of small rhombic plates.

WASHING OUT THE STOMACH IN A CASE OF INTESTINAL OCCLUSION.

In a communication to the Clinical Society of Paris, M. Jacos, relates the following case:—A summary of which appears in No. 7 of *La France Médicale*—B—— Valentine, æt. 26, was admitted to the Hotel Dieu, under the care of M. Empis, on the 17th March, 1886. B. is three months pregnant, and is stout in build. She states that on the 14th instant, she was suddenly seized with a severe fit of vomiting unaccompanied by pain. In the evening of the same day, she vomited several times again, after ten hours she began to feel pain in the abdomen. The vomit was a yellowish fluid; and pain now became more marked in the abdomen. During the next two days, she was unable to keep down any nourishment, and her urine was very scanty. On admission to hospital, her eyes were sunken; the abdomen was distendant and tender to pressure, and the form of a pregnant uterus was easily made out by manipulation. Nothing was learned from a rectal examination. The hernial orifices were free. From the 18th to the 22nd, her condition was miserable: no action of the bowels; the abdomen greatly distended; urine very scanty; and the yellowish non-fæculent vomit continuing without cessation. On the 22nd, she became very restless. The tympany increased with considerable dysnœa and a continuance of the vomiting. Injections produced no result; 40 grammes of eau de vie were given. 23rd.—The same injection as yesterday without result. The patient sinking. 24th.—The general state of the patient worse. Pulse, small temperature, 97°; tympany very severe; suppression of urine; vomiting non-fæculent but continuous. First washing: Two litres of very cold water (kept cold by ice) were introduced into the stomach but were quickly returned, as clear as when introduced. It was noticed that on the introduction of the water, the patient complained of a very violent pain in the stomach. No vomiting occurred that evening, and the patient appeared greatly relieved and passed about 200 grammes of urine. Ice applied over the abdomen. 25th.—Vomited once to day, during the night complained of violen pains in the abdomen, and passed some wind per anum. Second washing out of stomach as yesterday with ice cold water, followed by similar pains to those of yesterday. During the evening of the day, she passed a very liquid stool with much wind. 26th.—The more alarming symptoms have disappeared, so it was deemed unnecessary to again wash out the stomach. On the 27th, she was discharged cured, and her health remained good during her confinement at the normal period.

In the discussion that followed the reading of the paper, the question as to how the washing out acted, some holding the opinion that poisonous products were washed out; others, that the cold fluid by causing contraction of the viscus, excited a peristaltic movement. Considering the apparently hopeless case that was so quickly cured, the remedy is one well worth trying before operative procedures are resorted to in cases of intestinal occlusion.

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The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 24, Madras 40, Paris 27, Brussels 24, Amsterdam 25, Rotterdam 22, The Hague 22, Copenhagen 25, Stockholm 18, Christiania 17, St. Petersburg 31, Berlin 21, Hamburg 26, Dresden 20, Breslau 29, Munich 24, Vienna 26, Prague 32, Buda-Pesth 39, Trieste 40, Rome 30, Turin 33, Venice 35, Cairo 38, Alexandria 40, New York 27, Brooklyn 19, Philadelphia 24, and Baltimore 20.

Clinical Records.

A CASE OF IMPACTED URETHRAL CALCULUS, FOLLOWED BY URINARY ABSCESS—PERINEAL SECTION—COMPLETE RECOVERY. (a)

Under the care of Mr. R. Fitzroy Benham.

W. W., æt. 36, was just convalescing from a severe attack of double pneumonia when my attention was drawn, on Sept. 26 last, to the fact that his penis was much swollen, and that he was unable to micturate. He had a slight attack of gonorrhœa some eighteen years since, which lasted only for about seven days. He suddenly noticed, a few months ago, that the stream during micturition was smaller, and that the act was accompanied by a tickling sensation, culminating in pain at the root of the penis. Urine was normal. I found the prepuce swollen, the upper portion being extremely œdematous and entirely obliterating the orifice of the urethra. The glans penis was much swollen, more especially towards the left side. After many unsuccessful attempts to pass a soft catheter, about three ounces of urine dribbled away, which gave relief; but on the following day, finding that the swelling had increased, including the scrotum, which was now about twice its normal size, that the retention was complete, and that the bladder was considerably distended, and as I did not consider that there would be any advantage in aspirating the bladder, and believed that the operation of perineal section was necessary, I called Messrs. Keetley and Dunn in consultation. After the former gentleman had been unsuccessful in passing any instrument, it was resolved to lose no more time, and perineal section was forthwith performed. The median operation was chosen. There was considerable difficulty experienced in passing Syme's staff, which gave, when *in situ*, the sensation that it was in contact with some metallic substance along the side of the urethra, and on withdrawing it after the incision was made, it was found that its lower or diminished portion had been literally bent from the straight line. A soft rubber tubing was introduced through the perineal wound into the bladder and secured there, and linseed poultices kept constantly applied to the part.

On the third day from the operation, the œdema of the scrotum had somewhat subsided, but the swelling along the left side of the penis had considerably gained ground, giving a sensation to the touch, of distinct fluctuation. An incision was accordingly made over the most prominent part, and about eight drachms of fœtid pus evacuated. On passing a probe into the incision it was found to go downwards into the œdematous substance of the scrotum, and upwards it communicated with the urethra. Poultices were kept constantly applied, and the cavities were frequently syringed with a weak solution of carbolic lotion, while the bladder was washed out twice daily with boracic acid lotion.

Two days later, as the swelling had diminished, we passed a metal instrument from the perineal wound backwards along the urethra until it projected through the meatus, as no instrument could be passed in the usual way. Then by attaching the rubber catheter to the projecting metal one and withdrawing the latter, the soft catheter was pulled along the urethra and so out of the perineal wound, and then into the bladder. The rubber tube was subsequently replaced by a No. 9 gum catheter, as the former was constantly slipping out. This remained *in situ* a week, and then a No. 10 metal instrument was passed along the urethra from the meatus into the bladder, and in doing so there again appeared a sensation of its coming in contact with some hard substance, but nothing definite was made out as to the cause.

A week later, when all the swelling had disappeared, a thickening was found by the author around the urethra, just at the junction with the anterior margin of the scrotum. On passing a probe it came in contact with a hard substance, which was broken into pieces and extracted with a director. By the beginning of November both the wounds had healed and the patient was able to pass readily for himself a full-sized catheter. Mr. Keetley said that the abscess was on the left side of the penis; no bougie nor catheter touched the calculus. It was an open question whether the calculus was an impacted one or whether it was a concretion lodged in a large lacuna.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Obstetrical Section.

Meeting held Friday, February 4.
Dr. Atthill in the Chair.

FIBROID TUMOUR.

Dr. M'Mordie, of Belfast, exhibited a fibroid tumour which had been removed from a single woman, æt. 25, in consequence of excessive hæmorrhage.

OVARIAN TUMOUR.

Dr. **Lane** exhibited an ovarian tumour. Dr. **Macan** assisted him in the operation, and, from taking part in it, they both became affected with boils and abscesses on their hands, while Dr. Macan got them on his arms and chest. A considerable quantity of the fluid got into the patient's peritoneal cavity. She made a good recovery.

OVARIOTOMY.

Dr. W. K. **M'Mordie** described a case of double ovariotomy performed by him at the Samaritan Hospital for Women, Belfast, on August 7th, 1886. For the pedicle of each cyst he used strong silk with the Staffordshire knot described by Dr. Tait. For the incision he used silver wire sutures, and between the first and second sutures from the lower angle he left in a Keith's glass drainage tube, which was removed on the fourth day. Antiseptic dressings were used, and the sutures were removed on the tenth day. The woman made an excellent recovery, and returned home on September 6th, one month after the operation. He also described a case in which he removed both ovaries where confirmed masturbation resulted in insanity. The woman practised the habit regardless of the presence of others, even in the presence of her husband and children. The operation completely cured her of the pernicious habit, but up to the present her mental condition was not much relieved. In the left ovary was a small cyst about the size of a hazel nut filled with a thin dark-coloured fluid.

Dr. **MacSwiney** said it was of great importance to ascertain whether the masturbation was the cause of the insanity, or whether the insanity developed from an inherited tendency, and was the cause of the masturbation.

Dr. **Thornley Stoker** said that, while admitting that under certain circumstances the removal of the ovaries was a justifiable operation, he altogether refused to endorse such a treatment for masturbation and the relief of a mental condition without some other treatment having been previously attempted. He did not think that Dr. M'Mordie had said enough to justify his removal of the ovaries in the case in question. Another operation for cases of masturbation which had got into disrepute was that of clitoridectomy. He would certainly prefer it to that which involved the destruction of the woman's sex, particularly in a case where the patient was only 33 years of age. About a year and eight months ago a young lady, æt. 19, was brought to Swift's Hospital, who was as mad as could be, and who was a persistent victim to the habit. She lost flesh, and had all the symptoms of hopeless insanity. After everything had been tried with her in vain he removed her clitoris, and she never made any attempt to masturbate afterwards. She went back to her work as a governess, and was now perfectly sane and earning her living respectably. There was no reason to suppose that clitoridectomy would not have proved efficacious in Dr. M'Mordie's case. He was convinced that castration of the male subject ought frequently to be done with lunatics. It corresponded with ovariotomy in the female, and was quite as justifiable.

Dr. **More Madden** said it was a serious thing to perform either of the operations in question until a fair and full and thorough trial had been given to moral rather than physical treatment. He believed that more could be done by acting on the moral nature of the woman, sedative treatment, change of air, and occupation.

(a) Read before the West London Medico-Chirurgical Society, March 4th.

Dr. Moloney said that, according to his experience, if the woman had an insane history, and if the attack were a second one, if she had been left alone she would have recovered. As to moral influences, they were of little use in the presence of a delusional lunatic.

Dr. Byrne said he quite agreed that as the whole genital tract was involved in masturbation, there was not much use in removing a small organ like the clitoris, unless the affection was distinctly traceable to it.

Mr. Thomson said, with regard to the subject of the second paper, he did not know very much about insanity; but it seemed to him that masturbation was very often a simple coincidence with it—certainly so in a number of cases—and that an actual relation in the way of cause and effect between insanity and masturbation had not been made out, or was very uncertain. Dr Moloney's statistics pointed to that conclusion, for the records of the English asylums showed only one and a half per cent. of cases of lunacy traceable to masturbation. That being so, it was a very serious matter to excise healthy ovaries on the supposition that it would cure the habit; and Mr. Lawson Tait alleged that the removal of the ovaries did not destroy the sexual instinct. He had even gone farther than that, and stated that in certain cases the effect of the operation had been to increase sexual appetite. If so, what was to be gained in cases of masturbation and insanity by removing the ovaries? He maintained that other means, including restraint, should be first tried.

Dr. Smily said the disease that resulted from this habit was a nervous one, and Hegar, whose work on the diagnosis of nervous complaints was most exhaustive, had confessed his inability to come to a certain diagnosis as to the cause. In the majority of cases of the kind in question the ovaries were not normal.

Professor Dill approved of Dr. M'Mordie's proceedings.

The Chairman said that Dr. M'Mordie's paper was a most valuable contribution, and he considered that in many cases the removal of the ovaries was not only a justifiable but a most valuable operation. Nevertheless, he thought the number of cases in which the operation was performed elsewhere was greatly in excess of what was absolutely necessary. Dr. Tait's statement proved too much, and he did not think it was quite correct. He did not think that the removal of ovaries had any great influence on sexual desire at all. He certainly did not believe that it ever increased it. His (Dr. Atthill's) impression was that the masturbation was the result, and not the cause, of insanity, so that the value of the operation in those was not established.

Dr. M'Mordie said—I could not expect that the somewhat new method I have adopted of treating an aggravated case of masturbation with insanity would meet with unanimous approval. Dr. Thornley Stoker thinks that removal of the clitoris would be more likely to cure masturbation than removal of the ovaries. If the masturbator practised the habit by irritating the clitoris, the removal of that body would certainly put a stop to that particular mode of performing the operation. But it would have no effect if the individual had been in the habit of operating on her person by using a blunt instrument in the vagina, even to the extent of gently drumming against the cervix uteri. References have been made to a certain prominent gynæcologist, who states that removal of the ovaries has often no effect on the sexual inclinations of the female. If Mr. Tait, in the cases he has given, would find out in each case what length of time it required to produce this sexual "orgasm," he would have gone a certain way to prove something. I quite agree with what Dr. Atthill has said. I am not an advocate for the wholesale removal of slightly diseased ovaries. I see but few cases where I think it justifiable. I believe in the case I have related to-night the cure of that terrible habit alone justified the operation, and I am much gratified to have the approval of my venerated father in the profession —Professor Dill.

LIVERPOOL MEDICAL INSTITUTION.

The ninth ordinary meeting of the Session was held on Feb. 17th,

The President, Dr. Nevins, in the chair.

Mr. Rushton Parker showed as card specimens—(1) A Malignant Tumour of Testicle; and (2) A Stricture of Rectum.

Dr. William Whitford showed

THREE CASES OF ICHTHYOSIS (BROTHERS).

The three brothers, Walter, George, and Henry W——, aged respectively 25, 23, and 17 years, are the eighth, ninth, and twelfth of a family of thirteen, of whom ten are living. They are the subjects of the highly pigmented variety of ichthyosis, which was noticed in the case of Walter and George about the age of two years, and of Henry at three years. The disease in all three attained its maximum development about the age of ten. It is distributed in all three cases in trunk and limbs. *Family History.*—Father and mother of patients quite free from skin disease of any kind. Maternal aunt had two sons who were subject to a precisely similar disease consisting of "black patches" over their bodies. The maternal grandparents had "beautiful skins." It appears from this history that we have to deal with five cases of ichthyosis, the three brothers and the two nephews. It is clear, assuming the truth of the history, that my patients have inherited from the maternal side this curious disease, and further, that *at least* two generations have been free from any manifestation of the disease. This point in the etiology of ichthyosis has been the main object I have had in view in placing these cases before you. At some future time I hope to enter into full details of the distribution of the disease in our patients, and to point out that in many peculiarities all these cases follow closely the one type, a law which has been pointed out by Mr. Hutchinson many years ago.

IRRIGATION IN CATARACT OPERATION.

Mr. C. G. Lee showed a patient, Eliza H., æt. 61, on whom he had performed cataract extraction in each eye, and in whose case he had employed his method of irrigation for removal of cortical matter after expression of the nucleus. In this case the patient was able to read with appropriate glasses $\frac{20}{30}$ and Jä 1 with either eye. Mr. Lee stated that he had now used either one or other form of water injection in eleven cases of senile, and two of traumatic, cataract in children. He, however, still preferred the irrigator to the syringe of Dr. McKeown. Both of these instruments were shown to the Society, and attention drawn to their difference in action. Mr. Lee next referred to some cases which he had reported to the ophthalmological branch of the British Medical Society in August last year, and said the condition of these patients continued satisfactory. This fact, Mr. Lee thought, would be sufficient to allay some apprehensions that had been expressed as to the subsequent behaviour of capsule, when it had been exposed to the action of water; far from being made liable to inflammatory reaction, the more thorough removal of soft matter, than was possible without the employment of irrigation, made it less susceptible to the occurrence of capsulitis, when this method of treatment was employed.

Mr. Rushton Parker communicated short notes of a case of

RECURRENT SARCOMA OF LEG.

Mrs. Mary H., æt. 38, came under notice in June, 1879, on account of a large tumour in the right leg of six months' duration with a history of pain for three years. Amputation at the knee above the condyles, leaving a slice of patella, with circular incision of skin, was done on 10th June, 1879, the patient being emaciated and ill with pain. Her appetite returned next day, and she made a simple recovery in five weeks. The tumour was obviously malignant, had a gelatinous appearance on section, and microscopically showed round, oval and stellate cells, the last connected by several branches with a loose, delicate, fibrous network enclosing a mucous juice, composing what is known as a myxo-sarcoma. Nine months later she complained of a painful swelling, like an abscess, on the bone at the end of her stump, distending and reddening the skin. Aspiration withdrew a little blood and fragments of gelatinous tissue, that under the microscope showed the structure of the previous growth. Re-amputation at or above the middle of the thigh was done on March 30th, 1880, by unequal oval flaps, the longer in front; after which a very satisfactory recovery took place in a fortnight, without illness or any formation of pus, and with only two or three dressings. She has been stout and well ever since, and attended an exhibition of patients before the British Medical Association in 1883. On 3rd of February, 1887, she was visited and found perfectly well. Mr. Parker remarked that this case differed very much from all other cases that he had treated or seen, before or since, and now after the lapse of seven years the probability of recurrence was greatly lessened. Although the first amputation had been done in the hope of evading recurrence in the large muscles of the calf, he should not again amputate so low down in a similar case. But he had had no hesitation at the second operation, in amputating through the femur, in this case of malignant disease, affecting the lower end of that bone, the germs of recurrence having been possibly conveyed by way of fragments of the gastrocnemius muscle that may have been unintentionally left behind. Even in malignant tumours primarily arising in the lower end of the femur, he and others were well aware of cases amputated through that bone without subsequent recurrence in the stump. Such experience justified surgeons in hesitating before performing or recommending amputation at the hip joint, in place of the far safer amputation lower down, when that could fairly be substituted. At the same time prudential motives made it inadvisable to mince matters when the disease arose below the knee or elbow, in which cases surgeons as a rule amputate well above these joints. In planning these operations it is well to bear in mind the mechanism of recurrence in its various phases, and the paths by which the germs of secondary tumours are conveyed to their localities: (1) by continuity of tissue in the part or limb; (2) by way of the lymphatics to neighbouring glands; (3) by the blood stream to the viscera. In such instances as the one he had related, method No. 2 is not often illustrated, though perfectly well known, and against No. 3 the earliest operation is but a hap-hazard and uncertain protection; but experience shows but few recurrences in the stump when early and wide ablation is practised. Finally, the single recurrence of the disease establishes its clinical malignancy, beyond all possibility of dispute, while the subsequent immunity of the patient demonstrates that even that had a purely local character.

Mr. Puzey showed a specimen of

MYXOMATOUS SARCOMA AFFECTING THE STUMP,

after amputation through the femoral condyles, for sarcoma of the tibia. The subject was a young hotel-waitress, about 22 years of age, on whom the primary operation had been performed in December, 1885, in one of the London hospitals. The primary disease was a soft sarcoma of the tibia, involving some of the muscles of the calf; and the primary operation was amputation through the condyles. On the 7th January of this year Mr. Puzey was called to see her on account of the stump having become so painful that she could not wear her artificial leg. He found the end of the stump hot and painful, and enlarged in such a peculiar manner that it looked as if amputation just below the joint had been performed; and it was evident that the disease had returned in the remains of the origin of the gastrocnemius muscle, and had thence extended to the bone itself. A few days later he amputated by oval skin flaps, and circular incision through the muscles, at the junction of the upper and middle thirds of the thigh. The section through the bone looked healthy, but on examining afterwards the bone and tumour by a section made down the length of the bone, one or two spots were found resembling fatty degeneration in the medullary cavity which looked very suspicious and led to the fear that the bone was infected much higher up than had been supposed, although the shaft of the bone was nowhere enlarged, and there was no continuity between the tumour and these deposits. However, repeated microscopical examination of these deposits had failed to show any sarcomatous appearances. The tumour itself was distinctly myxo-sarcomatous, arising in the muscular or aponeurotic structures just above the femoral condyles, and involving the cut surface of the condyles. Mr. Puzey observed that this was a case which illustrated the fact that complete removal of the originally affected bone will not always prevent recurrence in the stump. A portion of the muscle which had been invaded had been left, and in it the disease had recurred. He had himself had under his observation another instance of this nature. Some years ago he saw a young woman with a small sarcoma of the upper part of the shaft of the tibia, he recommended immediate amputation, which was carried out a few days later. Circular amputation through the middle third of the thigh was performed, and the patient made a rapid recovery. Nearly a year after a tumour showed itself in the muscular portion of the posterior surface of the stump. This was removed, and found to be an osteo-sarcomatous growth, about the size of a tangerine orange, in the substance of the semimembranosus muscle, and confined within its sheath. It was then remembered that the aponeurotic expansion of the insertion of that muscle had been implicated in the primary disease. No further recurrence took place in the stump, but the patient died some months later from secondary deposits in the lungs and heart itself (osteo-sarcomatous). Mr. Puzey then alluded to the rarity of recurrence of this disease in the stump, and observed that this was the first case of sarcoma affecting the condyles of the femur in which it seemed to him that it might have been better to have amputated through the hip-joint. The negative result of the histological examination, however, led him to hope that after all, he had not erred in his judgment. He presumed that the patient would, as in the majority of cases, succumb at no distant period to the effect of secondary visceral deposits, but he thought that members would agree with him that death in such a manner was much less distressing to the patient and his friends and attendants than the manner in which death would occur if the primary tumour were allowed to run its course.

Dr. Carter alluded to a case that had been operated on. He saw the patient some time afterwards with recurrent disease in the lungs, but the stump had remained sound.

Mr. T. F. Paul also spoke.

Mr. Richard Williams read a paper on

OZÆNA,

in which he deprecated the fact that in text-books a variety of affections essentially different, were jumbled together under this comparatively meaningless term. So long as this state of things continue a correct appreciation of the nature of this disease could hardly be made. Eliminating affections such as syphilitic ulcerations and necrosis, collections of pus in the antrum, &c., there remains a condition bearing at least four well-marked characteristics: 1. A peculiar fœtor; 2. The presence of large, desiccated, hard crusts in the nasal and naso-pharyngeal cavities; 3. An atrophic condition of the mucous membranes and turbinated bones; 4. Anosmia. With the speculum and the rhinoscope the diagnosis is easy. The claim put forward by Lœwenberg to the discovery of a special micrococcus in the ozænic secretion has not been corroborated by others, and it is not probable that the specific microbe plays any important *rôle* in the causation of the disease. The treatment requires great perseverance on the part of the surgeon and patient. The first important indication is to thoroughly and systematically cleanse the cavities by means of the cotton-wool holder and some antiseptic solution, and then to apply a stimulating solution (nitrate of silver, iodine, &c.) to the exposed and atrophied membrane. Finally, a coating of boracic acid powder or iodoform is applied to the surfaces by means of the insufflator (shown). By these means, although a cure is doubtful, the patient's life may be rendered tolerable, and prevented from being a source of annoyance to his friends.

The President mentioned Trousseau's mercurial cigarettes, and remarked that his own experience of thirty years led him to endorse Trousseau's recommendation of them.

Dr. Hunt criticised the nomenclature, and thought the name ought to be limited to the group of cases in which there was atrophy of the turbinated bones. The treatment could be summed up in one word: keep the parts clean. Powders were, in his opinion, contraindicated.

Mr. Robert Jones thought the term ozæna should be limited as suggested by Mr. Williams, although if its essential characteristics consisted in nasal fœtor and discharge, authors were quite logical in including under it all those nasal diseases, such as lupoid and syphilitic ulcerations and traumatic and scrofulous diseases of the ethmoid and turbinated bones. In reference to Mr. William's inflammatory theory Mr. Jones related a case of coryza, when after a few days of incodorous discharge it became gradually ozænic and lasted several months. In another case where he plugged the posterior nares for hæmorrhage the removal of the plug was followed by a prolonged fœtid nasal discharge. He differed from Mr. Williams in regard to malodour of bone disease in this neighbourhood, as he believed that the discharge from bone disease varied in odour in almost every neighbourhood it travelled. Otorrhœa due to bone mischief, pubic disease, and diseases of bones of the nasal cavities, all had their distinctive smells. In treating these cases he usually adopted the nasal douche, and a solution of bicarbonate of soda. Twice a week or so he cleaned the nasal cavities by means of spills tipped with cotton wool and soaked in antiseptic solutions. He agreed with Mr. Williams that powders were not contra-indicated, and thought that when the scabs were removed insufflation of powders had a marked salutary effect on the membrane, which was too insensitive to feel pain, even when very strong astringent solutions were employed. He spoke highly of salicylic acid taken as snuff.

Dr. **BARR** had a large experience of the disease in Kirkdale Prison. It was very plainly to be recognised in patients occupying cells of the dimension of eight feet by ten by six. Strict attention to cleanliness was the most necessary part of the treatment.

Mr. **WILLIAMS** then replied.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 23, 1887.

THE COLLEGES AND THE PROFESSION.

THE concerted action of the Colleges of Physicians and Surgeons in Scotland and Ireland towards the scheme, which is gradually being matured by the Royal Colleges of Physicians and Surgeons of London, can have taken no one by surprise. It has throughout been recognised as one of the difficulties of the situation the remedy for which is not easy to see. At first sight the analogy between the position of the Colleges in London and Dublin appears to be very great, and, indeed, so far as the colleges themselves are concerned, very little exception can be taken. Judging from their action with regard to the Apothecaries' Societies, their internal politics and administration would seem to be identical. As a matter of fact, however, the justification for the action of the united London colleges in forwarding a scheme for providing students from the south of England with a degree in medicine, is to be found, not so much in the status or peculiar aptitude of the colleges themselves as in answer to a great demand on the part of English, and especially London students for an equality with the students at provincial and colonial schools of medicine. The same *raison d'être* could not fairly be alleged for Dublin. There is Trinity College which in point of exclusiveness and comparative difficulty may perhaps be compared to the London University in England, and which for many reasons is not available to the average student, but the disadvantage is compensated to a large extent by the existence of the Royal University, which opens its doors more widely to the general student, and dispenses with the irksome and often idle restrictions which make the London and Dublin degrees quasi-unattainable for any, except a certain category of favoured men who have the time, the money, and the patience to comply therewith. The same remarks apply with equal, if not greater, force to Scotland where the number of university and degree granting bodies, is, judging from the English standard, rather in excess than otherwise of the local needs. It cannot, therefore, be pretended with justice that the claims of the Colleges in Scotland and Ireland are in reality as logical, or as reasonable, as at first sight they may appear. Both Scotch and Irish students desirous of obtaining a degree in medicine and surgery can do so without any difficulties beyond those attaching to examinations, while on the other hand, English students are driven to go north or abroad to gratify their legitimate aspirations. The proposed degree, if we understand aright, will be something beyond and independent of the existing qualifications granted by the Colleges as such. The demand is made by the colleges on the ground that, as constituted bodies possessed of status and consideration, they are well adapted to fill a want and remedy a grievance. The objections which have been urged, *usque ad nauseam*, to the formation of a non-teaching medical university, are in reality altogether inappropriate, for the numerous medical schools of the metropolis, in affiliating themselves to the new university, would thereby constitute the teaching part, with a completeness and a *matériel* which could nowhere be surpassed. We are by no means uncompromising or devoted admirers of the scheme, for the simple reason that the peculiar autocratic constitution of the Colleges does not realise our ideal of what the governing body of an university should be. At the same time it is the only plan hitherto suggested which appears to have the slightest chance of carrying out a long wished for reform, and for this reason we regret to see the sister college play into the hands of its opponents. The position of the holder of the "double qualification" is disagreeable and ambiguous in the extreme. If he does not call himself "Dr." his patients enquire with a sarcastic smile "What then are you?" While if he do so, he is snubbed by his *confrère* who rejoices in the badge of St. Andrews, Philadelphia or Blackfriars. He trails after him an inconvenient and ridiculous appendage of letters which to most people mean absolutely nothing, while the curt little addition "M D." which, like a ladies' bustle, serves to set off the figure, is denied him. Any opposition coming from the London University or even from Oxford or Cambridge, would merit and obtain due consideration, but we believe that neither of these bodies are disposed to lower themselves by such a selfish and egotistical line of conduct. Opposition from other and more distant sources, would be so obviously *pro domo* and so uncalled for, not to say absurd, that we cannot believe the Government will do more than acknowledge receipt. In London the feeling is practically unanimous in favour of the scheme, and no effort will be spared by students, teachers, and colleges to obtain the realisation of a movement which has gone through a long and tedious period of gestation and is even now surrounded by midwives who are eager to strangle the babe as soon or even before, he is born into the world.

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SCHOOL AMALGAMATION IN DUBLIN.

A movement for the amalgamation of the Carmichael College, Dublin, with the School of the Irish College of Surgeons has, for the second time, been set on foot, and will shortly be formally discussed by the Council of the College of Surgeons. It is proposed, as we understand, to co-opt as additional Professors in the College those of the lecturers in the Carmichael College who are willing to join, and, inasmuch as the creation of these additional professorships would be at variance with an existing by-law, it is proposed to ask the Lord Lieutenant to sanction a new and temporay by-law for the desired purpose. If the scheme is carried into effect there will be in the combined School three Professors of Anatomy, three of Surgery, and two of each of the other chairs, but it is part of the understanding that, as vacancies subsequently occur, they shall not be filled up until the number of Professors in each subject has returned to that enjoined by the existing by-law.

The proposition for amalgamation is obviously of the highest interest to medical teachers and to the profession generally in Ireland, and it deserves on public grounds our warmest approval. It has been apparent to those who, for the last few years, have watched the current of medical opinion and educational legislation, that the multiplicity of medical schools cannot continue to exist in Dublin. Heretofore lecturing has paid pretty well, because, in the first place, two or three courses of lectures, and two or three separate fees in each subject were obligatory on the student, and, thereby, a decent income could be made out of a small class; and, in the second place, the lectures were quite theoretic in character, and, as they required little preparation, left abundance of time for the lecturer to cultivate private practice. All this has been changed, or is changing. The essential certificates in each subject have been reduced from three or two to one, and with this reduction, the incomes of lecturers, from the same number of class, have suffered a falling off of one or two-thirds. Moreover the system of teaching has become more practical and less oratorical, and much time has to be devoted to dissection, making of physiological preparations, laboratory work, and operative demonstrations, which must, of course, be deducted from private practice. It thus happens that, except in endowed institutions where the lecturers are largely subsidised out of private funds, lecturers are being gradually starved out; although their classes are not smaller than before, there is less competition for professorships, and medical teaching is in danger of falling into the hands of men who see that they cannot succeed in private practice, and have to subsist on the gains from their teaching.

There can, we think, be no question, with reference to all the non-practical subjects, that the teaching should be in the hands of specialists who devote themselves solely to it, and are able to live well by the employment. An anatomist, physiologist, or chemist who attempts to combine teaching with practice is an anomaly which exists only because anatomy, physiology, or chemistry do not pay sufficiently well; but let classes in these subjects be doubled or trebled, by reason of the amalgamation or abolition of the weaker schools, and the students will have the benefit of teaching by an expert whose mind and time are concentrated upon the subject of instruction.

Dublin, it will be generally admitted, has long been over-schooled. A few years since the school of Steevens's Hospital collapsed under circumstances of discouragement which, if it had been a strong and prosperous establishment, it would have survived. The Carmichael found it necessary to change its *habitat* to the more populous and convenient neighbourhood, but, notwithstanding the ability, enterprise, and industry with which it has been worked, its returns to the workers have been rather in scientific honour than in money. Then, again some Dublin schools have been driven to all sorts of questionable shifts to maintain existence, touting for the patronage at night, of shopboys and bank clerks, and accepting payment of lecture fees at any time, and in any driblets in which they could get them; notwithstanding which expedients the class of *bona fide* medical students have continuously gravitated towards the larger endowed schools.

Probabilities point to a further shrinkage, until three medical schools only will remain in Dublin, *i.e.*, the Trinity College School, maintained with all the large resources of the University of Dublin, the School of the College of Surgeons, fortified, we trust, by the brains and energies of the Carmichael lecturers, and fostered by the support and supervision of the College, and the Catholic University School, patronised by Hierarchy, and frequented by the very numerous class of students who think that medicine could be better taught by their own co-religionists than by any one else.

One other large and powerful teaching centre in Dublin may be developed before long, a competitor which will put the schools to which we have referred on their very highest mettle to hold their ground. The Royal University has added to its building in Earlsfort Terrace an extensive suite of rooms, nominally for examining purposes, but very much more nearly resembling an extensive school establishment. The large lecture halls, capacious dissecting rooms, fitted with all the most expensive appliances for anatomical work, and great chemical laboratories, which are to be seen in the University buildings, are not to be accounted for by any examinations which the University has held or is ever likely to hold. We should, therefore, feel little surprise if we heard that the Cecilia Street School had emerged from its *pupa* form and suddenly developed into a great University School, with a great Government grant to sustain it.

For all these reasons it is wise, in the interests of the Dublin schools, and good for the public, that a closing up of the ranks of teachers should be encouraged, and we earnestly trust that it may be found possible to carry through the scheme of school combination to which we have referred.

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AMBULANCES AND INFECTIOUS DISEASES.

Happily there are many points in which we as a profession and the medical press may agree with the writer of the letter in our correspondence column this week, and with the leader in a recent number of the *Times* newspaper. First, we must all agree with these words in the article referred to, viz., that—"any discussion which calls upon us to re-examine the existing bases of sanitary law, and to see in what way the safety of the public can be better secured than it is at present, cannot fail to be advantageous." Again we can quote, with full approbation, the following :—"As for the notification of occurring cases of infectious disease, it is just the necessary complement to the registration of the cause of death, and it would render the statistics of the General Registry Office ten times more valuable and important than they are at present. It is the despair of sanitary reformers that they cannot ascertain when a given disease makes a smaller show in the tables of mortality, whether the result is due to its diminished frequency or to the diminished fatality by which it has been attended." In some points we should be disposed to endorse the views expressed in the journal rather than those of our correspondent. Both do good service by showing that the ambulance arrangements of the Asylums Board are of the best and most complete kind, comprising the provision of harnessed horses at the several depots, and telephonic communication with every part of London, and that no one need be deprived of the opportunity of using them. The *Times* goes on to say:—"We fancy, however, that no change in the law would be required for this purpose, that the Asylums Board would be perfectly within its power in announcing that its ambulances might be sent for whenever they were wanted, and that, even if the Board has no express or statutory right to make such an announcement, the case would be precisely one of those in which the most discreet course is to do a thing first, and to inquire about rights and powers afterwards. There can certainly be no penalty for lending an ambulance to an applicant who is not a pauper, and there seems to be no reason why it should not be lent whenever it is wanted."

It is but a step from this to the admission to the Board hospitals of some patients able to contribute to the cost of their maintenance while there. An Act already exists by which any persons so assisted are relieved of any stigma or disability which might possibly have followed from their admission; some extension of this Act, and one for an increase or uniformity in the notification of infectious diseases seem to be all the legal enactments required. With full publicity as to the accommodation already existing for the reception of cases of infectious diseases, there is no reason why the proportion of such cases treated in this way should not progressively increase, and with a little encouragement it would do so; to how great a benefit to the public health the last Report of the Registrar-General sufficiently shows.

There remain some points, chiefly statistical, in the letter and article referred to, where a great divergence of views has in various ways been rendered possible. So far as Sir Vincent Kennett-Barrington restricted himself to the figures and deductions of the Registrar-General, he would seem to be, and doubtless was, as to scarlet fever, correct; an increased proportion of cases isolated in hospital accompanies a great decrease in the extent or severity of the epidemic. This also is shown last year as it was in 1874, to be true of small-pox, yet an argument is founded on the assumption that small-pox mortality is not decreased by isolation, and, therefore, that scarlet fever is not. It is further stated that the decrease in scarlet fever has been going on almost continuously for fifteen years in both London and the country; whereas in 1875 the mortality from this cause was one per thousand of the population; largely in excess of this in seven of the large towns of England, and more than twice as much in three of them; in 1885, with our great decrease in London, scarlet fever was fatal to near upon one per thousand in Leicester. Against the opinion of Dr. Ogle and of many who have studied the question that isolation in hospital tends to check the epidemic extension of scarlet fever, it is dogmatically stated in the *Times* that, "there is not the smallest reason to suppose that treatment in hospitals has anything whatever to do with it." After this, we are told "to defer to the judgment of experts, and not to accept the counsels of amateurs." Figures given in the letter do not in any way prove that the treatment of many cases of small-pox in large hospitals either intensify the severity of individual cases, or increase the risk of infection.

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Notes on Current Topics.

Series in Therapeutics.

It is remarkable how the discovery of a certain therapeutical agents has appeared to "hang fire," and yet how rapidly, once the *point de départ* laid down, other drugs with similar or identical effects have been discovered. Until quite modern times, anæsthetics were practically, unknown, yet no sooner were the narcotising effects of ether inhalation discovered than half-a-dozen others have been dragged from the laboratory of the chemist to be "harnessed to the pharmacological car" to employ a little etymological ornamentation. Several of them, it is true, might have been allowed to remain there without any very perceptible loss to therapeutics, but the temptation was too great too be overcome to the first man who experimented therewith and thereon. Another series was inaugurated with hydrate of chloral, the rivals to which are to-day so numerous as to be importunate. Compound after compound has been pounced upon by observers, in search of a trifle less logical than that for the philosopher's stone in days past. They forget—or appear to forget that the expression, a "harmless narcotic" is about equivalent to an "innocuous poison" or an "inert purgative." The last innovation has been in the direction of local anæsthesia, and though cocaine has not long been before the profession, not long enough indeed for its attributes and uses, to be perfectly settled—yet every other week news comes to hand of some new local anæsthetic, said to possess all the advantages, and none of the disadvantages of the original. The earnest worker, therefore, who places the profession in possession of a drug which is virtually the starting point of a series, renders exceeding service, very far superior to the humble yet useful imitators who bring in their offerings for deposit at the shrine of the first observer. The same rule obtains throughout pharmacology. One has but to follow the introduction and general use of antipyretics, or of remedies such as digitalis, to appreciate the enormous preponderance of the imitative faculty as opposed to originality.

The Diploma in Public Health of the Irish College of Surgeons.

The programme of the Diploma in Public Health which has been instituted by the college in accordance with the terms of the new Medical Act has been approved by the Medical Council, and the diploma has been admitted to registration as an additional qualification. The Council of the College is, therefore, about to proceed to choose the necessary examiners at the election on the first Tuesday in May, and an examination will probably be held in June. Future examinations will be held in May and November, they will occupy three days, and will be written, oral and practical. We cannot give space to enumerate the subjects of examination further than to say that they embrace the hygienic parts of chemistry, physics and microscopy, sanitary engineering, hygiene, sanitary law, and vital statistics. The fee, in all cases will be £7 7s.

A New Form of Unqualified Practice.

A circular has recently been addressed to a large number of medical men in England by a Dr. Lindemann, of Heligoland, written in the most remarkable English, to the effect that he proposes making a visit to England shortly for the purpose of a "massage trial." The circular is accompanied by a list of the affections in the treatment of which "massage might have an effect." The list is very comprehensive, ranging from episcleritis to chronic- peri- and para-metritis. The question naturally suggests itself as to whether a German or foreign graduate, possessing no English qualification, and whose claim to recognition is apparently limited to the doubtful status of "member of the British Medical Association," has any legal right to practise medicine in this country, and as to how far he should be recognised by medical men, and the answer to these questions cannot be doubtful. This gentleman's address in London is given in his circular as the St. George's Club, Hanover Square, and this opens up the question of the propriety, according to the Club rules, of advertising from that address. Most respectable clubs strictly prohibit members making use of the club address in issuing trade circulars, and still more strictly prohibit the carrying on of any profession on the club premises. It is quite possible too that the British Medical Association will not view favourably such unblushing publicity on the part of one of their members. If an English doctor were to attempt this kind of thing in Germany he would promptly be prevented from executing his plans, and we fail to see any legitimate reason why an exception should be made here in favour of a doctor-masseur. An unattached practitioner of this kind can come to London "on spec.," he can take whatever fees he can get, for he has no rates or taxes to pay, and his income is subject to no deduction on account of income tax. It is in every respect an unfair competition, and the attention of the General Medical Council and of the Association should be at once drawn to the matter. This itinerant doctor is good enough to promise that, if his visit prove a success, it shall be renewed annually. Our want of appreciation of his services prevents us hoping that he may find it worth his while to do so. He shall not in any case be indebted to us for encouragement. There is already an ample supply of German talent in England, and we can readily dispense with any addition to the list. Should the attraction prove indomitable, then we would recommend him to conform to the law which regulates or professes to regulate the practice of medicine in Great Britain.

Vaccination and Revaccination.

Ladies are not unnaturally averse to being revaccinated or showing signs of vaccination on the arm, seeing that, however useful the institution may be as a protective against small pox, the scar cannot be considered likely to enhance the beauty of a well-shaped arm. For this reason ladies often ask their medical attendant to vaccinate their female offspring on some other part of the body. A gentleman has recently written to a contemporary on the ethics of vaccination, say on the thigh. Obviously so far as infants are concerned there can be no objection, medical, social, or theological, to the vaccination being performed on the newly elected site, but the question becomes a trifle more delicate when adult ladies require revaccination. The middle of the outer part of the thigh can no longer be considered quite so eligible a site for its performance, and the gynæcologists, moreover, might resent the intrusion of the general practitioner on what they consider their own private domain. If, in consequence of this doctrine, ladies desiring to be revaccinated were obliged to place themselves in the hands of a gynæcologist, we must confess that a preferable alternative might be to arrange the dress so as to hide the objectionable scar on the arm.

Enforced Temperance.

Those enthusiastic individuals whose zeal outruns their discretion in what is an indisputably good cause, would do well to pause and ponder before attempting to apply in England, even on a small scale, the drastic legislation which in divers places abroad has endeavoured to strangle Bacchus and exile Venus. Both are "consummations devoutly to be wished," but common sense would show, and experience has shown, that they are not to be brought about by main force. In certain states where the prohibitive "liquor law" has been voted, the chemists have been seduced into ministering to the *spiritual* wants of their customers in a way that was certainly not foreseen. Under the fallacious pretext of a "dry stomach," a "parched throat," or a gullet on the slant, they have consented to dispense heroic doses of whisky and other undesirable beverages. This course was evidently sinful in the extreme, but it needs all the acumen of a judge to lay down the line of demarcation at which brandy ceases to be a medicine and begins to be a beverage. The problem has been solved apparently, for several chemists have been mulcted in good round sums for infringement of the law in that case made and provided, and it may be hoped that these convictions will do something towards restricting these enterprising chemists to their legitimate business. The wisdom of the enactment is of course open to criticism, and on the whole fares badly. Even if the sale of spirits by chemists be successfully combatted the *ci-devant* spirit drinkers have but to cultivate a taste for laudanum, morphine, cocaine, or hashish, and the law becomes inoperative just when its services would be most useful. It is as well to recognise the fact at once that if people are determined to indulge in alcoholic or other toxic drinks the law can hinder but not prevent it. The legislator will never be clever enough to outwit the collective ingenuity of the masses, unless public opinion be on the side of abstinence. Public opinion, moreover, does not mean merely a majority, for, in that case, the majority simply tyrannise over the minority, but it implies a general and almost unanimous consensus of opinion, failing which no such action should be taken.

Professional Overcrowding in the Australasian Colonies.

The *Australasian Medical Gazette* has recently uttered a note of warning in the shape of an "editorial" against the wholesale emigration of medical men. Their numbers have increased with a rapidity quite out of proportion to the wants of the population at any rate in urban districts, with the result that the competition is very severe, and, as is well exemplified in the large cities here and especially London, at the cost of a general lowering of professional status and remuneration. There can be little doubt that the indiscriminate emigration is likely to lead to disappointment. Unless the new comer possesses capital and patience, or skill and influence, he may find that he has moved, but not improved. At present, these colonies are no longer dependent on the mother country for a supply of medical men. There are medical schools at Melbourne, Sydney, Adelaide, in Australia, and at Otago, in New Zealand, and besides the number of qualified men leaving the native schools, large number of young colonials come to Europe to acquire a knowledge of their profession and are naturally very formidable opponents when they return, backed up as they would be by local influence and the ability to wait. There is still plenty of work for men who are not afraid of bush life, and who are able and willing to combine farming with more strictly professional duties. These posts, however, entail hard work without corresponding remuneration, and it is seldom that their holders retain them a moment longer than they are obliged to do so. Urban practice has many charms and success, if attained, may be almost as great as over here. The moral is that men should look before they leap, and in the absence of capital or funds, would do well to seriously consider the advisability of going so far away. In such cases, "we'd better bear the ills we have, than fly to those we know not of."

Chloroform in Parturition.

There are but few practitioners in this country, probably, who make it a rule to include a bottle of chloroform among the *impedimenta* laden with which they proceed to attend the call to a case of labour. The teaching of the schools here, and the injunctions of the ordinary text-books of midwifery, alike impress the lesson that the employment of chloroform during labour sets up a tendency to post-partum hæmorrhage, and that this risk ought always as a rule to contra-indicate its use. Against this doctrine Dr. Fordyce Barker, of New York, has long been known as an ardent advocate, and quite recently he has summed up his arguments and experiences in this connection in a most instructive paper communicated to the New York State Medical Society, and printed in the *Boston Medical and Surgical Journal*. Dr. Barker declares that during the past thirty-seven years he has rarely attended a woman in confinement without the use of chloroform, and never where considerable pain has been suffered. In his own private practice he has had only one case of post-partum hæmorrhage out of many thousand women attended, and in this no anæsthetic was employed, the child having been born within five minutes of Dr. Barker's arrival, before he had had time to examine the patient, and a terrific flooding followed. Several most interesting examples are cited of cases in which the use of chloroform clearly tended to the saving of life on the part of the mothers, through arresting the futile expenditure of muscular energy occurring during consciousness, and so interfering with successful uterine contraction. When parturition is complicated by the existence of heart disease, Dr. Barker, in opposition to the very general feeling of the profession, urges still more assiduity in observance of his rule to administer the anæsthetic as a *guard* against the risk of post-partum hæmorrhage, which is so reasonably dreaded among the subjects of cardiac disease. These cases are, he remarks, especially those in which the benefits of chloroform are most marked, and he ascribes the favourable termination in many of his own dangerous cases solely to its employment in them. The explanation given is that the drug prevents the waste of energy which takes place so often with a resulting so-called uterine inertia, but which Dr. Barker prefers to term exhaustion; also the sensibility to pectoral pains complained of so bitterly by parturient women afflicted with heart disease is efficiently blunted by the chloroform narcosis, and yet, when properly induced, it permits of a return to consciousness on the part of the patient in the intervals between the pains. Dr. Barker contends, further, that the administration of the anæsthetic, when rightly carried out, actually shortens the duration of labour in the large majority of cases; and he emphatically objects to the substitution of ether for chloroform in obstetric practice. It is hardly likely that the views here given in abstract will at once commend themselves to the general profession in this country; but the number of physicians who, in towns especially, incline to favour the occasional induction of anæsthesia in labour is undoubtedly increasing.

Pilocereus Senilis.

The posthumous writings of Dr. Moxon, published under the title of *Pilocereus Senilis*, will enable those unacquainted personally with this lamented gentleman to acquire an idea of his quaint humour, and will revive his memory with those who had the good fortune to know him. Many of the sketches contained were written by Dr. Moxon in years gone by as contributions to the *Guy's Hospital Gazette*, but others are more serious productions. One of the best in his introductory lecture to the students in 1876 which attacks the somewhat hackneyed subject of the study of medicine in a novel and vigorous manner, which must have singularly impressed his hearers. He carefully avoided unduly elating the student on the one hand while no less carefully impressing him with the grandeur and superiority of the calling on which he was about to enter. His style is epigrammatic, and sometimes involved, but his essays and speeches abound with curt phrases which are in reality aphorisms well worthy of being committed to memory. He combines a little dash of Carlyle—less his misanthropy—with Oliver Wendell Holmes, plus his own native exuberant sense of the ridiculous. He dogmatises on the necessity of understanding " nothing," and then later on emphasises the necessity and the nobility of faith. It is refreshing to see subjects which are generally tackled in a style *sui generis*, treated on different principles, brought within the range of the ordinary intellect, and enforced by pithy and often witty remarks. It is easy to see that under the affected levity there is a seriousness of purpose, of which Dr. Moxon's whole life bore evidence.

The name of Sir James Sawyer, M.D., has been added to the Commission of the Peace at Birmingham.

The Treasurer of Guy's Hospital has received a further anonymous donation of £500 towards the special fund.

The Inspectorship of Anatomy for the South of Ireland, which was vacated last week by the death of Dr. Beamish, has been filled by the appointment of Dr. J. G. Curtis, F.R.C.S.I.

Peri-uterine Hæmatocele.

This is the designation given by Professor Gusserow to what we have been taught to call intra-peritoneal hæmatocele. Either name will answer very well so long as we clearly understand what is meant by it. This subject is discussed by M. Gusserow in the *Archiv. f. Gynækologie*, B. xxix, Heft. 3, and lately reproduced by him as a reprint from that journal. As regards treatment, he agrees with almost all authors that rest—absolute rest in bed—is all that is required in the majority of cases. For the minority of cases for which this line of treatment will not suffice, he endeavours to determine the indications for operative treatment, which, according to his view, should consist in incision through the vaginal wall and washing out of the effused fluid. This, however, is only to be undertaken when, after expectant treatment, no resorption whatever of the blood takes place. It is especially recommended for those cases in which great local disturbance is set up and for those patients whose condition in life does not admit of their taking rest sufficiently long to allow the resorption to take place. This method of treatment has in our author's hands been very successful. Eight cases are reported in the article under notice as treated in this way, and complete recovery took place in all. His method of procedure has been to thoroughly disinfect the vagina, and then puncture the swelling in the most projecting part with a lance-shaped bistoury, afterwards enlarging the opening if necessary. The blood clots and serum are next washed away with a solution of salicylic acid. The employment of the sharp spoon is not considered advisable. If the blood tumour have walls they are then united to the edges of the vaginal wound. (It would appear from this that the tumour is not in all cases intra-peritoneal, as it is difficult to comprehend how blood effused into the peritoneal cavity can be enclosed in a cyst wall; probably some of the cases treated were collections of blood in the broad ligament or tube.) A thick drainage tube is then inserted, and the vagina is then packed with iodoform gauze. The after-treatment consists in washing out the cavity daily, or at most twice a day.

The Jacob Testimonial.

We are requested to state that the list of subscribers to the Jacob Testimonial will remain open for a few days. The Honorary Treasurers hope that gentlemen who have promised subscriptions will remit the amount without delay to enable the Committee to record their names on the address about to be presented. We are glad to see by the list of subscribers that the Testimonial is supported by all grades of the medical profession, and includes the leading members both of England and Ireland The Honorary Treasurers are—Professor Edward Hamilton, 120 Stephen's Green W., Dublin, and Dr. Thomas Purcell, 71 Harcourt Street., Dublin.

We understand that Sir Spencer Wells, Bart., F.R.C.S., sailed for the Canary Islands from Liverpool on Saturday last. The voyage is undertaken partly for health and for pleasure, it being the intention of Sir Spencer to return to London towards the end of April.

A Chemist's Duties in a New Light.

A gentleman described as "Dr." Ernest Farndon, of Kensal Road, who apparently combines a dispensary with a chemist's shop, was summoned at the instance of the Vestry for Chelsea for dispensing a prescription not compounded of ingredients in accordance with the demand of the purchaser. It transpired that the prescription ordered sixty grains of sulphate of quinine in water, of which a tablespoonful was to be taken twice a day. The analyst's certificate showed that only thirteen grains of quinine were actually put in the bottle. The defendant, in his defence, is reported to have made the extraordinary statement that "it was notorious that dispensers were in the habit daily of curtailing the doses prescribed by physicians, and if they did not, hundreds of people would be poisoned." We can only say that any such curtailment of doses is under any circumstances quite unwarrantable, and would render the dispenser liable to civil and possibly even criminal action. It is evident that no chemist should dispense what he considered to be a poisonous dose, but his duty in that case is either to refuse to make up the prescription or preferably to communicate with the writer of the prescription in order to ascertain his views. When, however, the drug is quinine, the curtailment can only be the result of carelessness or deliberate dishonesty. The defendant's solicitor adopted a better line of defence in putting it down to the former, and the defendant was ultimately let off with a fine of forty shillings and costs. It is quite as desirable to control the accuracy and honesty of dispensing chemists as of any other branch of commerce. There is such great inducement to fraud from the small risk of detection that the public are entitled to demand protection at the hands of the authorities. We do not believe that many chemists wilfully depart from the quantities of drugs ordered on pecuniary grounds, but carelessness is even more dangerous than wilful error since in the former case the mistake may be in excess. In any case, we trust that very few of them are prepared to endorse the preposterous assertion of this "Dr." Farndon.

A Needle in the Uterus—Laparotomy.

A case under the above heading is reported by Dr. Emerich Thoman, of Vienna, in the current number of the *Allg. Wien. Zeitung.* The case, by-the by, is not reported by the operator (whose name is not given). This perhaps accounts for the absence of some interesting and instructive details, and especially as to why such an operation was deemed necessary from the mere known presence, without any untoward symptoms, of a needle somewhere in the abdominal cavity. The patient was a ii para, who had had rather a bad confinement. In childbed parametritis supervened, and mastitis sinistra, and later an abscess at the umbilicus, which broke and discharged for a long time. After her recovery the sinus at the umbilicus remained, and led for a distance of 2½ inches backwards. All efforts to close it up were fruitless, and Dr. Thoman, whose patient she then was, thought seriously of laying open the track, and proposed this to her. The proposal, however, frightened her so much that she did not return for a month. At the end of this time she again appeared, and requested him to remove a large thick sewing-needle, which had slipped into the sinus and disappeared, whilst trying to remove some plugs of inspissated secretion. On passing a sound the sinus was now found to be 4½ inches deep, and the needle was felt at the bottom lying across the sinus. All attempts to remove it failed. He dissuaded her from any further attempt at removal on the ground that it was then impossible, and on the further ones that the needle was causing no inconvenience, and that it might at any time change its position, so that it could be removed. A few weeks later the needle was felt deeper down. Examination *per vaginam* revealed nothing as to the whereabouts of the needle. Shortly afterwards Dr. Thoman went away from home, and the patient sought other advice. The result of this was that the abdomen was opened, the sinus being split open from the umbilicus to the pubes; but nothing was found of the needle. Three days later the patient died of acute sepsis. The autopsy revealed the needle sticking in and through the fundus uteri, with the greater part free in the uterine cavity. "Comment is superfluous," adds Dr. Thoman. We agree with him.

Nuts for Anti-Vaccinators.

We observe with much satisfaction that Mr. Ritchie, the President of the Local Government Board and representative of the Government on sanitary affairs, is not disposed to give the anti-vaccination fanatics any encouragement whatever, On Tuesday, March 1st, he was interpellated as to whether he would institute an inquiry respecting the efficacy of vaccination, to which he replied that he entertained not the faintest doubt on the subject, and would not, by entering on an inquiry, encourage the belief that the Government had any doubt at all in the matter. On February the 24th, he told Mr. Channing—who questioned him as to the increased mortality of children from syphilis—that the mortality of children from syphilis had increased not only from 1853 when compulsory vaccination was introduced, but from the first year of which any records exist, namely, 1848. The increase from 1853 to 1885, the last year for which the figures are published, was not most conspicuous among children under one year of age. On the contrary it was much greater among children from one to five years old than among children under one. The increase in 1854, as compared with 1853 was greater than in any other year as compared with its immediate predecessor But the increase, so far from being most conspicuous among children under one, was vastly less among them than among children over one and under five, and even less than among adults, or rather persons from five years upwards, so that it was quite impossible to attribute the increase in 1854 to the introduction of compulsory vaccination. On the 28th again, in reply to a question by Dr. Barran as to small-pox in Leicester, Keighley, and Bingley (where the Vaccination Acts were practically a dead letter), he said there had been no small-pox epidemic worth mentioning in any of the nineteen great provincial towns during the last ten years. In the Leicester district, however, the death-rate from the disease had been nine in the million, which was higher than in Portsmouth, Norwich, Plymouth, Bristol and

Bradford, where vaccination is rigidly enforced. Keighley and Bingley contained three-fourths of the population of the registration district of Keighley, where from 1871 to 1880, the annual death-rate from small-pox was 270 per million—more than in twenty-five of the thirty-two remaining districts of the West Riding, and more also than in Hull, Bristol, Manchester, Leeds, Oldham, Bradford, or Brighton.

Velamentous Insertion of the Umbilical Cord.

Curiously enough very few English works on obstetrics even mention this comparatively rare abnormality. Seeing, however, that its results may be serious, especially to the fœtus, the lapsus is one which ought to be repaired. In this form the cord, instead of going to its attachment at the centre of the placenta, breaks up on the membranes, and the vessels straggle onwards between the membranes to the placental margin. It is evident that such a disposition of the vessels exposes them to grave risk at or before the rupture of the membranes. If a vessel of any size be involved in the tear, copious and even fatal hæmorrhage will at once supervene, and the fœtus promptly becomes exsanguineous.

The Charge against Guy's Hospital.

A case has occurred this week, which shows on what insufficient and erroneous grounds, charges are oftentimes made against institutions for medical relief. A man named Stack, met with an accident which resulted in a fracture of the fibula. He was taken to Guy's Hospital, where he was admitted for the night, and on the following day, the limb was put up in a plaster-of-Paris bandage, and the man was discharged with his leg in a swing, and provided with crutches, which were supplied to him without exacting the deposit of two shillings usually demanded. On leaving the hospital, where he would doubtless have preferred to remain, the patient with one or two irate female relations, found his way before the Board of Guardians, who after inquiring into the circumstances of the case, addressed a letter to the authorities at Guy's Hospital, calling attention to what they considered to be an instance of improper treatment. Dr. Steele in reply, pointed out that the man was admitted and retained as long as was necessary for purposes of treatment, and that beyond this, the hospital had not to go. The method of treatment is common in every hospital of London for simple uncomplicated fractures of the kind from which the patient was suffering, and such patients are invariably made out-patients at the earliest possible date. There is a common impression that admission to a hospital may be claimed on the ground of the disability for work which injury or disease may entail, but this view is quite impracticable. A trifling injury to the hand or eye, may as effectually prevent a man from following his occupation as a broken leg, yet no one would think of making the sufferer an in-patient. In other words, the question of admission depends on the gravity of the ailment or injury, and the exigences of treatment. Consequently since it has been found quite possible to treat fractures of the fibula by means of the plaster bandage, there could be no reason for keeping such a case in the hospital to the exclusion, it may be, of more urgent and serious cases. Such a point would scarcely call for demonstration, were it not for the fact that undesirable and unjust versions of the affair are apt to become disseminated to the detriment of the particular institution whose conduct has been impugned.

A Cure for Diabetes.

In a paper recently read by M. Martineau before the Société de Therapeutique of Paris, he claims to have treated diabetes with invariably good results for ten years past by means of a solution of carbonate of lithium and arsenate of sodium in ærated water which is taken not only with meals but whenever the patient is thirsty. He claims by these means to have cured sixty-seven diabetic patients who have been under his care.

Professional Remuneration.

The ingratitude of people who call medical men from their beds was well shown in a case which was decided in the City of London Court last week. Dr. Dawson was called to a labour at 8.30 a.m. on October 3rd. Believing the case to be premature, and that no one had been engaged, he got up, went with commendable promptitude only to find that another practitioner (who had been engaged) was in possession. He therefore charged half-a-guinea for his "night visit." The defendant had the audacity to refuse payment on the ground that the doctor's services had not been utilised, but the judge very properly ordered him to pay.

The Schoolmaster at Home.

We have lately been again reminded of the almost total ignorance in simple matters of health evinced by those entrusted with the management of schools and colleges. A parent sent his boy first to one institution and then to another with the result of finding that each, in succession, was singularly destitute of conditions conducive to the health of the pupils. In one, the drainage was bad; in another the ventilation was defective; a third afforded a class-room arranged in such a fashion that a flood of bright light glared in the full faces of the children. How long will schoolmasters persist in their stupid and obstinate ignorance! At the present day they are without the excuse which might have been pleaded some years ago. There are now societies devoted to the propagation of such information as these ignorant schoolmasters require. Notably the National Health Society supplies such a commodity, and we strongly advise parents to be carefel to avoid all schools in which such instruction to school authorities as is given by the lecturers of some such society has not been sufficiently availed of.

A whole family, comprising the father, mother, and several children, are reported to have been poisoned at Great Grimsby by having partaken of some tinned meat.

In view of the representations recently made to him, the Chancellor of the Exchequer is believed to be disposed to recommend a subvention of £2,000 a year to the Victoria University, Manchester.

Arsenic in the Treatment of Malignant Tumours.

Dr. F. Kobel gives an interesting communication in the *Mittheilungen aus der Chir. Klinik zu Tübingen*, Bd. ii., Heft. i., on the treatment of non-operable malignant tumours by arsenic. The results are so far successful that, bearing in mind the incurable nature of these affections, a further trial on the same lines is desirable. Further encouragement is given thereto by the fact that other observers have obtained a certain amount of success by this method of treatment. Fifty-nine cases are reported, of which number two-thirds were males and one-third females. No explanation of this inverted proportion of the two sexes affected is given. The treatment consisted in the administration of Fowler's solution along with some bitter tincture or with iron. Five drops of Fowler's solution were given as the initial dose, and every two or three days this was increased by one drop, until forty to forty-five drops were taken in the day, when the dose was gradually diminished. If symptoms of arsenical poisoning manifested themselves the medicine was omitted for some days. Parenchymatous injections were also employed of Fowler's solution and distilled water in equal parts, about two drops at first gradually increased to eight or ten. It is pointed out that, in order to determine whether this treatment is useless or successful, it must be steadily persevered in for at least two months. Out of the fifty-nine cases seventeen were cured (!). In the successful cases the treatment was continued for periods of from one to six months. Of some of the cases that recovered it is said that operation was out of the question, and death must otherwise have taken place within a measurable time.

A Plea for Operative Procedures in Cancer Cases.

The question of removing cancerous tumours by the knife, with a view to curing the patient of his disease, has lately been discussed before the Practitioners' Society of New York, by Dr. George F. Shrady, the learned editor of the *New York Medical Record*. The conclusions to which the author of the communication referred to are clearly favourable to surgical interference, even at late stages, but he insists on the importance of resorting in all cases where the opportunity of doing so occurs, to as early a removal as possible of the diseased structures; and also that every trace of suspicious tissue should be included in the mass taken away. The primary basis for his opinion is that cancer has a purely local origin, the constitution becoming secondarily affected by dissemination of its germs from the original focus of development; but his speculations do not bring us at all nearer to a perception of the process which effects the transformation of proliferating cellular growths into malignant material, though his criticisms of the views of other thinkers on the subject are both logical and trenchant. The experiences of himself and others regarding the long periods of immunity from recurrence resulting in many instances after removal which illustrate the paper are interesting, though familiar, and they tend to establish the doctrine which Dr. Shrady seeks to impose, especially when it is understood that every operation to be satisfactory must include the removal of glands that may be palpably, and even probably already infected with the cancerous deposit. The propositions which it is the object of the paper to enforce are the following, and few surgeons are likely to demur to the truths they contain, or to doubt that if generally received and acted upon, more beneficial results might be obtained. Such exception as might be taken to them would probably have reference to those numbered 3 and 5. They are:—1. Cancer is essentially a local disease, and can be cured by operation in spite of recurrence. 2. Operation, when it does not cure prolongs life and diminishes the total amount of suffering. 3. Operations should be repeated as often as there is any chance of removing recurrent growths. 4. The earlier and the more thoroughly the operation is performed the better. 5. The disease, when it recurs, is generally of a milder type than that of the original growth, less painful, and less exhausting. 6. Antiseptic surgery makes more radical operations possible, with better results than formerly obtained.

The British Association will this year meet at Manchester, and the session will commence on August 31st. Sir Henry Roscoe, M.P., F.R.S., has been elected President.

A Bill regulating the importation, manufacture, and sale of butter substances has been brought into the House of Commons by Sir Richard Paget, M.P. Its effect will be to oblige oleomargarine to be sold as such, any infringement of this provision being punishable by fines of from £20 to £50.

A case of leprosy has ended fatally in Paris. The sufferer was last year in Spain, where the disease reappeared about eight years ago, in the neighbourhood of Valencia. The *Madrid Gazette* admits the existence of leprosy in the provinces of Valencia, Alicante, and Almeria.

At the last meeting of the Society of Medical Officers of Health, the Council presented a report, recommending that the Sanitary Registration of Buildings Bill, now before the House of Commons, should be opposed by petition as being impracticable and undesirable.

Intending candidates for the vacant posts of Examiners in Medicine and Forensic Medicine in the University of London must sent in their applications on or before Tuesday, March 29th. It appears that the examinerships in medicine are really as well as nominally vacant, contrary to what was previously stated.

The Annual Dinner of the Irish Medical Schools and Graduates' Association took place at the Holborn Restaurant on St. Patrick's Day, Sir Thomas Crawford, K.C.B., in the chair. Among the guests were Sir Leopold M'Clintock, Mr. R. H. Scott, F.R.S., Sir John Watt Reed, K.C.B., &c., and several ladies. The usual toasts were drunk, and the company only broke up at a late hour.

WE regret to have to record the death of Dr. Carrington, Senior Assistant Physician at Guy's Hospital, who died on Wednesday morning last, after a short illness, from pleuro-pneumonia. It is thought he may have been infected with some poison while performing a post-mortem examination on a man who had died from symptoms resembling those of glanders. This makes the fourth physician which Guy's has lost during the past four years.

SIR GEORGE CHRISTOPHER MOLESWORTH BIRDWOOD was invested on the 14th inst. at Windsor by Her Majesty with the insignia of his dignity in the Order of the Indian Empire. Surgeon Charles William Owen was also introduced, and received the badge of his dignity in the Most Distinguished Order of St. Michael and St. George. Brigade-Surgeon Henry Elmsley Busteed and Dr. Thomas Beath Christie received their badges as Companions of the Order of the Indian Empire.

THE adversaries of M. Pasteur and his system in France are doing their best to discredit the latter. They publish the deaths which follow the inoculation under the rubric "Nécrologie Pasteur," which is not calculated to inspire confidence. His followers and admirers, on the other hand, continue to work with unabated enthusiasm, and it is to be hoped that the solution of this vexed question is now within measurable distance. Since the solution is above all a matter of clinical experience, time alone can demonstrate whether this illustrious *savant* has for once gone on a wrong track, or whether, as history often records to have been the case, his success and eminence are alone the causes of the animosity of certain of his contemporaries.

France

[FROM OUR OWN CORRESPONDENT.]

TREATMENT OF TYPHOID WITH QUININE.—At the last meeting of the Academie de Médecine, M. Dujardin read a paper on the treatment of typhoid fever by quinine and warm baths. The quinine is administered every day in divided doses, of which the total would be about twenty grains. During the first week powdered digitalis is given (four grains daily), and the warm baths are used morning, noon, and evening, the patient remaining therein about 20 minutes each time. The author of the communication, a doctor from Montpellier, assures that out of sixty-five cases thus treated he had only one failure. M. Dujardin, in commenting upon the paper, while encouraging his *confrère*, thought that we shall never be able to understand the real treatment of typhoid fever until the microbe be better known and cultivated.

OVER-PRESSURE IN SCHOOLS.—M. Lagneau read a paper. on the intellectual strain to which the children are now subjected in schools, and insisted on the necessity of revising the programme of the studies and the school hours. During a period of eleven years, 1873-1883, the proportion of young men admitted, out of 1,000 conscripts, 520 were adjourned or exempted; and in the case of young men who had their degree in arts, the number rejected was still more serious: out of 1,000 only 239 were declared fit for service M. Dujardin said he found the moment opportune for calling attention to the overworking of young girls in the primary schools. The scholars work in the schools thirty-seven hours in five days, and two hours a day are consecrated to study at home, so that the total number of hours reaches forty-seven. No rest is given them on Thursdays, nor even on Sundays, since the Muncipal Council obliges the children of the lay schools to attend the *matinées theatrales* which it has created for their instruction. It is thus that the health of the children is seriously compromised. Further, during the year 1886 over 12,000 young girls took out their diploma to teach, and of this number 4,174 presented themselves for Paris alone. As there are only a hundred places vacant yearly, M. Dujardin asked himself what was to become of the other 4,074 young women, and thought it was time that they should be made to understand the dangerous road they were following, for the end was certainly misery. M. Javal proposed that this important question of overworking children in schools should be without delay examined by the Academy, and the proposition was unanimously adopted.

HYSTERECTOMY.—At the Société de Chirurgie, M. Richelot, gave an account of fifteen vaginal hysterectomies he practised within the last year. Eleven operations were for cancer of the os, while the remaining four were for different causes. Out of the eleven first cases, four died, two from the fault of the surgeon, although inevitable, and the other two were almost beyond all interference. Six cases succeeded completely, and in the relapses, he found that the morbid disease was only noticeable on the vaginal wall; for this reason he meant in future to include a portion of the tissues to a certain distance beyond the limit of the affection.

THE EMPLOYMENT OF LIQUID VASELINE.—M. Bosquillon read a note before the Société de Therapeutique on liquid vaseline. It dissolves at a moderate temperature, iodine, phosphorus, and iodoform. These solutions should be of the strength of ten per cent., except iodoform, which should not exceed one per cent. Employed in this manner, iodine is no longer irritant, and can easily be incorporated with cod-liver oil. M. Dujardin said he had freely used liquid vaseline as a recipient for different substances for subcutaneous injections, and thought that a very wide field was open to experiments with this substance. Another member said that at the Hôpital St. Louis injections of calomel suspended in vaseline were being tried. At first no pain is felt, but at the end of two or three days when the calomel is transformed into bichloride, pain is felt, and not unfrequently local suppuration takes place. Recently the formula was changed as follows:—Yellow oxide of mercury, 20 grains; powdered gum, q.s. to hold in suspension; water, 1 ounce. Four of these injections suffice to prevent any syphilitic symptoms for six months. M. Paul said that to avoid suppuration with the injections of calomel the needle should be plunged into the muscular tissues, the gluteal region for example.

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Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·6 per 1,000 of their population, and were—Birkenhead 17, Birmingham 18, Blackburn 25, Bolton 19, Bradford 19, Brighton 21, Bristol 19, Cardiff 28, Derby 16, Dublin 31, Edinburgh 19, Glasgow 29, Halifax 23, Huddersfield 29, Hull 21, Leeds 17, Leicester 22, Liverpool 25, London 20, Manchester 33, Newcastle-on-Tyne 24, Norwich 21, Nottingham 18, Oldham 30, Plymouth 21, Portsmouth 21, Preston 25, Salford 24, Sheffield 18, Sunderland 26, Wolverhampton 18.

At the Societies.

PATHOLOGICAL SOCIETY.

The first communication made to the last meeting of the Pathological Society of London, consisted of a report prepared by Messrs. Shattock and Parker on Mr. Butlin's case of recurrent tumour of breast. This was declared to have been an example of villous carcinoma originating from the ducts.

Mr. Alban Doran next showed a small tumour taken from the left ovarian ligament, the structure of which being made up of plain muscular fibres, was explained on the ground that this ligament was a prolongation of uterine tissue, and the tumour being really similar to "fibroids" coexisting in the womb. For the information of Mr. Shattock, Mr. Doran explained that the presence of nuclei in the fibres enabled the diagnosis of a muscular origin to be made out.

An interesting example of secondary carcinoma of the prostate was exhibited by Mr. E. H. Fenwick, according to whom but four cases of this nature have previously been recorded· In his case the patient was but six-and-twenty years old, the primary seat of affection being the lungs, while secondary growths appeared in the liver, spleen, and spinal cord, as well as in the prostate. Paraplegia ensued on the implication of the cord, and the whole period of illness extended over two and a half months.

Some discussion was excited in connection with a case of extensive dermoid cyst, measuring thirteen inches in circumference, removed from over the sternum of a married woman aged thirty-nine. It was first noticed at the age of six weeks, about the size of a pea, and had grown considerably after the marriage of the patient. Mr. Eve, Dr. Angel Money, and Mr. S. Paget having briefly discussed the paper, Mr. J. Hutchinson, jr., referred to having met with three instances of dermoid fistula in the middle line at the junction of the nose and forehead, whereupon Mr. Bland Sutton volunteered the interesting information that the site named was a common one in which to encounter meningoceles. This naturally drew from Mr. Hutchinson an emphatic declaration that his reference was not to meningoceles but to dermoid cysts, and he had the gratification to find himself supported by the next speaker, Sir James Paget, who recorded his own experience of three cases in which he had removed unquestionable dermoid cysts from the situation referred to. In none was there any connection with the interior of the skull, though one was associated with spina bifida.

Dr. Pye-Smith having shown two large gall stones passed by patients aged respectively seventy-eight and sixty years, Mr. Eve proceeded to read a paper on cystic disease of the testicle based on a series of forty cases. One of the conclusions arrived at in the paper was that cystic tumours of the testis are wrongly attributed in origin to the organ of Giraldes, as that lies without the organ,

The remaining time of the meeting was occupied by Messrs. A. A. Bowlby and Q. Silcock, the former describing a case of epithelioma containing multilocular cysts, which had been removed from the jaw of a woman. Mr. Silcock's paper referred to three cases of cystic epithelioma of the neck, in none of which could any evidence be gained of primary growth elsewhere. Mr. Silcock suggested their possible origin from a "belated" fragment of epiblast.

MEDICAL SOCIETY OF LONDON.—March 21st.

Mr. **Brudenell Carter** read a paper on a "Case of Swollen Optic Disc, in which the Sheath of the Optic Nerve was Incised behind the Eyeball." He commenced by referring to the paper read by De Wecker in 1872, and to his endeavours to open the nerve sheath without the aid of sight, by a curved and sheathed knife constructed for the purpose. The results of his two attempts were not encouraging, and a single operation of the same kind, done by Mr. Power soon afterwards, was not more successful. Mr. Carter considered that De Wecker's proceeding was entirely sound in principle, but that his mode of operating was extremely faulty, that the structures concerned were too important to be divided without the aid of sight, and that irreparable mischief might easily be done by the sheathed instrument described. He then went on to discuss at some length the pathology of swollen optic nerve, contending that it was primarily dropsical and only secondarily neuritic, and that the secondary inflammation was not true neuritis, but an inflammation of the connective tissue elements of the disturbed and distended structure. He pointed out that, in cases of intra-cranial tumour and in other conditions, great swelling of one or both optic discs might exist for many months without giving rise to any impairment of sight; and that then, within a short period, the swelling might pass into atrophy, and the sight be wholly extinguished. He believed the explanation of such cases to be that there was, in the first instance, a descent of fluid from the subarachnoid space into the space between the dural and pial sheaths of the optic nerve, and especially to the ocular extremity of this space, and that the trunk of the nerve, with its contained vein, was subjected to compression, by which the return of venous blood was impeded, and dropsical swelling of the nerve termination within the eye was produced. Within certain limits, the swelling was harmless, and, under the influence of treatment, it might wholly disappear. On the other hand, the fluid between the sheaths of the optic nerve might increase in quantity to such an extent as to arrest the circulation through the vein instead of only impeding it, and to arrest conduction through the nerve fibres, occasioning venous hæmorrhages in the retina, and speedy destruction of sight. A less rapid rate of increase might lead to an amount of dropsical swelling which would excite connective tissue inflammation in the disturbed parts, with interstitial plastic exudation; and this exudation would after a time begin to contract, and its contraction would strangle the fibres and the capillaries of the nerve, producing blindness more slowly, but not less certainly, than a sudden excess of external pressure. From one or other of these two sequences of phenomena, we constantly see swelling of the optic nerves lead on to hopeless blindness, even though the patient may recover, or may not die of, the primary intracranial lesion; and Mr. Carter contended that incision of the nerve sheath and evacuation of the contained fluid, if accomplished at or before the commencement of impairment of vision, would remove the mechanical conditions by which the blindness is produced, and would at least save the patient from this addition to his misfortunes. The case related was that of a young woman, who sought advice on the 18th of last November on account of impaired sight of her left eye and headache, these symptoms being of ten days' duration. The left optic disc was much swollen, and the eye was blind over the temporal half of its field of vision. The patient was admitted into the National Hospital in Queen Square, under Dr. Hughlings Jackson and the author, and iodide of sodium and mercurial inunction was prescribed. She speedily became mercurialised, but her condition did not improve, and the swelling of the optic disc increased until the projection of the apex amounted to nearly three millimetres. Hæmorrhages and patches of exudation appeared in the swelling; and, with the assent of Dr. Hughlings Jackson, Mr. Carter decided upon attempting something for its relief. On the 28th of December, after having determined what was practicable by trials on the dead subject, he divided the external rectus muscle, rotated the eyeball inwards, exposed and opened the sheath of the optic nerve, and gave exit to the contained fluid. Recovery was uninterrupted, the patient was at once relieved of head-ache, which did not return for a month, and in ten days after the operation the swelling of the optic disc was found to have diminished by one-half. The remainder of the swelling has since then gradually disappeared, and the disc has now almost returned to its normal aspect, while there is a commencement of restoration of vision over the previously blind temporal half of the field. In conclusion, Mr. Carter claimed to have shown that the operation could be accomplished with certainly and without danger; and he urged that it should be attempted in every case of swelling of the optic disc, however produced (whether by an intracranial tumour which was itself inaccessible, by meningeal effusion during fever or other acute disease, or in whatever manner), in which sight was beginning to be impaired. The special instruments designed for the operation, and charts of the field of vision at different periods of the case, were exhibited during the reading of the paper.

Mr. Juler said he thought the operation opened up a new era in eye surgery, but he did not think it would be attended by the same success in swelling of the disc from all causes. Mr. Bloxam asked whether the pressure was directly from the fluid in the sub arachnoid space; he suggested that it might be possible to drain the space in this way and so avoid the intracanial pressure in cases of tubercular meningitis. Dr. Herringham did not think that mere elevation of the disc was in itself a sufficient indication. Dr. S. West asked whether Mr. Carter would operate if both discs were affected, as in cases of granular kidney. Mr. Carter, in reply, said he did not think cases due to Bright's disease would be favourable for operation. He would only operate where sight was impaired.

Dr. Ralfe read a paper on a case of renal calculus in which the solvent effects of filtered rain-water with lithia and turpentine were employed. Some doubt was expressed by Mr. B. Jessett as to the solvent effect produced, the benefit in his opinion being attributable simply to increased diuresis.

Dr. Allchin showed the specimen from an obscure case of intussusception in an infant of six months, and Mr. Bloxam a specimen of congenital opening in the diaphragm in a child three months old. Mr. Bloxam also brought forward a man in whom, by means of a rhinoplastic operation, he had reformed a mouth which had become obliterated by previous ulceration.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

GLASGOW PHILOSOPHICAL SOCIETY.—The third triennial "Graham Lecture" to the Chemical Section of the Philosophical Society of Glasgow was delivered on the 16th inst. in Anderson's College, by Professor T. E. Thorpe, F.R.S. London, on "Certain Modern Developments of Graham's Ideas concerning the Constitution of Matter." He remarked that it had been claimed for Graham that he was a true descendant of the early Greeks, and that to him belonged as of right the mantle of Leucippus. In one respect Graham's position as an atomist was unique; no man before him had dedicated his life to the study of atoms and atomic motion. These fundamental ideas were intertwined to make up, so to say, the silver thread which ran through the work of forty years. Having traced the development of the idea held by Graham of the essential oneness of matter, Professor Thorpe proceeded to consider how the science of the last twenty-five years has worked out and extended his conceptions concerning the properties of the atom and its mode of motion.

DEATH OF DR. MADDEVER OF ROTHESAY.—We regret to announce the death of Dr. John Combe Maddever, one of the most popular of medical men, as well as a leading and prominent citizen of Rothesay. Erysipelas set in acutely on the 9th inst., and his condition becoming critical, Professor Macleod was summoned from Glasgow on Thursday last, in consultation with the local practitioner. Little hope as to recovery was vouchsafed, and death ensued on Friday. Dr. Maddever, who was in his 64th year, was a native of Linkenhorne, Cornwall, and served his medical apprenticeship in Plymouth afterwards studying in the University of Glasgow. He commenced practice in Strone, finally settling in Rothesay, where he has resided for the last 35 years, his name being a household word in Rothesay and the island of Bute. He had a very wide reputation in connection with spinal disease, and people frequently travelled from all parts to consult him. He held the position of medical officer for the burgh and parish of Rothesay, was Surgeon-Major of the 1st Renfrewshire Rifle Volunteers, and Coastguard Surgeon. Dr. Maddever was twice married, and is survived by a widow and two sons, one of them the Procurator-Fiscal for the burgh of Rothesay and county of Bute, while the other is in medical practice at Brownhills, Staffordshire.

LONGEVITY IN ROSS-SHIRE.—In relation to the interesting investigations by Professor Humphrey, of Cambridge, on centenarians, the following particulars from an Ullapool correspondent are noteworthy. He writes:—The parish of Lochbroom, Ross-shire, in proportion to its population, contains, perhaps, more aged people than any other parish in Scotland. There are centenarians of both sexes, but the oldest of them all is Mr. Hugh MacLeod, residing at Moorfields, about two miles from Ullapool. Born in 1782, Hugh's memory goes far back into the time when "George the Third was king." He was 14 years of age when the poet Burns died, and 37 years of age when Queen Victoria was born. Though in the 105th year of his age, he is still quite brisk and lively, and apparently able to weather a few winters yet. At Achnahaird, Coigach, in the same parish, there lives a hale old woman named Mrs. Catherine Macnicol, who is 103 years old, and during her long life she never removed mar
miles from her birthplace. Another, a Mrs. MacLeay, resi
ing at Ullapool, is a most remarkable old lady. She was b
at Leckmiln, Lochbroom, in 1795, and married in the [illegible]
of Waterloo. She had thirteen children, but her desc[illegible]
ants to the fourth generation are now spread over Scotl.
England, and the Colonies, and are as follows
children, 94 grandchildren, 105 great-grandchildren, a the
great-great-grandchildren, or 225 in all, and, as s[illegible]
her grandchildren and great-grandchildren are now [illegible]
the number is rapidly increasing. Although Mrs. Ma
is in her 92nd year she is quite active and with unim
faculties. Mr. Hugh Fraser, of Elphin (sixteen miles
Ullapool) also deserves to be mentioned. He is in his
year, but more vigorous and lively than many a man

He walks considerable distances and also undertakes journeys on horseback.

UNIVERSITY OF EDINBURGH.—CHAIR OF PHYSIOLOGY.—It is stated that Professor Haycraft has been asked to take Professor Rutherford's place during the ensuing summer session, in the event of leave of absence being granted to the Professor of Physiology. The statement has not, however, received that official *imprimatur* which would authorise its acceptance as the final decision of the University authorities. It is understood that the whole affair is receiving the most careful consideration at the hands of the University Court. Until the results of their deliberations he made known, all such reports must be held as of doubtful value.

UNIVERSITY OF EDINBURGH.—HONORARY DEGREES.—At the approaching graduation, the following gentlemen will receive honorary degrees from the University of Edinburgh:—Rev. Professor Duff, Edinburgh, and Rev. Thomas Edwards, Principal of the University of Wales, the degree of Doctor of Divinity; Professor Dittmar, Glasgow; Professor Edward Dowden, Dublin; Professor Momerie, London; Sir Bhagoal Sinh, Thakoor of Gondal, and others, the degree of Doctor of Laws.

EDINBURGH NEW TOWN DISPENSARY.—The annual report of the New Town Dispensary has just been presented. It shows that more than 9,500 patients have been treated. Upwards of 2,300 patients have been visited at their own homes, while over 1,000 vaccinations have been successfully performed. The system of a penny fee, paid by the patients for each prescription dispensed, has been found to answer well. More than £90 has been so obtained towards the support of the institution.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—A special meeting of the Medico-Chirurgical Society of Edinburgh was held last Wednesday, under the presidency of Professor Grainger Stewart, M.D., when a paper was read by Professor T. R. Fraser, M.D., F.R.S., on the Etiology of Bronchitic Asthma, and its Treatment by the Nitrites. Professor Fraser's paper will be published *in extenso*.

SCARLATINA EPIDEMIC IN EDINBURGH.—At last meeting of the Edinburgh Town Council, Baillie Russell, Convener of the Public Health Committee, explained that the authorities had succeeded in tracing the outbreak of scarlatina in the West End of the city to tainted milk supply. It appears that a case of scarlet fever had occurred in a dairy near Edinburgh, from which a considerable portion of the western district received milk, and there could be no reasonable ground for doubting that the case in question was the beginning of the mischief. Dr. Russell dwelt on the necessity for the county providing fever hospital accommodation, as the town had already done, and he advocated the extension of the system of reporting of fever cases, which had been so productive of good results in the case of Edinburgh.

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THE PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS OF IRELAND.

SOME three years ago, it may be recollected, the Fellows of the College resolved, on the motion of Mr. [illegible]son, that it is desirable that the President shall [illegible] office for a longer period than one year, and the [illegible] 1887 was named as the time from which that arrangement should take effect. The Council of the College has now, on the motion of Mr. Stoker, adopted a resolution which will have the effect of making the election of President biennial, while it will not require any President to occupy the chair for more than one year. The Council will recommend the Fellows of the College—for they have not power to do more than recommend such a change—that, in future, the Vice-President shall be re-elected to serve a second year before he is promoted to the chair, that the President shall retire at the end of his year of office, and that, for the second year of the Vice-President's service, a President shall be chosen from among the ex-Presidents of the College. This recommendation seems to be an ingenious means of escape from the difficulty which has arisen of finding eligible Presidents willing to incur the trouble and expense of the office. It effects the object without unduly weighting the President, but, of course, as it comes only in the nature of a recommendation, it has only a moral force, and may at any time be set aside by a candidate who thinks he is strong enough to take the Presidency and hold it in spite of such a rule.

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THE CONJOINT SCHEME FOR IRELAND AND THE APOTHECARIES' HALL.

WE understand that the Fellows of the College of Physicians met on Friday last to consider the letter which the Council of the College of Surgeons had addressed to them on this subject. It will be recollected that the Council had put two alternatives—either that the Apothecaries' Hall should be admitted to the conjunction, or that a separate combination should be formed between the College of Surgeons and the "Hall." We learn that the College of Physicians decided finally not to allow the "Hall" to co-operate, and, in addition, agreed to express their "surprise" at the proposal of the College of Surgeons to form an independent conjunction with the "Hall," such proposal being, as the Physicians state, a violation of the agreement already arrived at between the Colleges. The Council of the College of Surgeons, on the other hand, has, after a review of the negotiations which took place between the Colleges, formally declared that no understanding was implied or expressed by them that they would abstain from forming a second and separate conjunction, and, as to their legal competency to form such conjunction, they have remitted the question to their law advisers.

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Correspondence.

THE TRANSPORT AND TREATMENT OF INFECTIOUS PATIENTS IN THE METROPOLIS AND OTHER LARGE TOWNS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have recently called attention elsewhere to the extreme readiness with which the excellent ambulance system organised by the Metropolitan Asylums Board is available. Will you permit me to advocate in your journal a more frequent resort to means so amply provided close at hand, also a further use of the large accommodation for infectious fevers under the same management. A letter from Sir Vincent Kennett-Barrington in the *Times* of January 21st on "The Transport and Treatment of Infectious Patients in the Metropolis," hardly received the support it deserved, either in our leading journals nor in the medical press. Coming from a member of the Metropolitan Asylums Board the letter seemed to me an invitation to the public in general to apply for aid to that body in case of need. I was not disappointed in my dependence on that view; the immediate response received to a claim of urgency induces me to address you more at length on the subject. On the occasion referred to a message to Norfolk House with doctor's certificate of scarlet fever resulted in ambulance and nurse from Fulham being at the patient's house with so little delay, that, had a duplicate certificate been left in readiness for the nurse, two hours would have completed the safe removal of a case of infectious illness from a crowded dwelling. Notice having been given at the same time to the medical officer of health the room was at once made secure, and early next morning the bedding was removed under due precautions, for stoving and thorough disinfection; the room was then sulphured, and closed for two days before being cleansed. By early notification to the sanitary authority complete disinfection was carried out at small cost to the parish and none to the householder. The question of expense as to the ambulance is not yet settled; a memorandum was in the first instance sent to the patient's relatives informing them at the same time of her removal to Fulham. Should they plead poverty the parish authorities, I suppose, would be next applied to, and in this case they would have no difficulty in recovering the expense from the householder, or part of it as well as of the cost of maintenance in the hospital, could be contributed by patients or friends. Even in cases where all the expense rightly falls on the parish the charge on the rates is lessened by prompt action, as other cases and further expenses are saved.

The expense is no doubt in the front of the question. The "leader" on the letter above referred to in the *Times* begins by expressing cordial agreement with two propositions, viz., the use of special ambulances instead of public conveyances for the removal of infectious persons, and the early "notification of the existence of contagious diseases," going on to say:—"We do not think the former of great importance, because, in the first place, the necessity to remove such patients when they are of independent means seldom arises, and when they require to be moved at all it is usually to some establishment, such as the Fever Hospital or the Small-pox Hospital, which possesses (*sic*) an excellent ambulance of its own, and the authorities of which are prepared to send for the sufferer as soon as they are informed of what is required. But it is perfectly true that the effectual disinfection of a cab is impossible; and the ambulance arrangements of the Board are of the best and most complete kind, comprising, we believe, an actual provision of harnessed horses at the several depôts, and telephonic communication with every part of London, so that if necessity were to arise, there seems to be no conceivable reason why a patient *who is able to pay for these conveniences* should be deprived of the opportunity of using them." The italics are added to show the weak point of this kind of support. The cost is less than for any but the parochial pauper ambulance, when one is supplied. For the London Fever Hospital, Miss Mary Wardell's Scarlet Fever Home, for the Small-pox Hospital a payment of from two to three guineas is necessary, and then the special ambulance from either is available.

Another argument used in the same place against the proposal I wish to advocate is that "The accommodation in both hospitals (for fever and small-pox) is in excess of their ordinary requirements." It would be well with respect to the London Fever Hospital, if this fact were more widely known; but for the useful action of the Asylums Board hospitals, neither would suffice; it is to be remembered there is only one of each of these hospitals for the whole of London. A short notice in the *Lancet*, Feb. 5th, also tends to divert attention from what is of importance to this question by two side issues neither of them settled. One, as I understand them, is that scarlet fever would extend in the country if checked in London. The other, that small-pox patients are better not removed to hospitals. In answer to these points it may be urged first, that most of the great extensions of scarlet fever in London have been followed by increased prevalence of the disease in the country at large, and that when scarlet fever increases more convalescents from it are removed to the country. In the second we may go back to the fact that the mortality from small-pox increased tenfold in London during the two years—1871-72 before the board hospitals were established, viz., to 9,698 for London, and to 42,220 for all England, and that the first action of the Asylums Board Hospitals was to reduce these figures for 1874 and 1875 to 103 for London, and 3,112 for England, and in the latter year to 950 only. The Registrar-General's report just published shows both these diseases reduced to a lower mortality than ever before registered. It is true that the report of the medical officers of the Local Government Board very properly examines into the ways in which infection may spread from hospitals for infectious diseases, and that these most valuable reports will in time build up for us truer notions both of infection and disinfection for different diseases, indeed, Dr. Buchanan is doing for infective diseases what Mr. Simon did for "filth diseases," these were reduced in his time as those are in the present. It is as impossible to predicate one mode only of spreading infection in a given disease, as it is to say one disinfectant will destroy it; meanwhile, we cannot afford to relax any one of our safeguards against them, among which ready isolation is the chief.

I am, Sir, yours very truly,

London, W. William Squire, M.D.

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THE "JACOB" TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—While I am glad to see that the list of contributors to the Jacob Testimonial shows that Dr. Jacob's services to the profession are widely appreciated, yet I regret to observe that subscriptions have not yet been received as numerously as they ought to be from that branch of our profession which is peculiarly indebted to Dr. Jacob. In both his editorial capacity, and as a member of the Irish Medical Association, he has laboured in season and out of season to advance the interests of the medical officers of workhouses and dispensaries. He has at great personal inconvenience and expense travelled to London to lay before members of Parliament full information, to secure their sympathy for pending legislation on matters of professional interest. He has represented the Association before Royal and Select Committees. To his efforts are in a great measure due the benefits, such as they are, of Poor-law superannuation, the allowances for registration of births, deaths, and marriages, and the increased fees for vaccination. He has manfully fought the battle which has secured fees for certifying dangerous lunatics, and for sanitary inspections. The columns of the *Press and Circular* are open to the medical officers to expose their grievances and urge redress. If a medical officer has any just cause of complaint he has no more zealous champion, no more painstaking advocate in the pages of the *Press* or Council of the Medical Association than Dr. Jacob; and I can testify to the fact that he spares neither time, trouble, or labour to procure justice. Such being the case, I would venture to suggest to my professional brethren of the public services that the response to the appeal to present to Dr. Jacob a testimonial worthy of him, and evidence of the appreciation of his long and valuable services, ought to be universal. The promoters of the testimonial do not ask for large subscriptions. Its value as an evidence of gratitude for the devotion of so much labour to the profession does not depend so much on the amount subscribed as on the number of its contributors. The guineas of the wealthy are no greater evidence of the value they set on Dr. Jacob's services than the shillings of those less favourably situated. As the time for closing the subscription lists draws near, I venture to urge on the dispensary doctors especially who have received so much benefit to prove that they are not insensible of favours received by sending in subscriptions, no matter how small.

I am, &c.,

R. J. Kinkead, M.D.,

Pres. Irish Med. Assoc.

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THE ROYAL UNIVERSITY AND UNION HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have received a communication from the Privy Council in which marked prominence is given to the fact that the utilisation of Union Hospitals is still under the consideration of the General Council, one member of that body fell into the strange error of stating that these hospitals lacked material for teaching. The Irish Local Government Report for 1886, will show that 52,000 were admitted in 1885, in sickness from the outside. These were all cases that were of course too sick to be treated in the Dispensaries, they were admitted under the 25th and 26th

Vic., which opened up these hospitals to the general public, and of whose existence our critics seem to be unaware. That Report will further show by its table of the causes of deaths that at least 24,000 sick paupers were likewise entitled to be placed among the *bonâ fide* clinical material. The further pretence of the Royal University that they could not exercise proper supervision over such hospitals is met by their own action in recognising other hospitals over which they could not exercise it, and in their not exercising it where they could do so. The time is not far distant when self-respecting provincials will be able to defend their own interests.

Yours &c.,

Cashel, March 14th. Thomas Laffan.

[We believe that all licensing bodies would be quite willing to accept certificates of attendance at Union Hospitals if any means could be devised by which the *bona fides* and sufficiency of study therein could be guaranteed. But there are in Ireland alone, 163 Union Hospitals, in the great majority of which it could not be pretended that there exist either clinical material—facilities for teaching, or students to teach, while there may be others in which efficient instruction could be had. It is for Dr. Laffan to indicate the method by which a licensing body should proceed to select recognisable hospitals from the entire number—to satisfy itself that the surgeon—the appliances—the patients and the students were in proper teaching order, and, chiefly to ensure that the certificate of study was anything more than a receipt for a fee paid. Dr. Laffan has not, so far as we know, attempted to point out how these requirements are to be fulfilled, and, until he does, we do not see that he can reasonably complain that the recognition of Union Hospitals is refused. There is every reason to suspect that the hospital certificates now current are not always honest, but at least they are, to a certain extent—under check. How would it be if the hospital were situated a hundred miles from any chance of supervision?—Ed.]

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THE CONJOINT SCHEME FOR IRELAND AND THE APOTHECARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The spokesmen of the King and Queen's College of Physicians have set themselves to prove (*a*) that he Irish Apothecaries' Hall possessed under its original Act no *locus standi* whatever to issue licences in anything but pharmacy; (*b*) that it is not even now a respectable institution with which colleges could be expected to associate.

Let these conclusions be granted; they do not materially affect the propriety of the conjunction now in dispute. It is admitted by all except by the "Hall" itself that, up to 1863, it was a drug-selling and drug-controlling establishment pure and simple, notwithstanding its proclamation of its pretensions as a doctor-making institution. But what of that? In 1858 it was promoted by the Medical Act to rank and privileges exactly identical with those then conferred upon the medical and surgical licensing bodies of the kingdom. Then and there, notwithstanding the vehement protests of the College of Physicians, the "original sin" of the "Hall" was wiped out, and it became what it now claims to be—the equal in law of any or every licensing college. Lest there might remain any doubt on this point, the General Medical Council in 1863 by formal vote set its seal upon the status and privileges newly granted to the "Hall;" and the army, naval, and poor-law authorities capped the transaction by officially recognising the licence of the "Hall" as a full and sufficient qualification in medicine. Is it not therefore waste of time for the College of Physicians to attempt to argue down the status of the "Hall" upon its original charter, ignoring the subsequent law and decisions upon which its present pretensions solely rest? The Fellows object to their College making what they consider a *mésalliance* with a drug-controlling and drug-selling body. So would I, and so would everyone outside the "Hall" itself, if there were any other way of settling the difficulty which the new Medical Act has created. But I submit that there is no other tolerable alternative; either the Colleges must accept the unsavoury conjunction, and by merging their plebeian spouse into their own aristocratic family extinguish her fault of birth, or they must be prepared to see her raised, by an alliance with the Medical Council, to a position which will entitle her to hold up her head in their very exclusive circle of "society," and even mayhap to snub them and drive them to the wall. I would ask the College of Physicians whether it is not wiser to minimise the power of a competitor whom you cannot crush, by neutralising its efforts and absorbing its influence, than to raise it to authority and power by making it an antagonist. And, in this instance, there is so little reason for sticking to the stupid policy. All the interests of the College of Physicians, all the force of public and professional opinion, urge conciliation and conjunction; only the *non possumus* of aristocracy intervenes to prevent friendly relations, just as it mars the amiability of the ladies' afternoon tea-table; and it seems that the Fellows of the College of Physicians are unable to see beyond the social barrier which forbids Mrs. Twopenny to "know" Mrs. Threehalfpenny, because she is not of the right "set." Such an impediment to the consummation of a strong conjunction to rule over Irish medical education is ridiculous and contemptible, and I wish the Fellows of the College of Physicians joy of all the honour and glory which, in future, time, their petty little exclusiveness of to-day will reflect upon their College The College of Surgeons in Ireland have, I hope, more sense. They are well able to sustain any of their dignities which are worth maintaining, but they are not going to spoil the future of medical licensing in Ireland for any old-womanly *amour propre*, and I venture to say that if they persist in their determination, the gain of dignity will eventually be with them, and not with the College of Physicians.

I am, &c.,

F.R.C.S.I.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

Sir,—Will you give me space in your columns to lay before your readers an outline of the reasons which influence the King and Queen's College of Physicians to decline to admit the Apothecaries' Company of Ireland to a share in the joint examination proposed to be carried on by the Royal College of Surgeons and the College of Physicians, for it is a question which affects the interests of the whole profession.

The Apothecaries' Company base their claims to a share in the examination mainly on two grounds, namely, that 1st, they are placed in the schedule of licensing bodies side by side with the Universities and Colleges, and have had their claim to be considered as a body capable of granting a licence equivalent to one in medicine endorsed by a resolution of the General Medical Council, while since that was passed the Army and Navy Medical Departments and the Local Government Board have accepted their certificate in lieu of a medical degree from a University or licence from a College of Physicians when presented; 2nd, That they are in all respects analogous to the Apothecaries' Company of England, which is undoubtedly authorised to examine in medicine as well as pharmacy.

The College of Physicians reply that the holders of certificates from the Apothecaries' Company are registered only as "apothecaries," that the Army and Navy Medical Departments are free if they deem fit to admit any person into their services without reference to the exact nature of all his qualifications, and that the real test they require is the passing an examination before their own examiners, while the Local Government Board openly admit that they accept qualifications from candidates which are not even registrable, for they accept certificates from both the Coombe and Rotunda Hospitals as qualifications in midwifery, and therefore their accepting the certificate of the Apothecaries' Company does not necessarily infer that they consider it legally equivalent to a licence in medicine. The College further contend that the resolution of the General Medical Council referred to was obtained through a misapprehension of the facts of the case, many of the members of the Council being impressed with the belief that the position of the Apothecaries' Company, Ireland, was in all respects analogous with that of the English Company, who are admittedly empowered to examine in medicine.

The Irish Apothecaries' Company is not constituted by Charter, but by Act of Parliament, "for inspecting and directing all chemical and compound preparations and experiments," with power to examine persons wishing to become "apprentices or journeymen," and to certify that such persons were qualified to learn the business of an apothecary, and after serving an apprenticeship of seven years, and no less, to grant a certificate allowing the candidate "to keep open shop," and to follow "the art and mystery of an apothecary," on his passing an examination before the directors of the Company.

The College deny that any clause in this Act or any possible stra ing of it justified the assumption by the Company to examine in the practice of medicine or to grant a licence authorising the candidate to practise medicine.

The College further contend that there is no analogy between the English Company of apothecaries and the Irish one, the former by their Act being authorised to examine "for the purpose of ascertaining the skill and ability of such person or persons in the science and *practice of medicine*," no such authority being anywhere committed to the Irish Apothecaries' Company, and it is only of recent years that the latter body commenced the practice of examining in medicine, an Act the legality of which should ere this have been brought to the test of a judicial decision.

Another important point raised by the College of Physicians is, that by the Apothecaries' Act the College is constituted the court of appeal from the Examiner of the Company. If any person have been rejected three times by the Apothecaries' Company he can appeal to the King and Queen's College of Physicians, can be examined by it, and, if he passes, is granted a certificate which confers all the privileges of that granted by the Apothecaries' Company. This right of appeal has often been exercised.

I have already pointed out that the Apothecaries' Company are bound by their Acts to take apprentices for a period of not less than seven years, and penalties are to be inflicted for taking one for a shorter period. The Company have got rid of this difficulty by virtually abolishing apprenticeship, and a very nice legal question can at any time be raised on this point.

But the reason which, without doubt, weighs more than any other with the College is that the constitution of the Apothecaries' Company makes it altogether an unsuitable body to which to commit the selection of examiners. It is virtually a joint stock company, has a large establishment not alone for the preparation and sale of medicine, but also for the sale of all the articles usually exhibited in a chemist's establishment, such as toilet requisites, brushes, &c. An annual meeting is held of the shareholders for the declaration of a dividend, and for the transaction of other business, and at this meeting the directors are elected, the only persons qualified to vote being duly qualified apothecaries, who must also be shareholders in the Company. The qualification then, both, of the voter and of the person to be elected as director or governor is virtually as much a money one as anything else, and it is obvious that the elector will be quite as much influenced in giving his vote by his wish to see elected a good business man who will push forward the trade of the Company as by his fitness to be an examiner. It must be borne in mind that the fact of a man holding the Apothecaries' licence does not alone confer the right of voting at the election of the governors and directors; professional attainments are of no value alone; the most distinguished chemist among the whole body of licensed apothecaries could neither vote for or be elected a director unless he be a shareholder in the joint stock company. Moreover, the total number of shareholders is limited, and it is possible that the shares might be absorbed into a very few hands. Indeed, the whole constitution of the company renders it unfit to become a great licensing body, and such from the whole tenor of the Act it was not the intention of the Legislature that they should become; indeed it evidently contemplated only the establishment of a trading company, every member of which was expressly authorised "to keep open shop," and the College of Physicians do not think that it would conduce to the honour or well-being of the profession to amalgamate with that Company.

I am, &c.,

A Fellow of the College of Physicians.

7th March, 1887.

Improvements in Medical and Surgical Appliances.

NEW FLEXIBLE GLYCERINE RING PESSARY.

Messrs. Arnold and Sons, of West Smithfield, have brought out a new form of annular pessary, which is precisely similar to the ordinary india-rubber ring pessaries. Like these it contains a watch-spring, and is therefore of the same resistance, but instead of being covered with a piece of thick india-rubber, it has first a coating of rubber around the watch-spring, and then a thin rubber case filled with glycerine. By this means the pessary is rendered beautifully soft, the glycerine, unlike air, never escapes, and the pessary is rendered much softer and easier of introduction.

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THE "G. P." SUBCUTANEOUS SYRINGE.

Messrs. Down Bros., instrument makers to Guy's Hospital, have submitted to us one of their little pocket cases, for which the following advantages are claimed:—The syringe is readily filled, owing to the fact that the necks of the bottles are sufficiently wide to admit the body of the syringe, instead of only the point, as is usually the case; this has long been an admitted desideratum, but has not been before carried out. The practitioner is thus enabled to use the solution to the last drop, as the syringe goes right to the bottom of the bottle, which is broad and flat. The case, which holds four bottles with the syringe, is made to contain the remedies usually required in cases of emergency, such as ergotine, pilocarpine, morphia, atropine; but larger cases are also supplied, containing six, eight, ten, and twelve bottles.

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KEEN'S PATENT VENTILATING COVERS.

The idea of applying ventilating covers to utensils for cooking food has, we believe, never before been suggested. Boiling over is prevented by them, and the cook is thus relieved of a good deal of trouble and inconvenience, especially in the case of the milk saucepan and the tea-kettle. That food remains fresher if covered with a material that allows change of air is well known, hence the application of the principle to such receptacles as biscuit boxes, butter coolers, sardine boxes, preserved fruit pots, milk pans, &c. Keen's ventilator for cooking purposes consists of a circular opening protected by a guard-plate raised upon supports. It need add but little or nothing to the expense in the manufacture of the article, and could be so arranged as to become an ornament, care being taken that it does not allow of insects entering. The idea is a good one; we have proved it to be useful, and can recommend it for general use.

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HEMLOCK AND FIR PILLOWS.

We have received from the Maine Balsam Fir Company of Boston, U.S.A., a specimen pillow filled with the fine twigs, leaves, and buds of the balsam fir (*Abies balsamea*). The fragrant terebinthinate odour which envelopes the person using this pillow is reported by competent medical observers to be a sovereign and healthy remedy for insomnia. As it is in any case an agreeable experiment, it is certainly worthy of a trial. The London agents are Messrs. Richards, Terry, and Co., 46 Holborn Viaduct.

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LAWRENCE'S MEDICINE CHEST.

Mr. Samuel Lawrence, chemist, of Oban, who is probably known to many of our readers, who sojourn at this fashionable watering place, has brought under our notice the medicine chest for which he recently obtained the first prize in a competition suggested by the *Chemist and Druggist*. The chest is neatly and substantially finished in a marvel of cheapness (5s. 6d.) and when fitted with suitable medicines, lint, plaster, etc., costing generally from 9s. 6d. to 11s. We cannot doubt that this little chest will prove acceptable to persons far removed from medical aid, meeting as it does the exigencies not serious enough to demand immediate professional skill. A reliable guide accompanies the chest, in which useful directions are given in plain and direct language.

PASTILLES HOUDE.

With the "cocaine craze," as the demand for this drug has been termed, various preparations have been put forward by enterprising pharmacists for the patronage of the medical profession. Some have merited the eulogium passed on them, others have altogether failed. And now we have this alkaloid before us in the shape of pastilles, by M. Houdé, pharmacien, of Paris, and so far as we have been able to test them, they have afforded distinct relief in one or two cases of bronchial irritation and laryngeal hoarseness. In the latter case we gave a box of the Houdé pastilles to a public singer, with a request that he should try their effect when suffering from the partial aphonia to which he was subject, with the result of exciting his enthusiasm in their favour.

Literature.

HARLEY ON INFLAMMATION OF THE LIVER. (a)

Though somewhat unfavourably impressed by the pretentious tone and not very coherent or accurate wording, of this writer's preface, we yet persevered with our perusal of his book, and are now able to say as a whole, and in spite of some defects of grammar, manner and style, that it well repaid our trouble. For though the "discoveries" of which this gentleman makes so much in these pages do not appear to us to be as valuable as they are here thought to be, yet must it be acknowledged that the practice of "running a trocar up to its very hilt, in the hope that during its penetration it would wound some vessel of sufficient calibre to yield a free stream of blood" is, at least, a novel one. It remains to be seen, if, or how far it can be enforced without—downright and positive danger to the sufferer on whom it is thrust (for we can scarcely assume that anyone would ask for it *sua sponte*), and that is perhaps, as much as we need say on the subject of Hepatic Phlebotomy in this place.

We may mention that the papers on which the book before us is founded appeared originally in our columns in the early part of last year. Our author maintains that "taking all its forms together, abscess of the liver is not only by no means (*sic*) a rare disease in England, but is actually more common among the poor of our metropolitan population than among either our native or our European troops stationed in India," and he truly points out that the signs and symptoms of liver-abscess are so obscure as often times to lead to a mistaken diagnosis. They are, he thinks,—and we so think with him, not unfrequently confounded with those of typhoid or hectic fever, blood-poisoning, &c., and there can be no doubt but that he is quite right when he says, as he does towards the end of his treatise (at p. 129) that "all we have to guide us in the diagnosis of the majority of liver-abscesses is the existence of pains in the liver, increased in pressure, associated with rigors and high temperature" and other such-like constitutional symptoms. We are also nearly if not quite at one with him in what he says, *pace* Dr. Moor, about the gluttony or intemperance of European soldiers in the East, and if he will only lay more stress upon the four B's (beer, baccy, beef and bacon) and throw in the bazaar arrack and the canteen rum of which Thomas Atkins is so fond, we will say "Dr. Harley has taken a hint from ourselves, and hit the right nail on its head."

Coming next to those columns of statistics which were compiled for him by Dr. Balfour or educed out of that very unreadable production the "Report on the Vital Statistics of the European Army in India during the ten years 1870 to 1879 inclusive," we will only say that if Dr. Harley knew as much, from personal experience, as we do of the worthlessness of these figures, he would exclude them altogether from his pages. They are, in our opinion, and we may say respecting them Crede experto, beneath contempt, and we fail to see the object or even the propriety of their being used at all in this connexion, by a writer who believes that "the reason why the liver fails to become acclimatised (in that country) is on account of its being not only daily but weekly, monthly and yearly over-worked, in consequence of its possessor consuming more food or spirituous liquor than his liver can readilly prepare for assimilation and dispersion."

The organ, in short, strikes work, as a result of prolonged ill usage, and so it comes to pass, that when the rains set in and the burning heat is suddenly followed by that "damp cold atmosphere" to which our author attaches so much importance, we have hepatic congestion, and if this is not speedily relieved by an attack of diarrhœa, by the application of leeches, stupes, &c., &c.—we get those other conditions or sequelæ that culminate in abscess. If he will add that during all this time the European soldier or the European civilian is lounging listlessly in his shirt-sleeves and pyjamas on his cot or in his open verandah or, it may be, saturated to the skin, *sub jove frigido*, he will not be far wrong. Anyhow, one need not go much farther afield for an explanation of the cause of this—statistically speaking—greater prevalence of hepatitis in India.

As to the treatment which Dr. Harley adopts or employs in this and the other complications that hepatic induration or hypertrophy induces, it is—always barring his hero—phlebotomy—sound, judicious and rational. This remark applies in an especial manner to his views on gallstones, dropsy, hepatic hæmorrhages and hepatic suppuration, and he mentions incidentally the case of a woman from whom abdomen 160 gallons, that is to say, three hogsheads of albuminous serum were removed through 56 tappings in fifteen months. He also describes the case of a man who passed under the influence of a pill of quinine, copaiba-resin and extract of aloes, 200 ounces of urine in 24 hours, while only drinking 100 ounces of liquid, and while deprecating the usual preliminary incision in such cases, he recommends that during the operation itself—which should *not* be performed in the sitting position—the attendants should engage in some diverting or entertaining conversation. He particularly cautions all operators against the danger of opening dilated or other abdominal veins, and he advises that some stomachic or other stimulant should be always at hand, in case of emergency and to counteract that tendency to syncope which is too commonly encountered in these cases. He finally deprecates all interference with the posterior nares during epistaxis till it is found that the anterior plug is ineffectual, and after intimating that "jaundice is in no case a necessary concomitant of liver abscess" he says (and says truly) that "a trocar is the best plan of opening a liver abscess which has not pointed."

MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS.

Acknowledging freely the uncertainty that characterises the symptoms of diseases, the writer of this little book endeavours, nevertheless, to contrast those one with the other that are most liable or likely to be confounded, and displays in this laborious but withal useful compilation, such an amount of minute sub-division and arrangement of technicalties as shows that he possesses not only unusual industry, but also large constructive or combining powers. The "Manual" does not however readily lend itself to the requirements of our space, or, indeed to the hand of the reviewer, for it contains in its 156 closely printed pages, so many of these minute, and often it is to be feared too finicking contrasts or distinctions as to be practically beyond our reach.

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Royal College of Physicians of London.—The following candidates have passed the necessary examinations for the Certificates in Hygiene of this College, March 21st:

Cantlie, James, M.B. Aberdeen, 4 Suffolk Street, S.W.
Davis, Weston Peel, 8 Gloster Terrace, Bayswater, W.
Greenwood, Major 18 Queen's Road, Dalston E
Gubb, Alfred Samuel, 117 The Grove, Hammersmith, W.
Hitchins, Thomas Johns, Broadfield Crawley.
James, Charles Alfred, Dispensary, Stoke Newington, N.
Sanders, John William, M.D. Brus., Bethnal Green Infirmary, E.
Webb, Charles Alfred, Brockhurst, Gosport.

(a) "Inflammations of the Liver and their Sequelæ." By Dr. George Harley, F.R.S. London: J. & A. Churchill. 1886.

Notices to Correspondents, Short Letters, &c.

☞ **CORRESPONDENTS** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containiing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR WEAVER (Southport).—We cannot admit for an instant that the insistance of members of an honourable profession abstaining from advertising in the lay press is Utopian. Unwittingly your own letter is a condemnation of the practice when you say, "I have boldly told the profession what my treatment is, and I fail to see what course was open to me except to advertise." Surely if you desire the profession to avail themselves of any supposed advantages of your treatment of consumption, you would not expect them to hunt up the advertisements in every little local paper. If your desire is to reach your fellow-practitioners, there are the proper channels for so doing. Your reference to members of the sister profession advertising their books in lay journals is a totally different matter; their writings are intended for the laity, and even they do not advertise any address but their publisher's; you, on the contrary, advertise your own.

GRINDER IN SANITARY SCIENCE.—A correspondent who inquires for a grinder in Dublin for the Royal University or Cambridge University qualification in State Medicine is informed that we know of no teacher who devotes attention to this speciality. But, as the College of Surgeons is now about to announce its examinations for the Diploma in Public Health, it is probable that the want of a grinder in the subject will be quickly filled.

MR. NIXON is thanked for his note and information.

"DR." THOMAS.—ANOTHER CORRECTION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of March 16th you say that you have been requested to state, in reference to a recent police case, that "a genuine Dr. Thomas does live in Rye Lane." On referring to the "Medical Directory" I find the following:—"Thomas, Richard Weddall, Temple Villa, Rye Lane, Peckham, S.E; L.R.C.P.Edin., and L.M., 1878; L.R.C.S.Edin., 1881; L.S.A Lond."; but no M.D. May I ask if the above titles justify Mr. R W. Thomas in assuming the designation of Dr.? and, further, if by so doing he does not commit as great a breach of the law as the person with whom he disclaims connection, I enclose my card, and am,

Yours very truly,
M.D.

[Our correspondent is strictly correct. The diplomas L.R.C.P., L.R.C.S., L.S.A., do not legally entitle their holder to use the designation of "Dr." The intention, however, was not to infer this, our previous correspondent, Mr. R. W. Thomas, as we understood him, being naturally anxious to disclaim connection with the person charged, by showing that he was the only qualified medical man residing in Rye Lane of that name.—ED.]

THE ACCURATE DETERMINATION OF UREA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am very sorry to have to trouble you to oblige me again by saying in your next number, that I find on reading over my hurried remarks in my paper on the quantitive estimation of urea in the urine kindly inserted by you in the last number of the *Medical Press*, that, forgetting all else, in my vain attempts to obtain anything like 13·9 as a co-efficient in my first equation, to be formed as I thought from the figures to be found in the text, I unfortunately used two false quantities. I should have employed neither the figures 72 (the reading of the baroscope) nor 60 the equivalent of urea; but 50 the volume of nitrogen discharged, and 46·4 (nearly) the equivalent in relation to the reading of the baroscope; if it indicated less than 50 or if the baroscope indicated more than 50 it should make the volume of nitrogen to reach 53·9. These figures were not given in the text, and were consequently unknown at the time I wrote, but I have since ascertained them, not *at a glance*, but by calculating what should produce the co-efficient 13·9 from the figures given. The equations should read thus—$50 : 46{\cdot}4 :: 15 = 13{\cdot}9$, if the volume of nitrogen be calculated under 50—to correspond with Dr. Cruise's estimate. Thanking you for having kindly inserted my communication,

I am, Sir, yours, &c.,
J. CAREY, M.D.Lond.

Hamdon Villa, Taunton.

[We understand that Dr. Cruise intends to reply to Dr. Carey in our next.—ED.]

WAGES IN THE EARLY PART OF THE 17TH CENTURY.

DESCRIBING the effects, economic and otherwise, that were produced by the plague everywhere, M. de Laveleye says "Primitive Property," p. 251, that "after the great plague, which carried away considerable numbers of men, wages rose to such a point that a special law, the Statute of Labourers, was passed, fixing the wages at twopence per day in winter and threepence in summer, and compelling the labourer to work at this rate under pain of imprisonment." There is no occasion for any statute of this kind now, for men are so redundant that they are glad to get work at any wages. Thousands can get no work of any kind to do at any wage.

DR. ILLINGWORTH (Clayton).—We are quite in accord with your letter, but nothing would be gained by such a discussion, which would be endless. The other side would of course rejoice at the opportunity.

M.R.C.S.ENG.—You must await the result of the extraordinary meeting summoned for Thursday.

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Meetings of the Societies.

WEDNESDAY, MARCH 23RD.

HUNTERIAN SOCIETY.—At 8 p.m., Dr. Turner, Actinomycosis.—Dr. Dundas Grant, (1) A case of Caries of the Vertebræ from a Fish-bone in the Throat; (2) Laryngeal Growths; (3) Carcinoma of Œsophagus.

SOCIETY OF ARTS.—At 8 p.m., Dr Percy Frankland, Some of the Conditions affecting the Distribution of Micro-organisms in the Atmosphere.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8 30 p.m., Specimens will be shown by Drs. Pearse, J. Mansell-Moullin, Edis, and others.—Mr. Lawson Tait, Methods of Cleansing the Peritoneum. Council at 8 p.m.

THURSDAY, MARCH 24TH.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Dr. Priestley, Pathology of Intra-uterine Death (Lumleian Lecture).

FRIDAY, MARCH 25TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Mr. Davies Colley, On Contraction of the Metatarso-phalangeal Joint of the Great Toe (Hallux flexus)—Dr. Samuel West, Cases of Internal Suppuration, acute and chronic, without fever.—Mr. Treves, A Form of Glandular Swelling that is cured by Arsenic.—Mr. Parker and Dr. Robinson, Inherited Congenital Deformity of the Hands and Feet; Plastic Operation on the Feet.

Vacancies.

Cheltenham General Hospital.—House Surgeon. Salary £-0 per annum, with board and apartments. Applications to the Hon. Secretary on or before the 31st of March.

Macclesfield General Infirmary.—Junior House Surgeon. Salary £70 per annum, with board and residence. Applications to the Chairman, House Committee, on or before March 26th.

Birmingham General Hospital.—Resident Surgical Officer Salary £ 30 per annum, with residence, &c. Applications, with testimonials, to the House Governor on or before April 2nd.

Manchester Royal Infirmary.—Resident Medical Officer for the Convalescent Hospital at Cheadle. Salary £150, with board and residence. (See advt.)

Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence provided, but no salary. (See advt.)

Bethlem Hospital, London.—Two Clinical Assistants (recently qualified medical students). Board and residence provided, but no salary. (See advt.)

Appointments

COLLINSON, F. W., M.B., C.M.Edin., M.R.C.S., Senior House Surgeon to the Preston and County of Lancaster Royal Infirmary.

FRASER, A., M.A., M.D., C.M.Aber., Second Physician to the Aberdeen Royal Infirmary.

GOSTLING, T. P., M.R.C.S., L.R.C.P.Lond., L.S.A., House Surgeon to the General Infirmary, Worcester.

MORIARTY, P. H., L.R.C.S., L.R.C.P.Ed., Medical Officer for the Listowel Union, and Medical Officer of Health.

MUDGE, T. H. T., M.R.C.S., L.R.C.P.Lond., Medical Officer for the Paignton District of the Totnes Union.

PILKINGTON, J. E., M.R.C.S., House Surgeon to the Salford and Pendleton Royal Hospital and Dispensary.

RODGER, J., M.A., M.D., C.M.Aber., Assistant Physician to the Aberdeen Royal Infirmary.

SEMON, F., M.D. Berlin, F.R.C.P.Lond., Laryngologist to the National Hospital for the Paralysed, Queen Square, Bloomsbury.

SMITH, P. B., M.D., C.M.Aber., Third Physician to the Aberdeen Royal Infirmary.

STADDEN, W. J., M.R.C.S., L.R.C.P., Assistant Surgeon to the Leeds Workhouse Infirmary.

STEELE, E. Y., L.R.C.S., L.R.C.P.Ed., Medical Officer for the Abergavenny District of the Abergavenny Union.

TAYLOR, J., M.A., M.B., C.M., Resident Physician to the Royal Edinburgh Hospital for Sick Children.

Marriages.

GUINNESS—REED.—March 17, at the Great Assembly Hall, Mile End Road, Harry Grattan Guinness, M.R.C.S., of Harley House, Bow, to Annie, daughter of the late Henry Reed, Esq., of Launceston Tasmania.

Deaths.

BRODIE.—March 15, at the Royal Victoria Hospital, Netley, Surgeon John Brodie, M.B., Medical Staff, aged 38.

HARTLEY.—March 10th, at Roxeth Lodge, Carshalton, Surrey, James Hartley, M.R.C.S.

MARKWICK.—March 1[illegible]th, at his residence, West Brighton, Alfred Markwick, L.R.C.P., F.R.C.S. (late of Bayswater), aged 64.

STUTTER.—March 9th, at Wickhambrook, Newmarket, Suffolk, William Gsakoin Stutter, F.R.C.S., aged 71.

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Lumleian Lectures

ON

THE PATHOLOGY OF INTRA-UTERINE DEATH.

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THE subject I have chosen for these lectures is one of great importance not only in its general aspects, and from a statesman's point of view as influencing the law of population, but it has a special interest for the pathologist and medical practitioner. For the pathologist it is so linked and intertwined with other morbid processes, and the pathological changes observed in the embryo and its appendages are so illustrative of alterations going on elsewhere, that they become in some measure types of deviation from a normal condition in other organs, and furnish aid to further research. For the medical practitioner the question is constantly cropping up:—How can intra-uterine death be obviated? The death of a fœtus *in utero* either in the earlier or in the later periods of utero-gestation is often regarded by parents as an affliction little less than if the child had died in infancy; and its results on the mind and body of the mother exposes her to certain serious dangers. The repeated abortions which unhappily occur to some women, lead not only to grievous disappointment, but seriously impair the general health. Whatever Malthusian views may be held now or in the future, as to the desirability of limiting offspring either for economical reasons or for the purpose of convenience, there can be no question, that for reasons just given the investigation of the causes of death in utero, with a view to their prevention, are subjects eminently worthy of careful and conscientious study.

The causes of intra-uterine death are many and the subject covers a large extent of ground. When I first undertook to deliver these lectures, I purposed to go over the whole field of pathological inquiry relating to it, but I soon found that it would be impossible to treat the subject exhaustively, and therefore I must content myself with giving in outline a sketch of its broader dimensions, while I dwell with the greater detail on those sections which have more especially excited my interest, or in which I have personally made some investigation. Many disjointed contributions have been made in various parts of the world, but so far as I know no adequate attempt has been made in this country at least, to systematise the knowledge which has been gained, and the work of many authors appears in separate fragments, appearing at long intervals of time and scattered over a wide area of medical literature. In saying this, I do not undervalue the excellent summaries which are given in such modern works as Barnes', Playfair's, Lusk's, Tarnier and Budens, and Spiegelberg's Systems of Midwifery, nor the more elaborate sections on intra-uterine pathology to be found in Charpentier's "Traité d'Accouchements," to which I am indebted for many references.

In the limited field of placental pathology we have several valuable and more or less systematic treatises, among which I may mention Simpson's, Charpentier's, Bustamente's, Verdier's, and Whittaker's, and besides we have the well known contributions illustrating special diseases of the placenta from the pens of Robin, Virchow Hyrtl, Hegar, Rokitansky, Ercolani and others.

It is obvious that a general treatise on obstetric medicine can scarcely find room for a full discussion of all that has been done in this branch of pathology, and in reference to the special treatises or monographs on placental disease it may be said that some of them at least are out of date. Like all other branches of morbid anatomy, the investigation of diseases in the placenta has made in recent years considerable progress, and opinions and views formerly held in reference to the nature of some of the alterations observed, are now regarded as untenable. Besides examining many fresh specimens, I have gone carefully over the preparations bearing on the causes of intra-uterine death in all the London museums and some of those on the continent, and it has been an interesting study, in inspecting these preparations to compare them with the various pathological views which have been expressed by authorities, both in this country and abroad.

I may state at the outset that the complex and intricate anatomical structure, and the alterations associated with the rapid development of the contents of the gravid uterus even in the normal state, render all investigations very difficult.

When pregnancy goes its natural course, and development follows its normal progress, the changes which take place are incessant, and varying. From the time at which the decidua is first formed in the interior of the uterus to become the outermost of the fœtal membranes, to the formation of the fully grown placenta, there is no pause or cessation in the active changes which characterise the progress of growth. The cells and fibres which build up the tissues, day by day, undergo progressive change, and the vessels equally undergo modification in size, form, character, and in their relation to surrounding parts. The vegetative process is indeed so active, that if any derangement occurs either from accident or disease, the morbid change thus initiated is, or may be, impressed with the same activity, and rapid degeneration takes place, or abnormal growths are produced with surprising quickness.

It can scarcely be a matter of surprise therefore that pathological researches into these unstable and ever-changing structures should be beset with difficulties, and that equally conscientious and accurate observers hold different views concerning the nature of some of the pathological results hereafter to be described. The earlier the period of gestation, the greater apparently is the difficulty of pursuing investigations. Then all the tissues are so fragile and delicate that if specimens are procurable, their efficient injection is well nigh impossible, and they are likely to be so confused and broken that their true condition is not easily determined. Notwithstanding all the difficulties, researches have been attempted by very competent observers at every period of pregnancy, and the accumulated results so recorded may to a certain extent be formulated, and some at least of the pathological conditions be thoroughly understood.

Many of the causes which either remotely or directly bring about intra-uterine death are very difficult to trace, and some are so subtle in their influence as to be impossible to detect. Thus the child dies *in utero* with some women in successive pregnancies, and without any clearly assignable cause. The "habit of aborting" has been spoken of as though it were independent of disease. It is not infrequent to hear of women apparently healthy aborting, or losing their children in the later months of gestation ten, twelve, or thirteen successive times. Charpentier mentions the case of a woman who had no living child until the eighteenth pregnancy, and this was born at eight months. Both parents were apparently healthy.

Some women are so prone to miscarriage at any period of gestation that the slightest imprudence seems to be enough to endanger the existence of pregnancy and lead to detachment of the ovum.

This is in marked contrast to other and apparently not healthier women who will bear an extraordinary amount of violence or injury without disturbance to pregnancy. Mauriceau (*a*) relates the case of a woman in the seventh month of pregnancy who fell from the window of a house and broke her arm, dislocated her wrist, and besides received extensive bruises in various parts of her body, without bringing on labour. Dr. Henry Davies saw a pregnant woman who, in throwing water out of a window, lost her balance and fell into the street, breaking both thighs, but she recovered without aborting. Dupuytren has put on record the case of a woman who had severe traumatic tetanus during pregnancy, and who nevertheless went to her full time. M. Brillaud Laujardière relates the case of a peasant who took his wife while pregnant behind him on horseback, and started off at full gallop, with the object of bringing on abortion. After shaking her thoroughly in this way, he dropped her suddenly on the ground without stopping. This treatment he repeated twice without success. (*b*) I have on more than one occasion failed to bring on abortion when extreme peril to a woman called for this interference, by passing the sound deep into the uterine cavity and stirring up its contents; and one case is on record in which an intra-uterine pessary was unwittingly introduced into the womb of a pregnant woman, and was worn for some time without provoking abortion.

The frequency of embryonic death in the earlier stages of gestation is approximately shown by the Tables of Whitehead. (*c*) These were taken from the records of the Manchester Lying-in Hospital, and give an estimate so far as it relates to women of the poorer classes. Whitehead interrogated 2,000 pregnant women, whose average age was a fraction below 30 years, and he found the sum of their pregnancies had been 8,681, or 4·34 for each; of which about one in 7 had terminated abortively. 747 women had aborted once at least, some oftener, their average age was 32·08 years—the number of their pregnancies was 4,775—that of their abortions 1,222, or 1·63 for each person.

These figures, however, do not accurately represent the frequency of abortion throughout the whole child-bearing period, and a considerable proportion of the women were pregnant for the first time. In any case, they only afford a calculation of the average number of abortions in the first half of the reproductive period, and inasmuch as abortion is alleged to be more frequent in the latter half of the child-bearing period, it is probably much below the average of the whole. This is rendered the more probable by some further statistics of Dr. Whitehead, which he nevertheless admits are too limited to warrant a general conclusion. Of 64 women who were living in wedlock until after the final menstrual crisis, only 8 had escaped having an unsuccessful pregnancy, the percentage of those who had aborted being 87.

Hegar (*d*) reckons that there is about 1 abortion to every 8 or 10 full time deliveries.

Quite recently I attempted to draw up some tables on the basis of a thousand cases concerning which I possessed notes of private patients. It seemed to me that as Whitehead's figures were taken exclusively from the poorer classes in a manufacturing town, where, according to his account they were exposed to many privations, and to causes which deteriorate general health, there might be some difference as to the proclivity to abortion in the well-to-do classes. Unfortunately I found that, so far as many of the cases were concerned, the accounts of miscarriage were so untrustworthy or so indistinct as to be valueless. A large number of women had expressed themselves as having had "many" or "several" abortions, and some had persuaded themselves that miscarriage had occurred, when there was no satisfactory evidence that pregnancy had occurred at all. I took therefore the figures representing 400 patients in whom the evidence was distinct and unequivocal. All the women had reached at least her 40th year, and hence the history included for most of them the whole of the child-bearing period of life.

The results were as follows:—400 women had been pregnant 2,325 times. Of these, pregnancy had resulted in living children 1,783 times, and there had been 542 abortions. The proportion of abortions to children was therefore 30·40 p.c. or about 1 in 3, while the proportion of abortions to pregnancies was 23·32, or about 1 in 4. The number of women who had borne children but had never suffered abortion was 152 in the 400, or 38 p.c., while the number of women who had borne no living child and only had abortions was 27, or 6·75 p.c., the sum of the pregnancies in 400 women being therefore 2,325, or 5·81 for each, and the sum of the abortions being 542, it was 1·35 for each.

It will be seen that the proportion of abortions to full time pregnancies is considerably higher than Hegar's computation. The proportion approximates more closely to Dr. Whitehead's figures, but there is a larger average of abortions, as the calculation embraces a longer portion of the reproductive period, and there is another notable difference, which may perhaps be put down to easier circumstances and exemption from bodily toil, viz.: that, if a comparison is made with Dr. Whitehead's limited data, concerning those women who had passed the menstrual epoch, it will be remarked that, while among the poor of the manufacturing town as many as 87 per cent. had incurred abortion, only 62 per cent. of the women in better circumstances had suffered in this way.

Granville, in his work on abortion, states that of 400 women 128 of them had miscarried, and among them there had been 305 abortions. Bland (*a*) computed that out of 515 mothers 147 of them miscarried. Dr. Tyler Smith, writing on this subject in 1858, remarks that as, according to the last census, the married female population in England and Wales between the ages of fifteen and fifty-five, amounted to 2,553,894, the loss of fœtal life, based on Dr. Whitehead's or any other calculation must be enormous.

As to the particular pregnancies in which abortion most frequently takes place, considerable difference of opinion exists. Dr. Tyler Smith regarded the danger greater in first pregnancies, particularly among the upper classes, and in those later pregnancies which occur before the cessation of the menses. Whitehead believed that the third and fourth, and subsequent pregnancies, and in one or two of the last near the termination of the fruitful period, are most commonly unsuccessful. Schroeder (*b*) says there are twenty-three multiparæ who abort to three primiparæ. I am bound to say that I do not think these computations at all satisfactory or conclusive, inasmuch as various elements are not considered which become important factors in making the calculation. Age has a marked influence on the continuance of pregnancy, be it the first or latest gestation, and the

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(*a*) See Tyler Smith, "Manual of Obstetrics," 1858.

(*b*) See T. Gallard, "De l'Avortement," &c, au point de but. Med.-legal.

(*c*) "Abortion and Sterility," 1847. (*d*) "Monat. f. Geburt., Bd. xxi, Sup.

(*a*) Calculations, &c., 1781.

(*b*) Lehrbuch der Geburt.

social circumstances in which the woman finds her place in life are not without effect on her successful child-bearing. Thus women of the better classes incur much more risk of aborting in their first pregnancies than their poorer sisters, from the prevailing fashion of taking long journeys immediately after marriage. If conception begins then, it is very likely to break down as the result of the shaking and fatigue incurred, combined with the irritation often set up in the reproductive organs, as the result of the new conditions of life.

The preceding remarks refer more particularly to abortion in the earlier periods of pregnancy.

Concerning the amount and frequency of fœtal mortality in utero in the latter periods of gestation, no very large amount of information is accessible. There are abundant statistics, by Collins, MacClintock, Sir James Simpson, and others, concerning the number of still-born children resulting from tedious, difficult, and complicated delivery, and with these are included a certain number of children who died antecedent to the supervention of labour. But taking these two together, it is obvious that the sum of both forms only a small proportion of the absolute mortality which occurs in the later periods of gestation. Of 16,654 children born in the Dublin Lying-in Hospital, and recorded by Collins, (*a*) 1,121 were still-born. Of these still-born children 801 were either premature or, if at the full time, were putrid, and their deaths were, therefore, not due to injuries during delivery, or what may be called traumatic causes.

The relative period of utero-gestation in which intra-uterine death most frequently takes place has been variously stated, and for certain reasons cannot be very precisely determined. It is probably very frequent in the form of abortion during the early weeks of pregnancy, and then it may produce so little disturbance in a woman's health as to be scarcely noticed. Among the poor this is certainly the case, and consequently an estimate of its frequency among them is practically impossible. Madame La Chapelle (*b*) regarded it as most frequent in the sixth month of utero-gestation. Cazeau (*c*) believes abortion to be most frequent in the two or three first months; and Depaul (*d*) states its greatest frequency to be between two-and-a-half and three-and-a-half months. Jacquemier, (*e*) on the other hand, declares abortion is not less frequent in the sixth month than in the first half of pregnancy. Whitehead's figures show that of 602 cases of abortion, 275 occurred between two-and-a-half and three-and-a-half months, and 147 between three-and-a-half to four-and-a-half months.

The stage at which development has arrived about three to three-and-a-half months, points to a period when, *pro tanto*, abortion may be supposed the more readily to be brought about, and so coincides with Whitehead's statistics just quoted. Then the villi of the chorion have become more concentrated on the decidua serotina, and the young placenta is in progress of formation. There is great increased vascular activity in all the tissues, and yet a certain instability, for the vascular loops projected from the maternal circulation are beginning to surround the fœtal villi in a delicate sort of network, and the spaces which intervene between the membranes, so obvious in the earliest weeks, are not yet obliterated. Besides, the union between the membranes and the uterine walls is less stable than later on, and so separation more readily occurs. Hence a greater liability to blood extravasations not only into the layers of the decidua, but also between the several membranes, and more especially between the decidua reflexa and the chorion. From the twelfth to the sixteenth week the phenomenon of "quickening" occurs, and, if anything hinders or prevents the ascent of the uterus into the abdomen, abortion is precipitated. Morgagni and Desormeaux (*a*) are of opinion that abortion is more frequent with female than with male embryos, but give no statistics; and Cazeau's reason for thinking this may be true is scarcely a sound one, viz.: because at term there are sixteen boys born to every fifteen girls.

Some of the indirect causes which lead to intra-uterine death, may be regarded as general rather than specific in their effect. In the case of domestic animals we find abortion which is not infrequent among them, attributed to a series of indefinite causes, as bad and wet seasons, insufficient and unsuitable food, &c., and in women, apart from injuries and specific diseases, abortion and death of the fœtus during pregnancy, are by most authors regarded as brought about by influences which impair the general health and lower vitality, as well as by mental and emotional causes, which are necessarily more potent in the human subject than in the lower animals.

An inquiry into all the circumstances which conduce to, or more directly produce intra-uterine death, extends, therefore, over a wide range of subjects, and embraces a variety of pathological considerations. Not only does it involve a minute inquiry into the several morbid constitutional states in the woman which may tend to destroy the offspring, but it involves also an inquiry into various deviations of health, which may produce a like result on the side of the male parent. It includes various morbid changes which take place in the uterus and its appendages, in the fœtal membranes and placenta and, lastly, in the embryo itself.

Various classifications of the causes of intra-uterine death have been made by Spiegelberg, Leopold, Barnes, and others. I do not propose to follow closely any of these classifications, but shall take first the causes acting through the male parent; then those which act through the intervention of the mother, and, lastly, those which more particularly belong to the fœtus itself, although possibly remotely related to both parents.

I. Causes of Intra-uterine Death referable to the Father.

Authorities concur in stating that the death of the embryo after conception, is due in some cases at least to defects in the male parent. The fault is, as it were, *ab initio*, conception takes place, but it is vitiated from the beginning by some alteration in the fecunding fluid. The male parent may be too young or too old to impart the necessary potency to the spermatic fluid, and so the product of conception breaks down and drops like untimely fruit, because it does not possess the necessary amount of vitality to prolong its development. The same thing is seen in plants as in animals. The pollen cells are sometimes imperfectly developed as the result of an unhealthy state of the plant—or the pollen may be injured or spoilt, before or during the time it is applied to the pistil, and the result is an imperfectly formed seed or fruit which never reaches maturity. This is particularly noticeable. in dioecious plants, and in these experiments can readily be verified.

In birds' eggs again it is often observed that they cannot be hatched, although no imperfection can be discovered in them. The fault here is probably to be sought in the imperfect impregnation by the male. It seems probable also that some of the forms of monstrosity are due to faulty conditions in the male parent, and these in a large proportion of cases lead to abortion or premature fœtal death.

Debauchery, various diseases and injuries from which men suffer, may so deteriorate the constitution as to impair the procreating power, and so cause abortion in the woman.

Devilliers (*b*) points out that the procreating power is essentially distinct from that of development, and hence that a man may possess the power to fertilise, but his whole strength may be expended in this act, and may

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(*a*) "Practical Treatise on Midwifery," 1835.
(*b*) "Practique des Accouch."
(*c*) "Traité des Accouch."
(*d*) "Lecons de Clinique Obstet."
(*e*) Art. "Avortment." Dict. Encycl.

(*a*) Vide Charpentier.
(*b*) Dict. Méd. et Chir. Pract. de Jaccoud, art. *Avort*.

not extend beyond, so that there is no further development. He further states that the faculty of development is relative. Thus a weak man may impregnate a robust woman, and by so much as she has strength to impart, the vitality of the germ may be carried on entirely under the influence of the woman. Instances are recorded of women who have aborted in every pregnancy by a first husband, and by a second have gone to the full time. I know of one case where a man, the subject of slight albuminuria, married a young woman apparently in perfect health. They had one child delicate and fragile, within a year; and the wife aborted successively in three subsequent pregnancies,—the husband growing weaker year by year, and eventually dying of uræmia. Since then I have inquired of several authorities on renal affections, whether they had remarked a special proclivity to abortion in the wives of men who were the subjects of albuminuria, or saccharine diabetes. I have not been able to procure any precise information on the point, but the general outcome of opinion is, that during the progress of these maladies, the vital powers become so exhausted, that sexual power and desire fall into abeyance, and that it is only during the slighter forms, they are likely to continue. My friend, Dr. Frank, of Cannes, has related to me the case of a diabetic man married to a healthy young woman. Their first child was born alive—the diabetic tendency being slight. After this the wife had a series of abortions, generally in the fourth or fifth month,—the diabetic condition in the husband having become more confirmed. Singularly enough, the wife herself eventually died after her husband of albuminuria.

In the *Archiv. Gen. de Med.* 1860, is a curious paper by Constantin Paul in which he shows that lead poisoning or saturnine intoxication as it is called, not only injuriously affects the child in utero when the mother is the subject of it, but indirectly also when the father is affected. In this way it may lead to the death of the fœtus in utero, and produce abortion or premature expulsion. In many cases also where the child is born alive, the poison may so lower its vitality, that it does not long survive its birth. Thus, of seven women whose husbands suffered from lead poisoning, there were thirty-nine pregnancies. Out of these there were eleven abortions, and one dead born child, and of twenty-seven children born alive eighteen died in early infancy, while only nine survived.

Syphilis.—Perhaps the most potent of all poisons in producing intra-uterine death, at all stages of pregnancy, is the poison of syphilis, and this whether the disease exists in the male or in the female parent. I shall have to speak more fully afterwards of its effects when the woman is the subject of syphilis. Here I propose to say a few words only on its influence on conception in the male. It is readily understood that if a man be affected with syphilis he may communicate the disease directly to a woman in coitu, and the usual result will be a local affection, followed by constitutional symptoms, and a general poisoning of all the fountains of life, so much so indeed, that the fecundated germ as part of the maternal system is blighted from the first. But it is perhaps not so readily understood, that when a woman has shown no indication of syphilis in her own person, she may become impregnated by a spermatic fluid which carries with it so potent a syphilitic virus, that in its development it sooner or later kills the product of conception, and this in its turn so poisons the maternal blood, that the woman eventually becomes tainted with constitutional syphilis. Charpentier, in his "Traité d'Accouchements," gives a good illustration of this indirect influence of syphilis in the male on conception, and it is but typical of facts accumulated by other observers.

A student of medicine who had contracted syphilis, married two years after, being apparently cured, and showing no indication of the affection. His first child was syphilitic, and four other unsuccessful pregnancies followed, the wife in the meantime being in good health and showing no sign of syphilis. Nearly seven years now elapsed without pregnancy, both parents having been carefully treated for syphilis in the interval, when a healthy and vigorous child was born for the first time.

The idea that syphilis could be transmitted directly from the father to the fœtus, without visibly affecting the mother was long doubted and combatted, but it has been sustained in later days by Trousseau, Depaul, Ricord, Vidal, and by Diday, whose treatise on syphilis has been translated for the Sydenham Society. In our own country Prof. Harvey (*a*) and Mr. Jonathan Hutchinson also have adduced very cogent evidence in proof that the mother may be infected by syphilis through the medium of the fœtus, and there is every reason to believe that in many instances where syphilis is, so to speak, latent in the husband, it is not communicated to the wife unless she becomes pregnant by him. In other words, that coitus without conception, does not impart the venereal taint to the woman.

It has occurred to me on more than one occasion to treat cases of pregnancy in which there was a strong presumption that the male parent not only begot a syphilitic child, but that the child in its turn infected the mother. For example, a young man having suffered from both primary and secondary syphilis two years before, and being apparently cured, as all external signs of venereal disease had disappeared, married a healthy wife about his own age. The wife soon became pregnant and seemed to go on well until the fourth month of gestation when about the time of quickening, she began to have great irritation of the vulva, and mucous tubercles made their appearance all over the vulva and round the anus. The throat became affected about the same time, and syphilitic psoriasis made its appearance on the face and chest. Pregnancy went on to the end of the seventh month, when the woman was delivered of a dead child, putrid; and of a placenta, infiltrated with nodules of whitish deposit. The mother distinctly stated that she had no sore in the earlier part of her pregnancy, and there was no indication of her being the subject of syphilis until nearly half way in her gestation.

As remarked by Lancereau (*b*) the difficulty in this class of cases is to determine when the contamination took place. The father may have had some sore hidden in the urethra and not detected, and the mother may have had some primary lesion which had passed unperceived. In further proof, however, of what has been stated, and of the persistence of syphilis when apparently cured, Vidal (*c*) refers to three physicians, who, believing themselves cured of syphilitic affections, married. The children, the issue of these marriages, presented a few days after birth evident traces of syphilitic affection, their mothers never having manifested any suspicious lesion. Lancereau remarks that "this collection of facts furnished by men well informed and placed in conditions of observation often very different from each other, cannot leave any doubt as to the exclusive action of the father in the inheritance of syphilis."

Baerensprung, the latest authoritative writer on this subject, in his work "Die hereditare Syphilis" cites forty cases occurring in his own experience of hereditary transmission by the father infected at the moment of procreation, and although infection in all his cases did not lead to the death of the fœtus in utero, yet they afford evidence of the point under discussion, viz., the infection of the ovum directly by the male parent. Diday quotes several instances where syphilis was thus transmitted by fathers, and Baerensprung gives fourteen cases in which the father was exempt from any manifestation of syphilis—it was so to speak latent—and yet both the mother and child were infected by him. Baerensprung further

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(*a*) *Vide* "On the Fœtus in Utero," by Alex. Harvey, M.D. 1886.
(*b*) "On Syphilis," trans. by Syden. Soc. 1868.
(*c*) "Traité des Mal. Vénérien."

concludes from numerous observations made by him, that syphilis in the father is transmissible during the primary and secondary periods only, not in the tertiary period, or if so, in a much slighter degree.

(To be continued.)

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Clinical Lecture

ON

THE TREATMENT OF TYPHOID FEVER. (a)

By Professor H. NOTHNAGEL,

Vienna.

(Concluded from page 238.)

When you apply these principles to the group of chemical antipyretics, thallin, antipyrin, antifebrin, you will find common characteristics in all of them. All these remedies are capable of reducing temperature in a remarkable manner. When the crisis arrives in an acute febrile affection it runs its course in a great number of cases without any injurious complications, the temperature falls, the pulse becomes less frequent, and the patient feels well as the disease comes to an end. But there are conditions under which the crisis takes place with injurious and dangerous accompaniments, symptoms of collapse come on, the temperature and pulse rate fall below the normal, the pulse become arythmic, cerebral symptoms make their appearance under certain conditions, dependent on anæmia of the brain, which we designate as the delirium of inanition, or the coma of inanition. If you now see how these three drugs, and also the other remedies act, you will note the following:—The more energetically and rapidly a chemically acting antipyretic reduces the temperature, the more marked are those phenomena which we have recognised as concomitant symptoms, and, under certain conditions, as dangerous concomitants of the natural reduction in temperature of the crisis. You see this the most markedly in those remedies that reduce the temperature the most energetically, in resorcin and kairin, for example. The temperature falls rapidly with these, the patients sweat profusely and get a sort of pulse and cardiac action that remind one of collapse, or there is actually a pronounced collapse. The temperature afterwards mounts upward again with a rigor or chill. You may observe the same appearances with thallin, antipyrin, or antifebrin, but not to such a marked degree. In a number of cases the temperature falls with more or less pronounced indications of collapse when these remedies are employed, but only exceptionally, however, not always, and not as a rule. In fact we make use of these three remedies because with them symptoms of collapse only make their appearance exceptionally, and to a slight degree. But they may come on. This depends in part on the size of the dose, and in part on the individual susceptibility, on the individual reaction with regard to the drug. It is an incorrect and unphysiological notion when a new antipyretic is introduced to the public with the statement added that it produces no disagreeable bye effects, that no sweating and no symptoms of collapse supervene, and that the temperature does not rise with a rigor, &c. One can only say that in the case of these remedies this only rarely takes place, so rarely that for this reason they deserve the preference over the others, but it certainly does take place. Clinical observation has shown that in fact these accompaniments may present themselves with all these chemical agents. The three mentioned only rarely give rise to them, and therefore we give them. If you ask me to which of these three remedies I should give the preference, from my own conviction, and from my experience with them at the bedside, to be honest, I must say that it seems to me that they are of equal value. I must, if you will, have a certain paternal predilection for thallin, for this emanated from my own Klinik, but I must say that antipyrin, and—so far as we have seen at present, but we have not used it for so long a time—antifebrin, act in the same way. I have said that a special importance was attributed to thallin in typhoid on the part of Ehrlich, as a specific, these three drugs appear to be equal as antipyretics, I cannot concede any real difference between them. The dosage is as follows:—Of antipyrin we give 1·0—2·0—3·0 grm., 1 grm. hourly. Of thallin we give much smaller doses 0·1—0·2, thus one-tenth to one-fifth of a dose of antipyrin. We give the same dose of antifebrin as of thallin, 1·1—0·2, a few doses one after another till the temperature has fallen; 0·25 to 0·30 may be given, 0·1 to 0·2 usually suffices. If you wish to effect a continuous antipyresis with thallin, you give still smaller doses, you begin with 0·03, or 0·04, or 0·05 grm, you try this and go on with it. Quinine and salicylate of soda stand *vis a vis* to these newer antipyretics. The antipyretic effect is pretty much the same in these two remedies. When salicylate of soda was introduced into therapeutics, there was a period when it was placed above quinine in the treatment of typhoid fever, that is not so now however. From my personal experience in typhoid, I give the preference to quinine over salicylate of soda, as the latter produces copious perspiration, which is a disagreeable accompaniment. That it acts less powerfully upon the heart, cannot be affirmed. Quinine is the old and tried antipyretic in typhoid, it should be given in the case of adults in doses of 1·0—1·5—2·0 grms. in one or two doses at intervals of at most an hour; it is best to give hydrochlorate, or sulphate of quinine in pills or capsules; in solution the sulphate is given. The time at which the drug is given is not without importance, we do best to give it in the evening, half a gramme somewhere about 6 o'clock, and about half-past six another half gramme. We give the salicylate of soda most effectively in the evening, in about double the doses of quinine, we give 2·0 to 3·0 grammes in a couple of doses following one another. We see that with quinine and salicylate of soda the temperature falls much more slowly than with thallin, antipryin and antifibrin.

You may see in this what I have told you already that the more rapidly a remedy reduces the temperature the more readily do the symptoms of the crisis come on; that with salicylate of soda, perspiration and the symptoms of collapse are more readily induced than with quinine. I cannot recall to mind ever having seen these symptoms with quinine, the fall of temperature with quinine approaches more nearly to lysis, if I should make such a comparison, whilst thallin, antipyrin and antifebrin approach more nearly to crisis, and accompanied by phenomena of crisis, whilst salicylate of soda occupies a position between the two. The same relation holds with regard to the after effects. With quinine and salicylate of soda the temperature mounts again slowly, the effect is more lasting, the most lasting with quinine, then comes the salicylate of soda, then the remaining antipryretics, with which the temperature mounts up more quickly. I must content myself with these short schematic outlines of these antipyretics, the details of which you will carry out by means of the lectures on the physiological actions of these substances.

In contrast to the chemical antipyretics stands the abstraction of heat by means of baths. I will not enter more into the question, there exists concerning it a mountain of literature, I will only in a few words group together the quintessence of it. The abstraction of heat was already practised in the last century, was then forgotten, then hypropathic treatment was employed by Priessnitz in the most varied chronic and in the acute febrile diseases. At that time hydrotherapeutics was a panacea for everything that caused disease or crippled humanity. The more scientific treatment of febrile conditions by abstraction of heat was made prominent for many years by Dr. Brand, a physician of Stettin, until at last the question was cast aside by some kliniks, and it is owing to Liebermeister, Jürgensen and Bartels that it has been brought once more into the stream. Since the publications of Bartels, Jürgensen and Liebermeister, an enormous literature has appeared with scientific investigations into the importance of abstraction of heat, the influence of baths, &c., in febrile diseases. The matter has oscillated this way and that, patients have been put into baths at 16° and 14° (C) and kept there for two hours; then into baths at 24° to 26° (C) and left there for 4 or even 8 hours as was done by Riess.

(a) A Lecture delivered in the Medical Klinik of the University of Vienna, January, 1887.

Our views regarding this have now become clear, and we have returned to what observation had long since taught us, that eclecticism was here the right method. When I look back upon what, as a young man I saw with Traube, I must say that Traube, without making it out as something essential, carried out in principle what we have come to after twenty years of struggles and turnings aside, viz., that Traube did not treat all his cases after a routine method, after a fixed plan, but that individualising his cases he treated them sometimes with warm, and sometimes with cold baths. A little scene that I witnessed there I can never forget. I was in Breslau, and in the Lazareth there had to treat some young soldiers, typhoid patients, strong young men. In the case of one young soldier the temperature would not go down in spite of all our efforts. He was put into a cold bath at 16° C. (60° F.) every two hours, the temperature remained at 40° C. (104° F.). A journey accidentally took me to Berlin, I spoke with Traube about this case, and he said to me:—"When you return put the man into a warm bath." The man was put into a warm bath and the temperature went down. When we see such sharp contradictions, we come to the conviction that there is not *one* method that is alone successful, but that we must individualise. If now we would abstract heat in a case of typhoid, various methods are at our command, baths, packs, &c.; heat may also be abstracted by the application of ice-bags, lying on ice-beds, &c. The most varied appliances have been thought out therefore, but we have returned from all these things, and now stand still at baths, packs, and sponging. Packs are employed mostly in the case of children, for the reason that this method of heat abstraction suffices with them, and, when baths cannot be given. The baths themselves, which are the principal method, are sometimes warm, and sometimes cold; the cold baths are given at a temperature of about 22·5° C (73° F.). Patients are left in such a bath three to seven minutes, they do not bear longer, anyone who when feverish has once sat in such a bath, will know how extremely unpleasant the sensation is. When the patients are weaker one should generally be present in person at the first and second bath; the pulse must be watched, you must not forget that on the surface of the body a contraction of the peripheral vessels takes place, that the resistance for the heart is enormously increased, and that weakness of the organ may supervene. It is known that if a person springs into a cold bath, into a river for instance, he may get an arythmic pulse, apparently caused by the action on the vaso-motor centre, the heightened cardiac resistance. In the case of weak persons, therefore, you must be present once or twice, or a little wine must be given them before, and after the bath, when they are put back to bed, hot water bottles must be put to their feet, &c. When a patient begins to shiver in a bath, he must be at once taken out. When the patient cannot bear such a low temperature, he is first to be put into a bath at 22° C., (71 F.), and the temperature should gradually be reduced by running in fresh cold water. Warm baths are taken at a temperature of 24° to 26° R. (86° to 90° F.). The patients are allowed to stay in longer, five to ten minutes. If you see no effect they must be left in longer, ¼ from to ½ an hour, and longer still, to one and, two hours even. In what cases then are cold baths to be used and in which lukewarm? From what I have seen I might formulate my experiences in the following:— employ cold baths when the case is one of typhoid, i the first two weeks or even in the commencement of t third; in the case of a strong patient who is not too f reduced, who has no cardiac feebleness and, generall speaking, no complications. I employ luke-warm bat when the case is protracted into the second half of t third week, and later still when the patient is weak—i the case of a patient previously weak even in the fir two weeks. When there is cardiac feebleness alon with the fever, and especially when profuse diarrhœa present, in these cases you should not give cold bath This grouped together in a few sentences, is what I hav thought best to give you for your guidance. That thi will not be always suitable, but that there are deviations from it, the case of the soldier will teach, that I have related, a young powerful man, in whose case in the first fourteen days of the disease without complication, cold baths were of no assistance. There appear to be individual conditions, which do not permit of being brought into definite formulæ which we do not know and in which we must proceed tentatively. That is, indeed, the task of the physician to find out the right thing in such cases and do it. I have already told you that when we employ antipyresis in typhoid, in hyperpyrexia we make use of the chemical antipyretics, but that, in the ordinary fever temperatures, we see great advantages in reducing the temperature by warm baths. This question was discussed by various clinicists at the last Medical Congress at Wiesbaden, and the majority of them expressed the opinion that, according to their experience, baths influenced the course of the disease more favourably than the chemical antipyretics, for the reason that baths not only act on the symptom of heightened temperature, but at the same time in some way stimulate the nervous system by their action on the cutaneous nerves, whether by direct reflex excitation of the sensory cutaneous nerves or by their influence on those of the vaso-motor system; whatever it may be they act at the same time on the nervous system, and we see that when baths are employed the sensorium becomes more easily and quickly free than when the chemical antipyretics are given. These, in short outlines, are some of the principles for the employment of antipyresis in typhoid fever. Into the treatment of the individual symptoms, vomiting, diarrhœa, hæmorrhage, pulmonary complications, &c., I have not entered.

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NOTES OF

THREE CASES OF INJURY TO THE POPLITEAL ARTERY,

Each ending in Amputation of the Thigh in from Ten Days to Thirteen Months Afterwards.

By WM. A. GARRARD, M.R.C.S.,
Surgeon to the Rotherham Hospital and Dispensary.

Case I.—Samuel C., æt. 42 last November, was turning the handle of a heavy crane, which was lifting three tons of steel, the handle slipped and revolving with great violence struck him on the head and then across both knees when the legs were extended. On admission, besides severe contused wounds of the head, both knees were partially dislocated backwards; there was increased mobility of the knee-joints and both legs could be bent forwards almost as well as backwards; in the right knee a fracture of the tibia, close to, or into the joint, could be made out easily, and the left popliteal region was swollen and filled with dark blood, but no pulsation could be felt in the swelling; neither anterior nor posterior tibials could be felt at the ankles; the left foot was colder than the right. I considered that the posterior crucial ligament had given way, and that the head of tibia being forced back had ruptured the popliteal vein. I thought perhaps the artery might have escaped.

The limbs were put up on back splints, and kept warm with wool and hot bottles. Ten days afterwards, I found the temperature going up, and that day gangrene had commenced in the tips of the toes of the left leg, they had already a transparent look. The next day the gangrene had spread rapidly over the foot and up the calf, temperature, 104½°. I amputated the thigh just above the knee the same morning. On examining the flap, I found the popliteal artery completely closed with firm solid clot. On examining the limb, the whole popliteal artery was plugged in the same way, and had evidently been stretched rupturing the inner coats without tearing the outer; the posterior crucial ligament was not broken, but had torn off a piece of the tibia at its insertion near the spine; bits were also smashed off the condyle and head of tibia. The stump was quite a month before it healed. The right knee is now, three months after, fairly movable and not much out of shape, but the foot is rather œdematous and cold blue about the toes, there is still no pulsation in the posterior tibial, and there is an ulcer at the back of heel which shows no healing tendency. I am uncertain whether the popliteal is not in the same condition of occlusion, as was the artery in the left leg in which case, I am doubtful whether or no, the limb will be any use to him.

Case II.—The next case came into hospital December 31st, 1886, and is interesting from a diagnostic point of view. William B., says, that a month before he came under observation, whilst carrying a weight he slipped off a plank twisting and bruising the right knee; he did not think it serious and continued at work for a week, but had considerable pain; then he stayed in the house three weeks; during this time a swelling in the knee rapidly formed. Previous to the injury he was not aware of anything wrong with his knee. On admission, the knee was semiflexed, the heel drawn up, foot extended, some effusion in upper pouch of synovial membrane, there is a large semi-fluctuating mass, filling the whole popliteal space, and spreading down into the calf, the limits either way not to be defined, but gradually lost in the surrounding muscles. The skin over it was rather inflamed and brawny, it was very tender and painful, especially at night. The glands in the groin are not at all enlarged. No pulsation whatever can be felt in the tumour. Compressing the femoral artery for a minute has no effect whatever on the tumour. No pulsation can be felt in either of the tibial arteries (neither is it felt in the other leg). Superficial veins of the leg are swollen, part of the soft-palate has sloughed away, he says from small-pox an attack of which he had eleven years ago; there is no other sign of syphilis.

I found the diagnosis very difficult and doubtful. Was it an abscess around some softening gumma? Was it a rapidly growing soft sarcoma? Or was it aneurismal? I passed a grooved needle; nothing but a little bloody serum escaped. I thought it was a ruptured aneurism and thought the lack of pulsation no bar to the opinion as we know very well that in most of these cases there is little or no pulsation. If any one thinks an aneurism is always easily made out he is much mistaken; as many of the most eminent surgeons have been. I had excluded abscess with the grooved needle, and still felt great doubt as to whether or no it was malignant, especially as the house surgeon who is a good observer and had watched the case carefully, was strongly of opinion that it was a soft sarcoma. He was treated for a week or more with pot. iod. January 14th.—The swelling increasing, the pain and tenderness becoming intolerable and the veins of the leg more distended and considerable œdema all down the leg. January 15th.—All symptoms, and especially the pain, had become quite intolerable, even with the help of morphia. I determined to amputate the thigh after first examining the tumour when under the anæsthetic. On dividing the skin, I found the whole tumour, consisted of semi-solid black clot, which had torn its way up the thigh and half-way down the calf. There had been a small popliteal aneurism not much bigger than a walnut, which had burst in its entire length; on laying open the sac completely, there was thrombosis of the popliteal vein. The stump healed rapidly.

Case III.—Mr. Walker has kindly allowed me to relate another case under his care in which I assisted him to amputate the thigh more than a year after the accident occurred. Henry Oscroft received twelve tons of grindstone on his left leg; there was a severe fracture of the upper third of tibia, with great bruising of soft parts of calf. The leg did badly, and a fortnight or three weeks after was covered with bullæ, the posterior tibial artery could not be felt, and there was coldness and blueness of the toes. Six weeks after the accident, some pulsation could be felt in the popliteal region, and bullæ were forming on the toes still blue, and a little later the tibial artery could be felt. Seven weeks after there was no union of the fracture, The toes became black, and there ends came off and all had to be amputated at various times. In three months the bones were united, and he could walk pretty well when he left the hospital. He was seen by Mr. Walker from time to time, but his leg was never any use to him, and was ulcerated, blue and cold, and in the way. Thirteen months after the accident, his thigh was amputated. On examining the limb, there was an ugly and displaced fracture two or three inches below the knee, and a large false aneurism in the lower part of the popliteal space which was consolidated and had spread through the superior inter-osseus opening to front of leg and I suppose interfering with innervation as well as the circulation of the lower part of the leg and foot. It appears from a contemplation of these cases that where the popliteal artery is *hors de combat* from any cause, a very little permanent swelling in the neighbourhood will so far interfere with circulation and nutrition as to necessitate amputation sooner or later.

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Laboratory Report

AND

THERAPEUTICAL NOTES ON SOME RECENT PHARMACEUTICAL PREPARATIONS.

By F. J. B. QUINLAN, M.D. Univ. Dubl.,
Physician to St. Vincent's Hospital, and Professor of Materia Medica and Therapeutics, Catholic University Medical College.

Liquor of Podophyllin (Hockin).

Owing to its insolubility, podophyllin is mostly exhibited in the form of pill; and, as a consequence, occasionally passes through the intestinal canal more or less unabsorbed, and to the disappointment both of patient and physician. This liquor contains one-quarter of a grain of podophyllin to the drachm; and when added to water produces a clear solution the colour of sherry, and without any precipitation of the drug. In cases of dyspepsia, occasioned by torpidity of the liver, I have obtained excellent results from the administration of a drachm of this liquor in an ounce of gentian mixture two or three times a day. From two to four drachms of the liquor, together with an ounce of decoction of aloes and five minims of tincture of capsicum, form a good cholagogue aperient.

Pure Terebene (Hewlett).

Terebene is a powerful pulmonic stimulant and expectorant, and appears to act in the same manner as small doses of turpentine, but without any of the inconveniences to the intestinal or urinary apparatus so often experienced from that drug. I have used it in several cases of capillary bronchitis accompanied by a tendency to excessive mucous effusion into the bronchial tubes; and with marked benefit. It appeared to control the effusion, and when it had occurred to help its removal by expectoration. The taste of small doses of five to ten minims is fragrant and agreeable, but the preparation is difficult to manage owing to its not mixing with watery or alcoholic fluids. It is usually administered by dropping it into a lump of sugar; or it may be dropped into a wineglassful of hot punch, in which it is hardly tasted.

Should it be desired to combine it in a draught, it can be rubbed up with some freshly powdered gum arabic, and the vehicle slowly worked in. This requires careful compounding, and the best vehicle is almond mixture.

Carnrick's Peptonoids.

These preparations are in two forms, the first being a combination of extract of beef along with dried milk and the gluten of wheat, all in a digested state, and forming an eminently assimilable mixture of fibrin, gluten, and casein. The preparation is preserved by the addition of a small quantity of alcohol, and will keep indefinitely. I have used it in several cases of debility, and with good results. The second preparation is a combination of beef extract, milk and gluten, but with a preservative fluid consisting of pyrophosphates of iron dissolved in sherry. Soluble iron taken in this manner along with fluid digested food would naturally be entirely assimilated; and in fact would constitute an ideal form for the administration of the drug. It was used with decisive effect in the case of Bridget H., æt. 23. This patient had suffered from a severe cerebral inflammatory attack, for which she had to be kept for eighteen days under the influence of mercury, and when the cerebral symptoms abated she was left in a condition of deplorable weakness and anæmia, and the ordinary preparations of iron did not agree with her. The peptonoids iron and wine agreed with and quickly restored her.

Argilli Aperientes (Murray).

Everyone who has to deal with a nursery is familiar with the difficulty of administering aperient medicine to children of from two to ten years of age. The aperients are generally nauseous combinations of senna and salts or of rhubarb, or else castor oil; and the infant's resistance is overcome either by intimidation or by bribery. An aperient in the seductive form of a sweet cake, which would be cordially accepted and blithely consumed, will be welcomed by every mother and nurse. The aperient cakes very much resemble outwardly the *pain d'epice*, so dear to the French and Belgian "infantry." They are very agreeable to the taste, and are flavoured with caraway. Owing to this flavouring it is very hard to say what the purgative is. It is evidently a vegetable one, and the cakes are of two strengths. They were tried on some young children, and with decisive results. The idea is one which is capable of being further worked out.

Lanoline (Liebreich).

The fat of wool has been known from time immemorial as an excellent basis for ointment; and lanoline is this fat in a perfectly pure form. It is obtained from crude wool fat by centrifugal action, just as milk is at once freed from its cream by Laval's separator. This fat differs from ordinary fat in the important fact that its base is cholesterine and not glycerine, and that it is entirely free from acid or gritty substances. Ointments made with ordinary lard or other such fats are apt to become rancid; and dangerous consequences have resulted from the application of rancid ointments to raw surfaces. To obviate this, residual petroleum compounds, such as vaseline, have been employed as ointment vehicles; but they have the disadvantage of not being absorbable, and of occasionally causing cutaneous irritation. Lanoline appears to combine all the advantages of lard and of vaseline. It will keep indefinitely, it never irritates the skin, it will take up all substances in an ointment, it will take up aqueous fluids, and lastly, it is rapidly absorbed into the body and carries its combined medicament with it. Unless something better is discovered, it is likely to become the ointment basis of the future.

Earl's Pepsine Liquor.

This appears to be an aqueous solution of the pepsine from the stomach of the pig guarded by the addition of glycerine. The omnivorous dietary of the pig causes the pepsine to act in a manner more nearly resembling the stomach of man than that of any other easily attainable animal. The pepsine fluid was tested by exposing to the action of a drachm of it, 100 grains of egg albumen thread. this thread is made by forcing hard boiled white of egg through copper-wire gauze made of No. 32 wire (Birmingham gauge) with 1,296 meshes to the square inch. This gives threads of definite size and affording much surface to the peptic action. One hundred grains of this albumen were carefully weighed out, placed in a glass mortar, and then triturated with half an ounce of water acidulated with one and a-half per cent. of the strong hydrochloric acid of the British Pharmacopœia. This was poured into a test tube seven inches long and one in diameter, and the mortar was rinsed out with another half-ounce of the same dilute acid, which was also placed in the tube. The tube was now inserted in a water bath and was brought up to the temperature of 130 deg. F.; when a drachm of the peptic fluid was added, and the mixture kept stirred with a glass rod and maintained at this temperature for half an hour. At the end of this time the remaining albumen was dried at steam heat and weighed, and it was found that 72 2 grains had been dissolved, showing a very satisfactory peptic action. It will thus be seen that this Pepsine is one of excellent digestive power. It keeps well, the specimen used having been prepared for upwards of three months.

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Clinical Records.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

Case of Hodgkin's Disease with Enlarged Supra-renal Capsules.

Under the care of Dr. Porter.

The patient, a woman, æt. 51, was admitted November 2nd, 1886, with a large, hard, nodular, and apparently glandular tumour, on the left side of the neck, of fifteen months' growth. She had had several enlarged glands in the neck since thirteen years of age, and three years before an abscess had pointed over the hyoid bone. A maternal aunt had died of consumption, and her family was always a delicate one. The tumour in the neck occupied the greater part of the posterior triangle, resting by its base on the clavicle, its apex reaching to about one and a-half inches below the angle of the jaw. It extended deeply beneath the sterno-mastoid into the anterior triangle, and has displaced the thyroid and trachea to the right of the median line. Pulsation in the external carotid, above the tumour, was barely perceptible, and the left radial pulse was very feeble, sphygmographic tracings of the two radials showing a very marked difference between them. Also as the result of pressure, pain was complained of down the left arm, and there was some œdema with numbness and sensation of pins and needles in the left hand. There were also neuralgic pains, and flushing with profuse perspiration, more or less limited at first to the left side of the head and face. The latter, probably the result of pressure upon the sympathetic in the neck, or on the rami communicantes conveying the vaso-motor fibres for the head and neck from the lower cervical cord to the inferior cervical ganglion. The general symptoms were wasting, cachexia, night-sweats, debility, muscular weakness, and great depression. At first vomiting, especially in the morning, was a troublesome symptom. The temperature was always above normal, but with one or two exceptions never ran higher than 100° F. The pulse throughout was quick and weak. In the abdomen a hard nodular mass was felt, about the size of an orange, just above the umbilicus and rather to the left. It was rather tender, freely movable, and transmitted the pulsations of the aorta beneath. There was no ascites. The lower border of the right lobe of the liver could be felt one and a-half inches below the margin of the ribs in the right hypochondrium, and the spleen was slightly enlarged. The urine was normal. In the thorax there were no physical signs or pressure symptoms of intra-thoracic growth; a note was made of feeble respiratory murmur at the apex of the left lung; the heart sounds were short and clear. There was no œdema of the lower extremities, but there were enlarged chains of glands in both groins and both axillæ. The progress of the case in the hospital was from bad to worse, the glandular enlargement on the left side of the neck increased rapidly in size; the glands on the opposite side also enlarging, and finally suppurating. This event being preceded by a well-marked rigor. The left arm became perfectly useless, pain was only moderated from time to time by increased doses of morphia, and the patient died of gradual exhaustion on Feb. 17th, 1887.

Post-mortem.—The mass of glands on the left side of the neck was perfectly firm and hard, except at the upper part, where softening and suppuration had commenced, and where they were ulcerating through the skin. The glands on the right side had formed an abscess. There was some fluid in the left pleural sac, and the apex of the left lung was, at its extreme point, consolidated and adherent to the growth above the clavicle. The apex of the right lung showed some fibroid induration. There were a few enlarged bronchial glands. The mesentery was covered with enlarged glands, a mass of which constituted the tumour felt during life through the abdominal wall; the lumbar glands being also enlarged. The right lobe of the liver was enlarged in a peculiar manner, forming a tongue like projection downwards, the left lobe being shrunken and small. On section, no patches or bands of lymphoid tissue were remarked, but there was the remains of an old hæmorrhagic infarct in the right lobe. The spleen was enlarged, but not to a very great extent, and the substance was dark and firm. There were one or two curious depressions on the surface of the spleen. The kidneys were apparently normal, but the supra-renal capsules were exceedingly large, firm, and hard; being nearly the size of a small orange. Microscopically, sections of the glandular enlargements showed ordinary lymphoid tissue, with considerable thickening of the fibrous trabeculæ. There had been no discoloration of the skin during life.

Department of Lunacy.

THE ANNUAL REPORT OF THE ROYAL EDINBURGH ASYLUM.

The Asylum Report has no fixed model: each superintendent shapes out his own device: but all agree in conforming to one or more of a few types. There is the quasi-scientific, intended for the eye and the ear of the public, supposed to have an educative influence on public opinion, and perchance devised to enchance the popularity of the institution on behalf of which it is ostensibly framed. There is the egotistical report which denotes the maximum of wisdom and fore-knowledge, the biggest and best results, and the superintendents' mental exaltation. A third is laborious, minutely historical, a faithful but unpretentious account of one's stewardship, a dry resume of interest mostly to the Committee and little else. A fourth is gaseous, flowery, convoluted, and sometimes incoherent; and a fifth is a make-believe, a string of gross results with "Gentlemen" at the top, and "Your Obedient Servant" at the bottom.

We do not presume to criticise particularly any method: for each superintendent knows his own affairs best; and many have strong intelligible and conscientious convictions on the subject of Asylum Reports. Dr. Clouston's is in some respects a reflection of the first type, and in fewer respects a reflection of the third. The reading of the Morningside report is a semi-public affair; and when it is copiously reproduced in the newspapers, and occupies a whole column of a leading Scotch paper, Dr. Clouston must be congratulated on having achieved a very flattering popularity. He cannot expect us to accept his statements *an sérieux* through every part of the report, and a certain looseness of assertion here and there will be pardoned for the sake of the rich harvest which is sure to follow. The good seed is widely scattered; and the sower appears to know his business uncommonly well; for the financial condition of the institution is sound and flourishing, and a rich legacy has recently fallen into its lap. We are told that the head nurse has made the discovery that, given sufficient warmth, and plenty of milk, old people never die. This is an alarming discovery; it is Dr. Clouston's duty to profit by it to the utmost; but it beats the case of the old woman who purchased an annuity, and after a score of years, according to the only historical record on the subject, still survives. There is a case of wholesale annuities for the ratepayers. Seriously, however, this is popularising psychological medicine too broadly; it is the least thing nauseating. When Dr. Clouston gives us the benefit of his own reflections we feel that we are learning much, and that asylum physicians may profit also. He looks at insanity as a social problem, and regards it not only in the light of asylum experience but in that of his practice beyond asylums, and in view of what he shrewdly observes in the lives of men generally. He brings into strong relief a fact which is not sufficiently recognised, if in this sense we have recognised the fact at all, viz.:—that insanity recognised as the measure of mental disease in a community is the most measurable and ascertainable of all the brain failures. "It is the one sort of mental wreckage that is so absolute as to admit of tabulation and classification," and further, Dr. Clouston adds, "it is different in degree, but not in kind from many mental causes of business failure, moral incompetence, social disaster, and other instances of non-success in like. "The history of the past year at Morningside shows that the administration is not sluggish, that energy and enterprise guide the affairs of the institution; and that a "medical spirit" strongly asserts itself in the management. At present the question *par excellence* is where to build the new department for higher class patients, a question which is ripe for solution evidently, owing to serious encroachments on the part of surburban Edinburgh. Altogether the evidences are those of wise progress, careful management, and ambition to be abreast of the times.

Army Medical Department.

RELATIVE RANK.

Deputation to the Secretary of State for War.

Sir Guyer Hunter, M.P., introduced on Tuesday week a deputation to the Secretary of State for War (Mr. Stanhope) as to the question of relative rank. The deputation consisted of Sir Guyer Hunter, M.P.; Dr. Farquharson, M.P.; Dr. Cameron, M.P.; Dr. Clarke, M.P.; General C. Fraser, M.P.; Colonel Duncan, M.P.; Dr. Alfred Carpenter (Croydon), for the British Medical Association; Mr. C. Macnamara, and Surgeon-General Maclean.

Surgeon-General Maclean said he had held the office of Professor of Military Medicine at Netley since the year 1860, and that had given him an opportunity of being very well acquainted with the feelings of the Army Medical Service on this, as on a great many other matters. In the first place, it was said on very high authority that relative rank never meant anything—that it was a mere "term," a mere "expression." He (Surgeon-General Maclean) had had nearly half a century of experience both in the Indian army and in the army at home, and he could say most distinctly that this was never the impression or the belief on the part of any medical officer in the army, either at home or in India. It was, indeed, the only rock on which medical officers stood. There were now only two ranks in the army: one substantive, the other honorary. Medical officers in the army had neither one nor the other, and, as relative rank was abolished, they were practically left without any army position at all. A medical officer was said to rank *with* a captain, a major, or whatever it might be; but all sorts of officials ranked exactly in the same way: a telegraph officer had his position defined as ranking *with* a captain, and a member of the Civil Service, according to his standing, ranked also *with* a military officer of a certain rank; but that carried no military rank or position at all. The position of army medical officers under these conditions was very peculiar. The command of the Army Hospital Corps was confided to them, and their position was this: a quartermaster in the Army Hospital Corps had honorary rank: non-commissioned officers, warrant officers, sergeants, corporals, or what not, in that corps had, so far as it went, substantive rank. They were, in a strictly military sense, literally the medical officers' superiors. That is what appeared to them (the deputation) a very important point. The next point was, that the medical staff of the army now felt themselves to be placed in a position distinctly inferior to the officers of the Pay and Commissariat departments. Surgeon-General Maclean spoke of the many risks he had himself incurred in battle. He would ask to be excused for mentioning these facts; they were honourable risks, and medical officers were proud to face them. But he felt it to be a very great grievance that when they were called upon to run such risks they should be treated as if they had no army position at all. He had that morning been told that in the greatest medical school of this country, that of Edinburgh, so great a sensation has been created by this unhappy measure, that many of the best men had declared that nothing in the world would induce them to enter a service where they would be placed in so ambiguous a position. The medical officers of the army rendered great services to the State, and he thought it was only fair that they should respectfully ask to be placed on the same footing as the Pay and Commissariat departments.

The **Secretary of State for War** expressed his inability to understand what was meant by "relative rank." Was it contended that relative rank was actual rank?

Surgeon-General **Maclean** said it was the only rank medical officers ever had. They had no army position but what relative rank gave.

Dr. **Alfred Carpenter** said he attended as representing the British Medical Association. It was evident that in consequence of this Warrant, the medical officers, who were nominally non-combatant, but who really had to bear all the brunt of some of the worst operations of active service, were placed in a worse position than those who were non-combatant in reality; the Pay and Commissariat. The experience which had been gained since the outbreak of the Zulu War showed that, call them non-combatant as they pleased, medical officers had to bear all the dangers connected with active warfare just as combatant officers, and they had to bear, in addition to that, dangers which combatant officers did not share. That was lost sight of. The dangers to which medical officers were exposed were greater, because they had to stand between the living and the dead; they could not desert their posts in consequence of illness, though they could send combatant officers to healthier places. This was well shown in the lists of deaths in the Army Medical Service since the Zulu War commenced; eighty-five surgeons had fallen, either on the field of battle, or had died from wounds or disease in active service. Looking at it from the point of view of the position in the army itself, it was very important that the effect of the Warrant should be restored, not in the terms on which it had been in the past, but in an actual way. He (Dr. Carpenter) did not hesitate to say that there was not one of the London hospitals, nor one of the medical schools, in which this question had not been argued, and the young men were thus being prevented from joining the service.

Mr. C. **Macnamara** insisted very strongly that men having entered the army with this relative rank, it seemed to him a great hardship to take it from them now. If it had been said "From the year 1890 there shall no longer be any relative rank," then it would be open to men to enter the service under these conditions, but, having entered under certain conditions, they thought it, whether it was so or not, a matter of considerable importance to them, and one which would disturb the good feeling which had existed with reference to the Medical Service in a very important way. He felt quite convinced that the present action which had been taken would entirely put a stop to men entering the service who could take the Fellowship of the College of Surgeons—men of that stamp would not enter the service if they felt they were going to be treated in this way.

Sir **Guyer Hunter** repeated that this was really a burning question; he sympathised very much with the feelings prevalent in the Medical Staff Corps, who felt that the position they once held had been taken away from them. They had now no position at all. It depended upon the will of any commanding officer how and in what way they should be treated. He trusted, if Mr. Stanhope did not see his way to restore relative rank, that he would give them some defined position equal to or even better than what they held before, and by so doing he would gratify them and restore that confidence to the Medical Staff Corps which at present they had ceased to have.

The **Secretary of State for War** said: I have not the smallest wish to underrate the strong feeling which I know exists among the medical profession on this subject, whether based on good grounds or not. But I should like to assure you on the part of the War Office (though I myself was not personally concerned with the issuing of the Warrant), that it was not in the least the intention of the War Office to alter the position and precedence of medical officers in the army. I do not doubt that every gentleman here really believes that he has lost something in status or position; but though I have listened with the utmost care to every word which has been said, I must say I am very much puzzled now to know what the medical officer has lost. One thing I should like to say in consequence of what has fallen from General Fraser, that I think he can hardly be aware of paragraph 125*a* of the Warrant, by which medical officers rank for the purpose of precedence, pensions, &c.—surgeon-major with lieutenant-colonel, brigade-surgeon with colonel, and so on. I admit (even if it is not quite easy to explain what the actual loss may be) there is a sentiment at the bottom of it all, and sentiments are things to be reckoned with very much in these days. What I will undertake to do is to consider very carefully indeed the terms of the Warrant, and see whether we cannot, in redrafting it, take care so to word it that it shall be made pretty clear that you have not lost anything whatever by the change which has been introduced into the Warrant.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, March 25th, 1887.

Sir Dyce Duckworth, Vice-President, in the Chair.

CONTRACTION OF THE METATARSO-PHALANGEAL JOINT OF THE GREAT TOE.

Mr. **Davies-Colley** desired to call the attention of the Society to this condition, of which he had been unable to find any description in surgical writings. He had had five cases under his care during the last nine years. The disease consisted simply of flexion of the first phalanx of the great toe through 30° to 60°, with extension of the second phalanx, and some swelling and stiffness of the metatarso-phalangeal joint. All the cases were in young men. It seemed probable that later in life the deformity tended to change to hallux valgus. There was no paralysis of the extensor proprius hallucis, and as far as he could judge, the flexors of the first phalanx and the plantar fascia were not primarily affected. The two causes to which he would attribute the condition were—(1), an injury to the joint, followed by contraction similar to that which is observed in the knee-joint; and (2), the pressure of short rigid boots upon an abnormally long great toe. The condition is very painful, and the patients walk with difficulty, resting their weight upon the outer border of the foot. In those cases he had subcutaneously divided the inner band of the plantar fascia and the short muscles of the sole about $\frac{3}{4}$ in. behind their insertion into the sesamoid bones and 1st phalanx. All these cases were for the time cured, but one returned in two years in a still worse condition as regards flexion, with some outward displacement in addition, in fact, in an incipient state of hallux valgus. In this case a good result had followed resection of the metatarso-phalangeal joint. In two other cases he had excised the proximal half of the first phalanx, leaving the head of the metatarsal bone, with the sesamoid bones, and interfering as little as possible with the attachments of the muscles. Primary union had followed, and the patients were soon able to walk upon the flat sole. In one of them, twenty-two months after the operation, there was no appearance of deformity, and the patient had walked twenty miles without any difficulty on the day preceding. Mr. Davies-Colley would suggest that the deformity should be called hallux flexus, and that if the case were too bad for treatment with rest and a splint, resort should be had to subcutaneous section of the muscles and fascia, or in more severe cases, to the removal of the proximal half of the first phalanx.

Sir **Dyce Duckworth** said that the last word had not been said on the subject of this class of deformities He did not think that they were caused so much by bad boots, or they would be more common. It might be the expression of a constitutional condition.

Mr. **Harrington** had recently met with a case of this deformity in a girl of 14. He thought it might be brought about by the extensor tendons.

Mr. **Charters Symonds** had seen a great many such cases. In one case which he had examined both cartilages were fibrous and partially removed, the bone was not exposed. The changes were those of rheumatic arthritis.

Mr. **Clutton** asked Mr. Davies-Colley whether the affection was really due to muscular, and not to ligamentous, contraction. In a case he had examined, the contraction was maintained by the ligaments after all the other structures had been divided.

A **Visitor** observed that this deformity was seldom or never met with in India where the natives went bare-footed, even though flat-foot was not uncommon.

Mr. **Godlee** had amputated three contracted fingers of long-standing, and he found that the cartilage which should have been in contact with the bone had become vascularised and moved.

Mr. **Barker** asked what operation was finally adopted by Mr. Davies-Colley. He advocated the removal of a wedge of bone so as to allow of rectification of position.

Mr. **Davies-Colley**, in reply, said that the first operation consisted in cutting through the soft parts behind the metatarso-phalangeal joint, and the second in excising the whole of the joint. The latter he had modified by the removal of the proximal half of the first phalanx of the great toe. He usually found the cartilage had lost its pearly lustre, was thin, and the ligamentous tissue was thickened. He did not think flat-foot had much to do with this deformity.

Dr. **Samuel West** on cases of

INTERNAL SUPPURATION, ACUTE AND CHRONIC, WITHOUT FEVER.

Case 1.—Female, æt. 21, admitted with a swelling on the lower part of the abdomen and pelvis, with but little pain or tenderness. There was no history of acute inflammation. The swelling slowly increased, but the temperature was never raised, there were no rigors and no sweatings. The swelling was opened behind the peritoneum, and several ounces of fœtid pus evacuated, after which recovery was rapid and complete.

Case 2.—Male, æt. 16. Case of suppurative pericarditis (described in the "Medico-Chirurgical Transactions" for 1883), in which the pericardium was twice tapped and then laid open. The boy recovered completely. The temperature was never raised, either before or after the operation.

Case 3.—Female, æt. 10. Case of suppurating peritonitis (described in the Clinical Society's Transactions for 1885). The case was very acute. The abdomen was opened, and fœtid pus evacuated. The patient did not rally after the operation. The post-mortem showed the case was one of primary peritonitis. The temperature throughout was not raised.

Case 4.—Female, æt. 48. Abscess between liver and diaphragm and abdominal walls connected with the rupture of a duodenal ulcer. The temperature was not raised.

Case 5.—Male, æt. 13. Case of empyema, twice tapped, with removal of 24 and 10 oz. of pus, and then the chest was laid freely open, and recovered completely. The temperature was normal throughout.

Cases 2 and 3 were very acute. In Cases 4 and 5 the development of pus was very rapid. Collapse was absent in all. Though the explanation is not forthcoming, the fact must be borne in mind, for forgetfulness of it may lead to error in diagnosis.

Dr. **Ryle** asked whether the absence of tension might not account for the non-existence of febrile symptoms.

Dr. **Angel Money** said the question resolved itself into one of absorption of poisonous matter from the seat of suppuration. The inference was that there must be an alkaloid or similar body developed, which operated on the thermo-genetic centre.

Dr. **Ch. Turner** thought that it was not the pus, but something in the pus, which caused the fever, such as micro-organisms.

Mr. **Barker** asked whether the temperature fluctuated at all, and whether the depression was in the morning or evening?

Dr. **West**, in reply, said that his idea had only been to call attention to a certain class of cases where the circumstances were apparently similar, and in which the temperature did not rise as we were taught it ought to do.

Mr. **Frederick Treves** on

A FORM OF GLANDULAR SWELLING WHICH IS CURED BY ARSENIC.

Mr. **Treves** draw attention to the obscurity that attends both the pathology and the clinical history of certain chronic glandular affections. These affections are covered by such terms as the following—hypertrophy of glands symptoms, malignant lymphoma, lymphadenoma, Hodgkin's disease, and lympho-sarcoma. These glandular swellings are considered to be un-inflammatory, have no relation to scrofula or syphilis, and are clearly separated from the gland disorders that attend leukæmia. They possess the common characters of a slow origin without apparent cause, a slow but progressive growth, and an absence of all inflammatory phenomena. Histologically there would appear to be no means of distinguishing one of these affections from another. Apart from this, objection may well be raised to the terms hypertrophy and lymphoma. Without limiting himself to any special term, Mr. Treves desired to draw attention to the clinical aspects of a certain form of non-leukæmic gland enlargement that could be cured by arsenic. The patients are usually past middle age, they present no peculiar constitutional defect, there is no suggestion of gout, rheumatism, or scrofula. There is no leukæmia. The neck is usually involved. The gland tumours appear on both sides without disturbances in the periphery. The masses vary in size from a hazel nut to a duck's egg. They are soft, elastic, homogeneous, moveable, painless, and free from tenderness. They show a disposition to spread without limit. The temperature is normal, and suppuration does not take place. Mr. Treves gave instances of the cure of such cases by the use of arsenic. The drug is given in the form of liq. arsenicalis, commencing with a dose of five minims and increasing to twenty minims three times a day. The treatment has to be kept up for some months—one to six—the glands waste, some few suppurate, and in such instances the resulting sinuses heal without further treatment. In cases where the whole neck has been filled with great glandular masses the tumours have wholly disappeared after a treatment of four to six months. Some of these cases, at least, would probably be covered by the term Hodgkin's disease. Mr. Treves concluded by an allusion to Dr. Köbel's paper on the treatment of malignant growth by arsenic administered by the mouth, and also hypodermically.

Sir **Dyce Duckworth** said that Mr. Treves had observed that the glands in this class of cases were not apt to suppurate, but in his opinion they not unfrequently did so. He recollected that about eight years ago, when the use of arsenic was under discussion, he had used it in such a case hypodermically, but without much benefit. He mentioned that chloride of calcium had been strongly recommended by Dr. W. Begley in the treatment of these cases. He referred Mr. Treves to the writings of Trousseau, Gowers, and Southey on the subject.

Dr. **Stephen Mackenzie** agreed that in a certain category of these cases arsenic was very useful. He quoted a case which had been diagnosed as Hodgkin's disease, which rapidly recovered under arsenic. He said that what they wanted was a classification of the cases which would and would not be benefited by this treatment.

Mr. **Charters Symonds** said he had only seen two cases in which a real cure had been effected by means of arsenic. He thought it would be well to try arsenic in all cases, and content ourselves with those that did well.

Mr. **Treves**, in reply, said that the cases in which arsenic did good were in people who had passed middle life. He had used chloride of calcium with great advantage in some cases, while in others it had been without effect.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD MARCH 3RD.

The President, Dr. **Cleaver**, in the chair.

A CASE OF HYPERTROPHY OF THE HEART.

Dr. **Martin** exhibited a boy, æt. 15, whose heart was greatlp hypertrophied. About two years ago he had had an attack of rheumatic fever, which confined him to bed for about three weeks. He has lately been in the Borough Fever Hospital with an attack of simple continued fever, strongly resembling typhoid in many of the symptoms. The area of heart dulness extends in the vertical direction from the lower border of the third left rib to the edge of the cartilages of the false ribs in the nipple line, and in the horizontal from the right border of the sternum to a point three inches external to the left nipple. The heart's impulse is undulatory, and it is a difficulty to say exactly where the apex beat is felt; one point is a little to the left of the ensiform cartilage, another between the 7th and 8th ribs, 2½ inches external to the left nipple line. A loud mitral murmur is heard in front and behind, but there is no satisfactory evidence of aortic valvular lesion, which seems under the circumstances very curious. The pulse is a weak one, but does not present the characteristic pulse of aortic insufficiency.

Mr. W. A. **Garrard** then read notes of three cases of

INJURY TO THE POPLITEAL ARTERY,

each ending in amputation of the thigh in from ten days to thirteen months afterwards. This paper will be found in another column under the head of "Original Communications."

In the discussion which followed the reading of Mr. Garrard's paper,

Dr. **Keeling** said he quite agreed with the author in regard to the difficulties frequently experienced in diagnosing aneurism, especially when consolidation is present in the sac. With children the question of amputation was one of most serious importance, and ought only to be regarded as a last resource. In the case of adults he was quite of Mr. Garrard's opinion that it was the best treatment to adopt in cases similar to those brought before the meeting.

Mr. **Arthur Jackson** was also in perfect agreement with Mr. Garrard as to the wisdom of the treatment adopted in the cases read. He also agreed as to the diagnostic difficulties to be met with in such cases. He gave brief details of four cases of aneurism which had come under his observation in which there was no pulsation or other characteristic symptoms, and in which therefore the difficulty of making a diagnosis was considerable. He also illustrated by reference to clinical experiences the danger of injuries to blood-vessels in trying to reduce old-standing dislocations. Touching upon the operation of cutting into the sac, turning out the clot, and tying both ends of the vessel, he quite coincided with Mr. Garrard in the opinion that this is an operation far easier to talk about than to perform in many cases.

Dr. **Porter** introduced a case of

HODGKIN'S DISEASE WITH ENLARGED SUPRA-RENAL CAPSULES,

that came under his care at the Sheffield Public Hospital, death resulting fifteen weeks after admission. This case, which is of considerable interest, will be found under the head of "Clinical Records." In discussing the case,

The **President** expressed the interest he felt in the case read, and said that a similar case was still under his own observation, one of lymphadenoma in which no internal remedies proved of the slightest use. The only measures that proved at all beneficial, and gave any relief were change of air, and sea-voyages.

Mr. A. **Jackson** asked if there was any chance of early detection in these cases, and removal by the surgeon ?

Dr. **Keeling** wished to know if Dr. Porter did not think this was the same disease, as that which gave rise to swelling of the cervical glands in the children of the poorer classes, so frequently to be met with, and to mesenteric disease ?

Mr. **Knight** and Mr. **Atkin** also made brief remarks.

Mr. **Arthur Jackson** read a paper on the "Middens of Sheffield," explaining the defects in the present system, and pointing out the difficulties there were in the way of dealing with the matter efficiently, owing to vested interests, and to the magnitude of the task.

Remarks were made by the President, Dr. White and Dr. Martin, Mr. Browning, Dr. Law, and Dr. Keeling, and the Society adjourned.

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Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22·4 per 1,000 of their population, and were—Birkenhead 13, Birmingham 22, Blackburn 23, Bolton 21, Bradford 20, Brighton 17, Bristol 33, Cardiff 25, Derby 23, Dublin 31, Edinburgh 19, Glasgow 29, Halifax 16, Huddersfield 23, Hull 20, Leeds 25, Leicester 20, Liverpool 26, London 20, Manchester 33, Newcastle-on-Tyne 28, Norwich 18, Nottingham 18, Oldham 29, Plymouth 24, Portsmouth 17, Preston 21, Salford 22, Sheffield 25, Sunderland 27, Wolverhampton 20. The highest annual death-rates in these towns last week were—From measles, 2·2 in Norwich and in Leicester, 2·3 in Bristol, 2·4 in Salford, 2·8 in Manchester, 4·1 in Huddersfield, and 6·8 in Sunderland; from whooping-cough, 2·1 in Bristol, 2·3 in Huddersfield, and 2·7 in Oldham ; and from scarlet fever, 1·9 in Bristol. The 27 deaths from diphtheria included 13 in London, 3 each in Glasgow, Liverpool, and Oldham, and 2 in Portsmouth. Small-pox caused one death in Sunderland, but not one in London or any of the other large towns.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 30, 1887.

THE MANAGEMENT OF GOUT.

Dr. **Mortimer Granville**'s papers on "The Management of Gout, or the Uric Acid Diathesis and 'the Gouty,'" concluded in our last issue, will attract attention as the most recent utterances of a writer whose name is identified with the subject he treats. The views propounded do not differ greatly, so far as the general hypothesis of a uric acid dyscrasia is concerned, from those accepted by the profession. The humoral pathology is adopted, and without arguing the question in detail, it is assumed that the liver is the organ primarily engaged in the origination or the development of those processes by which uric acid is formed. Dr. Mortimer Granville does not attempt to decide whether there is over-production of uric acid in gout, or whether the fault is one of deficient elimination, but he contends that it is always accumulation of uric acid in the blood, and he appears to regard this excess as the essence of the morbid state. He regards the presence of uric acid in excess in the blood as the pathological condition, and he looks upon the deposits and local disturbances which occur as the secondary, and almost sedimentary, results of this accumulation. While admitting that the disorder is of nervous origin, he believes that it is reflexly induced, and that the seat of the cause is in the periphery, rather than central. Acting on this view, he treats gout, or the uric acid diathesis, by endeavouring to produce the discharge or destruction of the uric acid by directly chemical agencies. In this respect Dr. Mortimer Granville's treatment, for which, after considerable experience, he claims a large measure of success, differs from that generally employed. Instead of antagonising these inflammatory processes of the gouty state, even in its acute forms, he gives iodine internally, with the view of breaking up the combination of the uric acid with its bases, *e.g.*, as sodium, the iodine, as he believes, combining with the sodium and setting free the uric acid, which is either broken up or eliminated in a free state or in loose combination. He avoids the administration of alkaline carbonates, and insists strongly on the need of giving large quantities of fluid to "flush the kidneys" and wash out the uric acid as fast as it has been set free. This is the principle of the treatment, and to the elimination of or destruction of the uric acid the attention is limited, no effort being made to restrict the supply of the material from which uric acid is formed. The theory of the method adopted is simple enough, and if it should prove as successful in general practice as the author has found it in his own, it will certainly deserve the approval, as it now manifestly claims the consideration, of the profession at large.

With a view chiefly to show that there is not a solid foundation in fact for the long-prevalent notion that the urine in gout is characterised by a high degree of acidity, and by containing less than the normal quantity of urea, and either a deficiency or excess of uric acid, according to the stage of the attack in which the examination is made, Dr. Mortimer Granville has tabulated the results of several hundred determinations made in cases of gout in its regular and irregular forms, the figures adduced showing specific gravity, acidity, and the proportional quantities of urea and uric acid in several groups of urines examined do not appear to present any specially abnormal features, and thus bear out the negative opinion stated, although the author is careful to point out that it is premature to express a decided judgment. One point to which Dr. Mortimer Granville directs attention will have special interest for practitioners, namely, the recognition of a form of dyspepsia accompanying the accumulation of fat, which he attributes to the discharge of pancreatic juice into the duodenum without a corresponding discharge of bile, so that the fat of the food is emulsified instead of being saponified, and the stage of digestion which immediately succeeds gastric digestion is imperfectly performed. This is new ground, and the suggestions thrown out are of a nature to give rise to discussion out of which good may come. The part played by the pancreas in digestion, much as it has engaged the attention of physiologists, has not yet commanded the consideration its importance demands.

The subject is handled in a masterly and practical manner, and much valuable information as to details of treatment, dietetic, hygienic, and medicinal, are given. Gout is a disorder which practitioners of every rank of the profession have to deal with, and respecting which it is to their interest to know all that extensive experience and careful observation can teach. This experience Dr. Mortimer Granville has had, and he has now given the profession the benefit of his observations. The scope of his remarks is not encumbered by abstruse considerations of transcendental pathology, but is more or less confined to the practical therapeutics of the disease.

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THE TREATMENT OF PNEUMONIA IN CHILDREN.

THE occurrence of pneumonia among very young patients is sufficiently common in all temperate and cold countries to make it a matter of importance that clear ideas should be entertained respecting the mode of treatment to be adopted for its cure; and in recent years the introduction of new remedies, many of them presumably adapted to the needs of such cases, has necessarily led to the trial of their virtues in this connection. Recognising the analogous conditions under which the disease is manifested to those in which fever is a very prominent symptom, the employment of antipyretic drugs has naturally been resorted to by many practitioners as a reliable method of controlling one of the chief accompaniments of the affection, and to this end quinine has, as a matter of course, been largely employed to combat the pyrexia. It is true that in this country the plan is not to any extent advocated, and that the most trusted and trustworthy text-books on diseases of children do not even mention quinine in such a relation; yet abroad, and particularly in America, it has been tolerably extensively used, and is recommended as of value by those who profess to have experienced its good effects when administered to young subjects. Dr. C. West strongly emphasises, in his classical work, the utility of bleeding in suitable cases, and the preparations of ipecacuanha likewise find in him and in others of our foremost specialists willing supporters of its efficacy in reducing the fever of pneumonia, and it would be instructive to know in what light these authorities would be disposed to adopt a method of treatment based on the employment of such markedly specific drugs as are included in the class of modern antipyretics. Dr. J. Lewis Smith, of New York, speaking recently before a medical society in that city, is reported, in the New York *Medical Record*, to have said that the use of quinine was justified on physiological grounds in the pneumonia of children, especially when of the bronchial kind. He complained however, of the difficulty often encountered in its administration to infants, owing to the sickness likely to be produced, and this notwithstanding careful attempts to disguise the taste of the substance with the aid of syrups, &c. The syrup of wild cherry bark seemed in his opinion best suited to check such vomiting, but as a means of arresting exudation it had to be given in large doses, and for two or three days in succession, until indeed the active period of the disease terminated. The substitution of antipyrin for quinine he very decidedly objected to, but on this point a subsequent speaker, quoting his own experience of the former agent, assigned to it very valuable properties in the pneumonia of children, the dosage employed by him being as much as five grains, repeated in two hours if necessary, for a child five years old. As to the mode of administration, it was mentioned by several observers that rectal suppositories formed by far the best vehicle, the troublesome vomiting and disinclination to swallow the drug usually following its introduction into the mouth being thereby avoided.

Of other means of checking the affection, aconite in drop doses found several supporters, but no one appeared inclined to sanction the treatment by tepid baths as a means of allaying the fever, a plan which among European physicians has attained a certain degree of popularity. The expectant method too was regarded as possessing merits that gave it a full claim to consideration; and speaking generally, measures of depletion did not meet with any degree of favourable notice. The benefits prominently noticeable as following the use of quinine in pneumonia of children, in addition to its influence in arresting exudation and cell migration, were said to be that it produced perceptible slowing of the pulse rate, and increased cardiac diastole. Dr. Putnam Jacobi attributed to this last effect of its employment relief of the lung congestion, through the drawing of blood from the congested organ to the heart and general circulation. The same authority, however, while thus admitting its high value as a stimulant, declined to accept for quinine any distinctive properties as an antipyretic in the disease under question, though admitting that it was a very good drug to be given to children suffering from it.

On the whole the tendency of opinion among American physicians, judged by this discussion, appears to be that quinine as a remedy for pneumonia in children possesses certain useful qualities which entitle it to favourable consideration under certain circumstances, but that the resources of modern therapeutics provide other agents equally productive of good results, and, speaking generally, less likely to provoke unpleasant or disturbing effects by their administration.

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VEGETABLE *versus* ANIMAL DIET.

The question as to what constitutes the most suitable and most economical dietary for mankind has, for years, in this country, been raised to the dignity of a social if not a political problem. The party is influential out of all proportion to the number of its adherents, partly because considerations of this kind naturally commend themselves more particularly to the intelligent and cultivated, and partly because, as a fad, it attracts to itself the most active, if not always the most companionable, portion of thinking, pushing, irrepressible humanity. It is to the prodigious activity of its *doctrinaires,* indeed, that this system owes its daily increasing number of adherents. Theirs is not one of those creeds which seize upon men and make them proselytes *bon gré mal gré.* People who adopt it are generally men of the same stamp as teetotallers, anti-vivisectionists, and other strong-minded uncompromising individuals of that ilk. They possess an austerity and a command over the amiable little weakness common to humanity which it is given to the few to possess. One virtue of this kind naturally involves the possession of several others. A man who could, in cold blood, discard meat from his dietary, could refuse an offered drink with a smile of pity and contempt. and he wh can dine with a contented mind off cabbage and wat could face the temptations of St. Anthony with a seren countenance.

No feature of energetic propaganda is forgotten omitted. Incalculable quantities of argument, in spee and print, addressed to all classes of society, is fu nished by the intellectual and pecuniary zeal of the Association. The dinner, dear to the heart of every free and independent Britisher, is provided, at which he is not even asked to pay for the wine, for there is none to be had; while still under the influence of a substantial and wholesome repast, the gospel of vegetarianism is expounded and commentated, re-enforced by quotations from writers of every nation and of every shade of political opinion, and dating some of them, as far back as Moses. The last of these dinners took place on Friday, at the "Orange Grove" Vegetarian Restaurant, and a goodly number of professional men, many of them eminent in their respective branches, had assembled to be taught by precept, example, and practice that the vegetarian devil is not as black as he has been painted. The dinner was a success from every point of view, although we are not in possession of any statistics bearing on the number of converts.

It is, however, impossible to repress a feeling of disappointment allied to impatience at the tone and line of argument which many of the advocates of food reform affect. The question is one which deserves, and ought only to be treated from practical, common-sense, and scientific points of view. Sentiment, especially of the sickly maudlin type, is inappropriate, and can only bring the cause into ridicule. Passages from the Bible may fairly be considered irrelevant, seeing that, to have any value, the circumstances of habit, race, and climate must be demonstrated to be sufficiently alike to justify their being requisitioned. Dr. Bristowe, who was one of the guests, indulged in some good-humoured banter on the arguments used to further the cause. He stoutly refused to condemn the slaughter of animals, and expressed the opinion that it was quite as legitimate to kill animals for food as it was to provide for the wholesale extermination of the lower and more minute forms of life in our struggle against the invasion of disease. Further, he believed that a moderate amount of animal food was beneficial, and even necessary to the maintenance of perfect health, solitary instances to the contrary notwithstanding.

Neither experience nor theory, in our opinion, justifies such a drastic reform, but the movement may, nevertheless, be credited with a vast power for good in so far that it calls attention to the fundamental errors of the present system. While, on the one hand, the quantity of meat consumed is far in excess of our physiological needs, whole categories of valuable and economical food stuffs are allowed to remain unutilised, to the detriment of the health and well-being of the community.

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A boy, aged 13, died recently from hydrophobia at Hathern, Leicestershire. On Feb. 16th he was bitten on the face by a stray terrier, which showed unmistakable signs of madness.

Notes on Current Topics.

The Indian Troop Ships.

It is said to be the intention of the Admiralty to alter the mode of conveying troops to India, by placing the present large transport ships in the reserve, and reverting to the old plan of employing hired vessels in their stead. The reasons assigned for this resolve themselves chiefly into two. On the one hand it is considered that economy will be thus served by the abolition of the somewhat large class of officials at present needed to administer that service; on the other hand, the officers and men of the Royal Navy now employed on board and in connection with them, would become available for the real and actual duties of the service. The five large and imposing looking ships by which during the past twenty years our soldiers and their families have been conveyed to India, and brought back to this country, have been the admiration of many a visitor to them. But with regard to their eligibility for their purpose, and any advantages they were supposed to possess over the old style of "Indiamen," very different opinions were expressed by men who had experience of both descriptions of ship. It was never intended by some of those who most strongly recommended the substitution of regular transports for hired vessels, that the former were to be anything except floating barracks and hospitals; the original suggestion regarding them was to that effect, and the more perfectly to carry it out, it was proposed that their officers should consist, not of those on the effective list of the navy but of men on half-pay of that service. Instead of this, however, the Indian troopships were in all respects placed on a footing, and under discipline more adapted for a fighting ship of war than for their real intended purpose; nor is it therefore matter of surprise that in various important respects soldiers and their families, more especially during illness and in a weak state of health, as often happened on the homeward passage, suffered inconvenience in different ways as a result of that state of things, at the same times that the expenses to the Indian Government attending the transport of troops by them, amounted, in one way or another, to nearly quadruple that under the old system, a very serious consideration at any time, but more especially so at the present, when the finances of the country are so severely strained as they are announced to be in the Budget for the current year.

Fasting Exhibitions.

They do these things differently in Germany. An enterprising individual, named Cetti whose exhibitions in Italy and in Paris last year will be remembered, proposed recently to make an exhibition of his fasting powers (for money) in Berlin, but the authorities very properly prohibited the stupid exhibition. We suppose an Act of Parliament would be required in our favoured free country before any city authorities would dare to take such high-handed action in the case of an exhibition, however senseless, so long as there was no actual danger to life.

The Progress of Medicine in Japan.

We learn from the current number of *The Sei-i-kwai Medical Journal* to hand that a great amount of good work is done by the Society for the Advancement of Medical Science in Japan, and that at the instigation of this society the Japanese Government have decided to issue a new Pharmacopœia, a new feature in which is that side by side with the Japanese a translation into Latin will appear, thus bringing it into use throughout the Western world. The metric system will also be adopted, as well as the centigrade thermometer, and 15° centigrade is taken as the standard temperature. In short, the more advanced European Pharmacopœia will be followed. The Medical Society of Tôkyô continues to interest itself in the leprosy outbreak, and at its last meeting of the English Section, the treatment of the disease occupied the attention of its members. A paper on the same subject also appears in the journal from the pen of Dr. Masanao Goto, who passes in review all the various remedies which have been from time to time proposed.

Rare Case of Malformed Heart.

A case of congenital malformation, interesting from its rarity, is reported in a recent number of an American exchange. At the Colombian Maternity, Washington, a coloured woman in good health was delivered of a male child. At the moment of birth the child was cyanotic, and it was only after artificial respiration and stimulating applications vitality was restored. The baby lived fifty-four hours, during which time it had difficulty of breathing; very rapid pulse and action of the heart. The examination of the viscera had to be hurriedly made, and revealed the following: Lungs healthy, as was the abdominal viscera. The heart was found to possess only three cavities, two auricles and a ventricle. From this ventricle sprung the aorta, and immediately in front of the aorta at its origin was a small vessel three millimetres in diameter, that bifurcated eight millimetres from its origin. From the position, course, and bifurcation of this vessel, Dr. Lamb, of the Army Medical Museum, considered it was the pulmonary artery. The auricles were unequal in size, the left being the larger. The foramen of Botal was sufficiently large as to admit the tip of the little finger. In the position of the tricuspid valve there was a little ring of fibrous tissue, three millimetres in diameter. There was no opening, but a pouch-like depression seemed to mark the position of a rudimentary right ventricle. The left ventricle was normal, both in appearance and size, if in anything different from the normal, it was in a slight hypertrophy of the walls, which measured nine inches in thickness. Time did not allow of anything like a complete examination of the vessels, &c., a fact greatly to be regretted, when we think how important a careful dissection of the pulmonary vessels would have been.

A woman named Ludivilla Christophor died recently, at the age of 118, at Rothdorf, in Russia. The deceased had enjoyed good health throughout her life.

Medical Work in India.

The report just issued of the Lahore Medical School is the last it will issue in its restricted capacity of educating students only up to the degree of a Licentiate of Medicine. Within the past six months additional professors have been appointed, and the school has been advanced to the dignified position of a University, and in future it will confer the degree of M.B. and M.D. There has been a marked improvement in the number and attendances of the students, of which there were 91 in the English classes, and 152 in the Hindustani. A class for the instruction of women in midwifery is presided over by Dr. Elizabeth Beilby, who also is teaching nursing to a class of nineteen ladies. Surgeon-Major Laurie, who has taken an active part of the work, has now left Lahore for Hyderabad, and the Lieut.-Governor has placed on record his high sense of the zeal which Dr. Laurie brought to bear on his work at the Medical School. The long and valuable services of Surgeon-Major T. E. B. Brown are also highly commended. In Rajputana, the Countess of Dufferin's movement for the medical education of women is making its way, and Surgeon-Major Spence is here affording valuable assistance in the promotion of the good work. He laments the "dangerous ignorance" which prevails, and mentions as an instance that he was quite recently asked to see a poor woman who had been more than seventy-two hours in suffering, when a midwife who knew anything of her business would have shortened her agonies by fifty hours and have saved the life of her child.

The Nutrient Value of Peptone Enemata.

This important subject was discussed by Herr Ewald before the Verein f. innere Medizin in Berlin at its session of Feb. 21st in an able address in which the results of numerous experiments were given. Omitting details such as the preparation of patients, the mode of testing results, &c., we may note briefly the following: The decomposition of nitrogen, *i.e.*, the excretion of nitrogen by the kidneys, was greatest when Merck's peptone was employed, and but little less on the employment of egg albumen. The nitrogen excretion was much less in the case of Kemmerich's peptone, and least of all when no peptone was given. As regarded the retention of nitrogen in the system, the results were different. Kemmerich's peptone here gave the best results; of little less value was egg albumen; and least of all casein. The difference between the different values was very great, both between the different substances and the same substances employed at different times, so that the administration of equal quantities at different times did not always give like, but changeable results, a result which, as the author thought, plainly showed that it depended on the momentary disposition of the individual, and that consequently resorption through the mucous membrane of the rectum was not a purely physiologico-chemical act. A remarkable fact was rendered evident, that during the whole period of experiment in which a great variety of nutriment was given the weight of the patient remained nearly the same, the oscillations observed not reaching to a kilo. This circumstance was looked upon as a proof that the albumen absorbed was not deposited, but remained in the system as circulating albumen. The practical value of the experiments is of considerable importance. A comparison of the cost of the various foods made use of in the experiments gave the following results: 40 grms. of Merck's peptone given in three days cost 3·20 mark. The corresponding quantity of Kemmerich's peptone (40 grms.) 2·70 m., whilst the corresponding amount of egg albumen contained in eighteen eggs cost 1·25 m. The same quantity of egg albumen with 15 grms. of pepsine, 2·25.

The Treatment of Diabetes.

A paper was recently read before the Académie des Sciences, at Paris, by M. Villemin, on a case of acute diabetes which had been treated by means of opium and belladonna combined. The patient was a young soldier, strongly built, and hitherto of good health, who had suddenly developed intense diabetes, passing twenty-five pints of urine daily with near two pounds of sugar. Two grains of extract of belladonna with one grain of extract of opium were then given, the patient at the same time being restricted to the usual *régime* for diabetic patients. In the course of a fortnight the quantity of urine was not much above normal, and the sugar had disappeared. Discontinuance of the treatment, even though the same diet was adhered to, was promptly followed by a return of the symptoms, which, however, as promptly subsided when the treatment was resumed. Later on he was allowed to return to the ordinary full diet for non-diabetic patients, but even then, so long as the opium and belladonna treatment (raised to 3 grains daily of each) was continued, no return of the polyuria or glycosuria occurred. Under treatment the patient gained 18 pounds in weight. Without being over-sanguine, it would be interesting to see the result of this treatment in other hands.

A New Collodion.

An excellent formula is suggested for the preparation of a new kind of collodion which can be painted on wounds, abrasions, &c., or upon painful or inflamed surfaces. Small pieces of lint or silk dipped into it form an application similar to and as useful as court plaster. The formula is as follows:—Mastic 3 parts, balsam of Peru 1 part, narcotine 1 part, to be powdered separately and dissolved in five parts of chloroform.

M.D.'s for London Practitioners.

The action taken by the Irish and Scotch Colleges in putting in their claim to be allowed to grant the Doctorate in Medicine, if such privilege is granted to the London Colleges, has been followed up by the entering up of *caveats* from other important institutions. The University College of Bristol appeals against a residential qualification being included in the terms on which a degree is to be granted, whilst King's and University Colleges have made a formal joint application to be included in the movement, and furnish the Arts and Science Faculties, leaving that in Medicine under the control and management of the two Royal Colleges. The *Lancet* considers it "evidently clear that University and King's Colleges will go to the Government for a

Charter to grant *non*-medical degrees," and inasmuch as it may be regarded as a matter of course that the Scotch and Irish Universities will strenuously oppose the grant of the powers sought by the Colleges, it seems likely that the project for universal M.D.'s will be the subject of a very lively contest before it attains success, if it ever does so.

Supposed Transmission of Disease by Vaccination.

Mr. M'Arthur last week asked the President of the Local Government Board in the House of Commons whether, in order to minimise the risks of vaccination, new instructions had been issued to public vaccinators; whether direction was given for the careful examination of vaccinifers as to the existence of skin diseases, and particularly of hereditary syphilis; and whether eminent authorities like Mr. Jonathan Hutchinson and Mr. Brudenell Carter had testified that the signs of syphilis were frequently indistinguishable until after the vaccination age.—Mr. Ritchie, in reply, stated that revised instructions had been issued, but the direction referred to was contained in the old instructions. The Board knew of no evidence of syphilis having been communicated by vaccination from a child not itself presenting signs of syphilis. He was informed that signs of inherited syphilis in a child usually made their appearance within two months after birth, and the customary vaccination age in England is three or four months.

Chloroform Death.

A man, æt. 35, recently died in St. Thomas's Hospital under chloroform. Deceased was suffering from empyema following pleurisy, and an operation was performed to remove the fluid from the right side of the chest. For that purpose chloroform was administered, but he rapidly sank, and died from asphyxia. The coroner's jury expressed their opinion that no blame attached to the hospital authorities. Probably there was no blame attributable as to the method in which the chloroform was administered, but we should like to ask the opinion of the profession whether an anæsthetic by inhalation is suitable in a case in which the pleura is full of pus, or necessary, under the circumstances, for the operation of paracentesis.

The Colleges and the "Hall."

The faint hope, entertained only by the more sanguine, that the last appeal of the General Medical Council to the Colleges to reconsider their determination with respect to the exclusion of the Society of Apothecaries of England and of Ireland might have some good effect, has been utterly extinguished by the recent decision of the Councils of the respective Colleges. The London Colleges politely but firmly adhere to their original resolution, whilst in Dublin the College of Physicians absolutely declines to admit the Hall to the Conjoint Scheme, albeit the College of Surgeons is willing to reconsider the matter. Since it is not in the power of the General Medical Council to compel these bodies to respect its wishes, nothing remains now but to await the decision either of the General Medical Council at a special meeting, or, failing that, of the Privy Council, to which the Apothecaries' Societies will probably at once appeal. We must leave the future to punish the Colleges for their egotism and selfish indifference to the clearly expressed wishes of the great bulk of the profession.

Alleged Illtreatment of a Lunatic.

Before the Lord President of the Court of Session, Edinburgh, and a jury, a case of exceptional interest to medical men was tried a few days ago. In a remote and somewhat inaccessible part of the county of Lanark a strong, vigorous ploughman of six feet developed symptoms of acute mania in November, 1885. His fellow rustics belaboured their wits how to control this apparently dangerous lunatic, and hit on the expedient of making a network of rope, out of which he could not possibly wriggle. In this way they expended 142 feet of rope, and added thirteen feet of harness strapping. The lunatic was visited by the inspector of poor and the doctor, who certified him, and these gentlemen appeared satisfied with the treatment pursued, for the man remained bound for a period of eighteen hours, until he arrived at Bothwell Asylum. Here every care seems to have been taken of him. The roping was at once removed, the patient isolated from the other patients, and everything done to avoid struggles. Within three days of admission signs of gangrene appeared in the left foot and afterwards in the right, and though the right foot was saved, the left had to be amputated. The patient recovered, sued the inspector and doctor who certified him and accompanied his removal part of the way, and claimed £1,000 damages. The medical superintendent of the asylum and two consulting surgeons testified that the gangrene was due to the roping; two Edinburgh surgeons testified the opposite way. Putting the conflicting medical evidence aside the judge appeared to sympathise with the defenders in his address to the jury, but especially with the doctor, and the jury returned a verdict for the defenders. The case is altogether a unique one, and one where many complicated issues were raised, and probably his lordship's charge to the jury, and the jury's verdict were the most natural and sensible under the circumstances.

The M.D. for London Students.

A meeting was held last week, Mr. C. Macnamara, F.R.C.S., in the chair, to consider the scheme for conferring a degree in medicine on London students. Mr. Simson proposed, and Mr. Gubb seconded, a motion approving the scheme adopted by the united Colleges. Dr. Allchin explained that, although he was opposed to the plan whereby the Colleges would become a second-rate university, he quite agreed that London students were entitled to have a degree on more reasonable terms. Dr. de Havilland Hall and Mr. James Black spoke warmly in favour of the motion, which was carried with only three dissentient voices.

It has been pointed out that a good way to ascertain the existence of the oftentimes invisible cicatrices of leech-bites, vaccination, &c., consists in rubbing the suspected site with a tincture of mustard. The healthy skin reddens, but the cicatricial tissue, not being provided with capillaries, does not change colour, and the scars are thus rendered evident.

New Regulations at the London College of Physicians.

The Committee of Management of the Colleges of Physicians and Surgeons have decided to recommend that candidates who obtain fourteen out of the fifteen marks required to pass the final examination in medicine or in surgery of the Examining Board be admitted to re-examination after a period of three instead of six months' additional study. It was further resolved to recommend that paragraph vi., section ii., of the Regulations be altered so as to provide that a candidate will not be admitted to the examination in elementary anatomy and physiology earlier than the end of his first winter session or than the completion of his first six months' attendance at a recognised medical school during the ordinary sessions, *i.e.*, exclusive of the months of April, August, and September.

M. Pasteur and the Paris Municipal Council.

About a year ago, notwithstanding some energetic protests, the Municipal Council of Paris, presented M. Pasteur with a piece of land of considerable value for the purpose of his celebrated Institute. A counter proposition has just been made by M. Chassaing, on the ground (1) that in view of his repeated want of success, M. Pasteur had modified his treatment, and had substituted the so-called *intensive* plan; (2) that since the application of this latter method not a week had passed without the occurrence of cases of hydrophobia different from the ordinary form, and following anti-rabic inoculations; (3) that the method of Pasteur, far from giving favourable results, is a positive danger. The proposition was referred to a committee.

Control of Hysterical Attacks.

Any number of suggestions have been made from time to time of methods of checking or arresting these troublesome attacks, but many of them, such as firm pressure on one or both ovaries, cold vaginal douches, &c., are not altogether and always practicable. A writer in the *France Medicale* suggests pressure on the supra-orbital nerve at its points of emergency from the supra-orbital notch. The head is held securely between the palms of the hands, while pressure is made over the nerve on each side with the thumbs. The patients first contract the facial muscles with an expression of pain, cry out, and then take several quick successive inspirations. The breath is held for a few seconds, and then with a long expiration the muscles relax, and the attack is ended. Pressure over any nerve trunk at the point where it becomes superficial will have the same effect. The method is worth trying, as it is less violent in appearance than the very efficacious plan of holding the mouth and nose until the need for inspiration brings the patient round.

The Emperor of Germany has conferred upon Dr. Lauer, His Majesty's Body Physician, the Order of the Red Eagle of the First Class.

The meeting of the Harveian Society announced to take place on April 7th is unavoidably postponed.

An International Cremation Congress will be held in Milan in September, 1887, with a view to form a permanent organisation of the various cremation societies already existing.

The next meeting of the Clinical Society will take place on Friday next, instead of on April 8th, which is Good Friday.

John Tyndall, LL.D., F.R.S., has resigned his position as Professor of Natural Philosophy at the Royal Institution, which he has held since 1853.

The request of the authorities of the Victoria University for an annual Government grant of £2,000 has been acceded to, and will take effect from April 1st next.

Mr. Arthur P. Luff, B.Sc. Lond., has been appointed to the Chair of Medical Jurisprudence and Toxicology in St. Mary's Hospital Medical School.

We understand that Dr. Alfred Meadows, Physician Accoucheur to St. Mary's Hospital, London, has been elected an Hon. Fellow of the Philadelphia Obstetrical Society.

In view of the importation of cases of leprosy into France from the Spanish provinces of Valencia, Alicante, where the disease is prevalent, the French Government is seriously considering the advisability of taking quarantine precautions for Spanish vessels.

The Swedish Government has taken a good step in authorising the appointment of a medical officer to the higher grade schools for the purpose of attending to the health of the pupils and to sanitary requirements generally. He will be paid partly by salary and partly by means of a capitation fee.

By a curious coincidence the portraits of Mr. Savory, the President, and of Mr. Trimmer, the Secretary, of the Royal College of Surgeons, were both on view last week in the *atelier* of that well-known artist Miss Merrick, of Harley Street. We may congratulate the artist on her success in both instances. Students and practitioners may be pleased to renew the acquaintance at Burlington House of their one-time examiner. Others may be curious to see the man whose signature at the bottom of their notice of rejection has struck terror to their hearts in the past. In the medical world Mr. Trimmer's signature is better known than that of Her Majesty.

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At the Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

On Wednesday, March 23rd, amongst other specimens Dr. Edis showed one which might very well have been mistaken for a case of cancer without thorough examination. The woman had not menstruated for twenty years, and had been a widow for some years, occasional irregular flows of hæmorrhage had taken place, and were upon examination found to be caused by a polypus, which being removed left the woman apparently well. The second case was one in which the placenta (about five months) was surrounded at its edges by clots, some evidently getting on for two months old. The case originally came before him for diagnosis, pregnancy not being at first suspected. The question arose when a differentiated placenta should be removed. This question was also pressed by Mr. Lawson Tait, and what became of the ovum. A satisfactory reply to the former was not elicited, but Dr. Barnes was of opinion the latter frequently disappeared by a process of fatty degeneration, the placenta continuing for some time after to develope. Dr. Edis thought a placenta would often continue to develope, though the ovum were blighted at an early stage.

The President (Dr. Bantock), showed a specimen of myxofibroma, which he had removed from a patient. The tumour was not connected in anyway with the pelvic organs. At the time of its removal it weighed about four pounds, and measured about nine by four inches.

Mr. Lawson Tait gave an address on cleansing of the peritoneal cavity. His system was exceedingly simple, being in fact, the application of the syphon action. He had two sized tubes, one about three-eighths of an inch, and one about seven-eighths of an inch in diameter, made by attaching long india-rubber tubes to his ovariotomy tubes. He used plain water warmed. Special attention should be directed to the temperature of the water, nurses not being trusted to, as they have been found utterly unreliable. By this means he has almost done away with sponging, also is able to reliably clear all the intestinal viscera from the gelatinous contents of some cysts which when opened otherwise proved very difficult to deal with. The fluid being hard to evacuate, but being readily soluble in warm water, is easily washed away. This process he described as primary cleansing, and gave as a hint for the evacuation of clots that the edges of the wound should be pressed round the syphon tube, and the abdominal cavity filled to distension, then the wound opened suddenly which allowed the water to escape with a rush carrying clots with it. The last remnant of fluid can be taken up by sponges. The system of drainage described as "secondary" is more commonly used, being by open test tubes with perforated sides, emptied as necessary by a sucker resembling a small breast pump with an india-rubber tube attached. The idea of drainage *per vaginam* having been tried abroad and proved so fatal, he had not ventured upon it. He estimated the drainage tube as saving an additional 8 to 10 per cent. of otherwise fatal cases. Dr. Meadows said, about fifteen to eighteen years ago, he tried washing out the peritoneal cavity by pouring the water in and then rolling the patient over to empty it. This was found so very inconvenient the practice was soon given up. One Fellow spoke of the danger of the glass drainage tube being pressed through the rectum. In his own practice a nurse pinned the dressings so tightly in one case that perforation took place. Dr. Parsons hesitated as to the invariable necessity of clearing out hæmorrhages into the peritoneal cavity, as he considered they might at times be left without detriment. Mr. Phillips Hills asked whether by means of the syphon and subsequent use of the test tube and sucker the use of sponges could not be entirely dispensed with. The peritoneum is always described as so very delicate that the less sponging done must proportionately diminish the risk of peritonitis. The syphon principle was well known to all, but it was extremely scientific of Mr. Tait to apply the principle to such operations, for the simpler the means the more scientific was the adaptation. Mr. Tait, in his reply, regretted Dr. Meadows had not continued his washing out, as the syphon would very soon have occurred to him or some onlooker. As to doing away entirely with sponging, he believed and hoped he was gradually arriving at that end. The danger of perforation by the glass test tube he avoided by only using a long one for one or two days. He looked upon the test tube as one of the best hæmostatics in the surgeon's hands. The blood clotted in the tube, the clot extending rapidly to the source of the hæmorrhage, or, if necessary, through the tube, a 5 per cent. of perchloride of iron solution could be injected. He entirely differed from Dr. Parsons, as effusions of blood in the peritoneal cavity often became very fœtid in a few days. Dr. Grigg suggested the use of infusion of matico in preference to perchloride of iron. At the earnest request of the President and several Fellows, Mr. Lawson Tait promised to put his address into paper form to appear in the Transactions of the Society.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE communications made to the last meeting of the Royal Medical and Chirurgical Society comprised two papers on renal calculus accompanied with suppression of urine, the authors being Messrs. R. J. Godlee and R. W. Parker; in Mr. Godlee's case the patient, a medical man, aged 31, in whom a perinephritic abscess appeared, and was opened, with resulting improvement. Six months later, however, severe attacks of pain recurred, and also suppression of urine. Operation was avoided on the supposition that only one working kidney existed, and puncturing of the organ hitherto untouched showed its pelvis to be empty. Two days subsequently highly albuminous urine was passed, the secretion speedily improving, both in quality and quantity; but, notwithstanding, death occurred in a few days, and *post mortem* a calculus was found impacted half-way down the right ureter, the corresponding kidney being a mere loose bag of pus. The left kidney was comparatively healthy, but showed signs of chronic interstitial nephritis. The patient had resorted to morphine injections, to which the suppression was attributed by the author, the drug acting on a diseased organ.

Mr. Parker's case was that of a boy, aged 13, in whom, after an injury, hæmaturia was observed, but which passed off under treatment. Later he again came under notice with recurrence of symptoms, when a large tense swelling in the region of the right kidney, and extending forwards to the umbilicus, was found. It filled quickly several times after being tapped, and was finally incised through the loin. While in hospital the amount of urine passed underwent diminution, and death ultimately ensued from uræmia. The inspection revealed complete disorganisation of the left kidney, and hypertrophy of the organ on the right, or injured, side. One large and several small calculi existed in its calyces, and one also in the ureter. The difficulty of diagnosis in this 'case was dwelt on by Mr. Parker, who speculated on the prospects of better success presented by the performance of lumbar sections, exploratory and remedial.

Mr. Bellamy exhibited a specimen from a case in which he himself had failed to find a stone in the pelvis of a diseased kidney, and on this point both Mr. Meredith and Mr. Howard Marsh urged the justifiability, and even necessity, of examination of the organs through the abdomen, the introduction of the hand for this purpose into the abdominal cavity. Diagnosis could thus be rendered certain, and the condition of both kidneys clearly ascertained, and the position of suspected calculi confirmed. Mr. Marsh said he had resorted to this method of diagnosis in one case where he had failed to find the kidney through the loin, and had removed the organ with excellent results.

Mr. Barker was less enthusiastic on this point, deeming that abdominal operation would have been a hazardous proceeding in so critical a case as that of Mr. Godlee's. His own leaning would have been to the performance of a lumbar incision in it, though he did not wish to imply that abdominal section was inadmissible, or that it need be regarded as an unduly formidable undertaking. Mr. Barker concluded by relating a case of his own in which he had removed a renal calculus through the loin, the patient having a permanent lumbar fistula subsequently owing to contraction of the ureter at its upper end.

During the discussion, Dr. Coupland drew attention to the fact that Mr. Godlee's case showed that complete suppression of urine in one kidney could follow as a result of irritation around the other organ, a sympathetic affection being thus induced, the extent of which he concluded would depend on the degree of soundness exhibited by the renal structure.

Mr. Bowlby also insisted that sympathetic suppression would hardly occur in a quite healthy kidney. He had seen suppression follow on injury of one kidney only, but he was unable to affirm the complete healthiness of the second kidney in this case.

On the question of abdominal section for diagnostic purposes, Mr. Barwell thought that a large reduction in the amount of urea secreted should contra-indicate the operation, and Dr. Ogier Ward referred to experiments for determining the amount of secretion from each kidney. Mr. Godlee, in replying, made reference to an old instrument devised for such a purpose, and he repudiated the possibility of successful abdominal section in his patient. Mr. Parker expressed a like opinion on his own case also.

MEDICAL SOCIETY OF LONDON.

Monday evening's sitting was devoted mainly to the consideration of several of those interesting and obscure cases of nervous disorder the study of which has such an invincible attraction for certain minds. There was a case of hemianopsia, by Dr. J. Hughlings Jackson, with wasting and paralysis of one side of the tongue, in a syphilitic patient, and a case of facial paralysis of the palate from cerebral disease.

Dr. Samuel West, not to be behind, brought forward a most remarkable and curious case of post-hemiplegic hemichorea in an adult with a history of sunstroke and a fright; and, possibly as a little delicate flattery, a case of Jacksonian epilepsy in a girl, as to the propriety of operating on whom he invited the opinion of the Fellows.

Dr. F. de Havilland Hall showed two cases of ulceration of the soft palate in men of a decidedly syphilitic appearance, and which promptly improved under appropriate treatment, but in whom no history of congenital or acquired syphilis could be discovered.

Mr. Lennox Browne, who has latterly shown a praiseworthy disposition to give the profession the benefit of his many years' experience of diseases of the throat, came forward with a case of lympho-sarcoma of the tonsil and pharynx, which had been already operated upon, but which, recurrence having taken place, was about to be further and more radically attacked. The appearances were illustrated by three of the water-colour drawings for which he is famous.

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Glasgow.

[FROM OUR OWN CORRESPONDENT.]

The Expected Knighthood for Professors Gairdner and Macleod, of Glasgow.—Our contemporary the *Glasgow Evening News* of the 15th inst. contains the following paragraph :—"Drs. Gairdner and Macleod have returned from the 'sunny south' minus the 'Sir' that was popularly expected. Knowing ones in the medical quad had it that the two learned gentlemen had been sent for by Her Majesty, and that two Knights would return to grace our University in this year of Jubilee. Their claims to the gift of prophecy are now disallowed. In the language of Voltaire, it is the misfortune of worthy people that they are cowards—'Un des plus grands malheurs des honnêtes gens, c'est qu'ils sont des lâches.'"

Glasgow University Court.—At a meeting of the Glasgow University Court, held on the 23rd inst., it was intimated that the Earl of Stair had appointed James King, LL.D., of Campsie, as his assessor in the University Court. The following gentlemen were at the same time appointed by the Court Examiners for graduation in medicine for a period of four years from 31st March, 1887 :—William Whitla, M.D., Belfast, with special reference to materia medica; James J. Dobbie, M.A., D.Sc., Bangor, with special reference to chemistry; George Murray, of the British Museum, London, with special reference to botany; and R. F. C. Leith, M.A., B.Sc., M.B., Edinburgh, with special reference to zoology. We understand that several well-known local gentlemen were candidates for the examinership in materia medica, but the University of Glasgow has never been much distinguished for recognition of its local graduates.

Overcrowding in Glasgow.—At a meeting of the Glasgow Town Council held on the 21st inst., Dr. Russell reported to the Health Committee that during the fortnight ending 12th March, 1887, there were 554 deaths registered as compared with 522 in the fortnight preceding, an increase of 32, representing a death-rate of 27·5 per 1,000 living in place of 26. The number of cases of fever registered was 31 in place of 28, viz., 21 of enteric fever, and 10 of typhus. Nine of these cases of typhus were found in one house under circumstances which are so instructive as to deserve a special word. The people were cleanly and apparently respectable Scotch folks. But the house was one of the most grossly overcrowded I have come across for a long time. The total cubic contents have been ascertained to be 2,980 feet. There were 16 inmates, but two were children below eight, so that we have 15 adults, or an average of 199 feet each. In the kitchen slept the parents and the two youngest children, three adults to 1,140 cubic feet, or 380 each; in the parlour slept all the males, 7 adults to 1,260 cubic feet, or 180 each; in a little room off the parlour, without a fireplace, slept all the females, five adults to 580 cubic feet (9 feet by 6 feet 6 inches by 10 feet), or 116 each. We wholly failed to find the source of the contagion, but a household living in these physical circumstances is like a barrel of gunpowder—only a spark is required, a chance contact with any wandering source of infection. We removed the seven healthy inmates to the Reception House, and the nine sick to the Hospital.

Perth.—Infirmary Medical Staff.—On the 21st inst. an extraordinary general meeting of the subscribers to the City and County of Perth Infirmary was held in the Commissioners' Hall, in order to consider the action of the majority of the board of directors in regard to the reconstruction of the medical staff, and especially in not re-electing Dr. Bramwell to the position of senior visiting medical officer. There was a very large meeting of city and county gentlemen, and the chairman of the board of directors (Viscount Stormont) occupied the chair. Mr. John Macdonald moved—"That this meeting regret that the directors should, by a small majority. have severed Dr. Bramwell's connection with the Perth Infirmary; and that this meeting is of opinion that the directors should reconsider their decision." The motion was agreed to.

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THE IRISH APOTHECARIES IN THE CONJOINT SCHEME.

We noted last week that the Fellows of the Irish College of Physicians had finally resolved to return a point blank negative to the appeals of the General Medical Council to admit the Apothecaries' Hall to the Conjoint Examination Scheme. We understand that the controversy has now completed its penultimate stage by a resolution which the Council of the R.C.S.I has adopted within the past week. Having already satisfied itself that it was not bound by any principle of honour to confine itself to the single conjunction with the College of Physicians, the College of Surgeons took the best legal advice attainable as to whether it was in any way legally contracted to the College of Physicians to refrain from an additional conjunction with the Hall. We understand that the advice given was that no such contract exists, and that, in law, the College is perfectly open to form such additional combination, assuming that the "Hall" is qualified now to grant a "diploma in medicine" within the meaning of the Act of 1886. According to the second section of that Act a surgical college may combine with a licensing body which is so qualified, but with none other, and the hypothesis has been started by the College of Physicians that the "Hall," though admittedly authorised to license persons to be placed on the Medical Register and to enjoy every privilege of practice which any other registree can possess, is not entitled to grant a diploma in medicine.

We have already illustrated, by quoting the 19th section of the Act of 1858, our belief that such hypothesis is not only a mere legal quirk, but an unsubstantial will-o'-the-wisp, and we have not had the least reason to regard it in any other light. But though the Council of the College of Surgeons may not have the least belief in this new-found theory, they could not place the College in a false position by proceeding to conjoin with a body whose title is, ever so distantly, in dispute, or to license practitioners under such conjunction who might possibly be refused registration on presenting their credentials to the Medical Council. The Council of the College has, therefore, communicated to the President of the General Medical Council a resolution adopted by them in view of these legal opinions and of the refusal by the College of Physicians to the effect that they are prepared to entertain overtures for a conjunction with the Apothecaries' Hall on being satisfied of the legal competency of the "Hall" to grant diplomas in medicine.

This conclusion brings the whole controversy to a deadlock until the "Hall" has proved its title, which the College suggests, and we think, can only be effectually done by a judgment of the Courts of Justice. Lawyers' opinions, however useful they may be as guides, are of no use whatever as a final settlement of the law. Upon this very point several opinions were obtained by the "Hall" in 1859, from the very highest legal authorities in the Kingdom, which opinions were, however, met by an equal number of decisions, also, of the very highest legal authorities to a diametrically opposite effect, and it is probable that if the "Hall" now proceeded to prove itself capable by similar means an exactly similar result would accrue. Even the most positive interpretation of the law in their favor by the Medical Council would scarcely suffice to prove their status, because it would be, notwithstanding, open to the College of Physicians to proceed by injunction or *certiorari* to contest the question. We, therefore, think it wise for the "Hall" to set to work, at once, to bring the issue to judgment by a friendly suit, or such other means as legal ingenuity may devise, and we have no shadow of a doubt that a decision so obtained will, once and for all, sweep away any doubts which may be supposed to exist that the Licentiates of the Hall are, in law, medical diplomates.

In this connection we venture to suggest another alternative which would set the dispute at rest in a still more satisfactory manner—would enable the College of Physicians to give active effect to its views, and would make still more clear the opinion of Parliament on the status of the apothecary.

The state of affairs with reference to Conjoint Examination both in England and Ireland is, to say the least, very embarrassing. We are writing, we may say, in the month of April, and there remain but two months until the day arrives when the registration clauses of the new Act come into operation; that two months may be extended to three if the Privy Council pleases, but not for an hour longer; on the last day of June, at the latest, the licensing powers of all Colleges in the Kingdom come to a precipitate end, and not one student can they qualify after that day except under Conjoint Examination. Nay, more! those who have been already diplomated, but who, being absent from Great Britain, or sick, or forgetful, or short of the needful £5, and who have, consequently, not registered, will be, on that day, for ever shut out from registration, and their diplomas will be waste paper. Still further! those who have got one diploma and are working for their second cannot, after that day, obtain it except by Conjoint Examination, and, if they did obtain it, the two diplomas would not entitle them to registration unless granted upon the Conjoint Examination. But there is no such thing as Conjoint Examination in existence, within the meaning of the Act, anywhere but in Scotland; and in England the Colleges are still wrangling with the Apothecaries; in Ireland a sort of scheme, which may yet turn out to be waste paper, has been half made, and in a few weeks the Medical Council is to meet for the second time to discuss what they know not, and, possibly, to refuse assent to any or all of these schemes, and this being done, the Privy Council will be called upon to consider, amend, and *fiat* such schemes as survive.

It seems quite improbable that all these stages can be got through before June 30th, and quite impossible that system and order can be evolved from the existing chaos. We suggest, therefore, that there is urgent necessity for the introduction of a Medical Acts Amendment Bill to extend the period for completion of schemes and for registration until the 1st of January, 1888, or, at least, until the 1st of November, an interval which would be all too short to bring the existing condition of disorganisation into a system of efficiency. If such a project of law should become necessary it will be open to the Irish College of Physicians to apply to the status of the "Hall" the test which it forgot to apply when the Act was passing through Parliament last July, and to prove its contention that the opinion of the public and the profession is strongly adverse to the pretensions of the Apothecaries' Hall, and we believe that every encouragement will be given them for the introduction of such a Bill.

We have been favoured with a copy of a "statement" of their case issued by the College of Physicians, to which we regret that we cannot give the space necessary to do it justice. It is an ably drawn manifesto, and is convincing in its proof that the "Hall" had originally, and has on its merits, no claim to be recognised as a medical licensing body. This is shown by quotations from the Apothecaries' Act, from the testimony of various authoritative persons, from debates in Parliament, and from an analysis of the examining staff of the "Hall," and we are absolved from the necessity for reproducing the chain of argument by the fact that no one outside the "Hall" seriously disputes the conclusion. The facts might have been put forth with great effect at the right time, and we have not the least doubt that if so put forth they would have pressed the "Hall" hard to maintain its licensing powers. But argument is now entirely outside the question. What the Apothecaries' Company once was is of historical interest; what it ought to be is subject for speculative opinion; what it is is now the only question, and how it is to be dealt with under present circumstances, and with reference to the future, is the only matter worthy of consideration. Bearing on the question of the scope and capability of the "Hall" as a licensing body, we find nothing definite in this manifesto except the formal enunciation that it has "no right by statute, common law, or otherwise to grant a licence in either medicine or surgery or midwifery, and has no power to examine in these subjects," a statement which, in view of the 19th section of the Medical Act of '58, the corroborative vote of the Medical Council, the consequent recognition by public authorities, and the final confirmation by the Act of '86, cannot be characterised as anything but an empty and utterly unsustainable expression of the views of the College.

As to a solution of the difficulty, the manifesto gives no tangible suggestion. It recommends, indeed, that the Medical Council should refuse to grant to the "Hall" the assistant examiners necessary to carry on independent examinations, and we heartily join the College in this recommendation, holding that the "Hall" *per se* is totally unfitted to undertake the licensing of medical diplomates, and that it would be a disaster to medical education in Ireland that it should be endowed with any such function. But we have now to think of what will be, and not what ought to be, and we know that with a Medical Council pledged nineteen votes to four in favour of the "Hall," and with a Privy Council equally pledged to save the interests of the Apothecaries, the chances of such a disestablishment are infinitely distant.

If this be all the escape from the dilemma (which it has itself created) that the College of Physicians can offer, we do not see that much is gained by redundant abuse of the "Hall" and its representatives. If that institution achieves independence and licensing rank it will have to thank the Fellows of the College of Physicians, and no one else, for the boon, and this fact cannot be masked by any manifesto.

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On Friday last H.R.H. the Princess of Wales paid a visit with her three daughters to the Brompton Consumption Hospital, where a short informal musical entertainment was improvised in the wards to the delight of the patients, all of whom subsequently received flowers from the hands of the illustrious visitors. The Princess and her daughters contributed most of the music.

Correspondence.

DRS. GRANVILLE AND FOTHERGILL ON GOUT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On reading the articles which have appeared in your valuable journal during the last few weeks, one "On Gout," by Dr. Mortimer Granville, and the other touching on the same subject in "The Neurotic," by Dr. Milner Fothergill, one cannot help being struck by the very crude undigested notions both gentlemen possess as to the formation of uric acid in the system. In dealing with gout and its cause no writer on the subject can afford to be ignorant of the experimental researches of Professor Ebstein of Göttingen, a translation of whose work on the subject ("Die Natur und Betrandlung der Gicht") appeared in your pages, and which has, I understand, since appeared in book form. The value placed on Ebstein's researches is further shown by the fact that the volume has since been translated into the French language. To talk about the liver being the workshop in which uric acid is formed after the appearance of Professor Ebstein's work is a display lamentable enough to cover an Englishman with shame and confusion of face. Might one be indulged in the question "Are our therapeutics only abreast with our pathology?"

I am, Sir, yours obediently,

A Mortified One.

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Literature.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. (*a*)

The fifth volume of this splendid work has been for some time before us, and the perusal of it has been a long but interesting task. This work is not so much an encyclopædia as a collection of select monographs by men eminent each in his own department; and thus it is that, while it can be consulted with profit as a book of reference, it is an eminently readable and interesting study to the professional man. There is no subject more important than that of the various injuries, great and small, to which the human body is liable in all its parts; and to these injuries the present volume is devoted with a scope and fulness which leave nothing to be desired. It is not given to all surgeons to perform sensational or even ordinary capital operations; but every surgeon is liable to be called upon to treat accidental injuries, and the more remote his sphere of practice may lie the greater necessity is there for a book of reference which will exhaust alike the practical aspects and the surgical literature of every accident to which the human frame is liable. The first article is that of Dr. C. B. Nancrede, which describes injuries of the soft parts of the head, of the skull, and of the brain and meninges. His remarks on abscess of the brain are good, and the section upon cerebral localisation particularly so. The same may be said upon the chapter upon trephining, an operation which appears to be returning to favour. Supplementary to this is the next section by Mr. F. Treves, malformations and diseases of the head, which are fully described, including a section upon that curious deformity, horns growing from the skull. The next sections are upon injuries and diseases of the eyes, by Dr. Williams, and of the ear by Dr. Buck; and these chapters form a complete conspectus of ophthalmic and aural surgery. The latter section is illustrated by two fine coloured plates copied from the work of Politzer, of Vienna, and containing twenty-four illustrations of various conditions of the membrana tympani. The section upon diseases and injuries of the nose is very novel and interesting, and contains some excellent suggestions for the treatment of severe epistaxis without plugging of the nostrils. Dr. Post contributes a good section upon the face, cheeks, and lips, with some good suggestions as to the removal of the so-called "port wine marks;" and Mr. Heath another upon the mouth, tongue, palate, and jaws. There is a very good dental article by Mr. Norman Kingsley, and one upon in-

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(*a*) "The International Encyclopædia of Surgery." Edited by John Ashurst, jun. Vol. V. London: Macmillan and Co. Royal 8vo, pp. 1276.

juries and diseases of the neck, by Dr. Macleod. Injuries and diseases of the air passages are treated very fully by Dr. J. Solis Cohen, who may be said to exhaust the subject of laryngology. Professor E. H. Bennett's article upon injuries of the chest is very good, and contains an interesting case of nearly fatal collapse following a blow upon the chest unattended with apparent physical injury. This case is analogous to the well known fatal one of Nélaton, and must be regarded as due to concussional disturbance of the function of the cardiac ganglia. There are excellent remarks upon paracentesis of the pleural and pericardial cavities. Mr. Annandale's section upon diseases of the breast is very good; and we cannot speak too highly of Mr. Morris's exposition of the injuries and diseases of the abdomen. This important subject is most fully treated; and we would especially notice the descriptions of the various methods of suturing the intestines, as also the treatment of hydatid disease. An unique case of division of the ureter by a musket ball, and also several cases of similar injury of the liver. He does not in this latter accident lay stress upon the pain under the shoulder so characteristic of such hepatic injuries, and which was observed in a well-known and fatal case which occurred at Tel-el-Kebir. In this case the liver was perforated through and through, and during the survival of the patient for about thirty hours, the pain under the shoulder was the prominent trouble. The volume concludes with an article upon hernia by Professor John Wood, of which we will merely say that it is worthy of the high reputation of its author.

The leading features of the present volume are the practical everyday work interest of the articles and their uniform and sustained merit. We believe that the next volume will close the series, and we can only congratulate its authors upon having erected a surgical monument *perennius ære.* We regret that death has removed Professor S. D. Gross, who was to have supplied to the Encyclopædia a history of surgery, as well as Dr. J. Marion Sims and Dr. Hunter. Dr. G. J. Fisher will supply Professor Gross's article, and Dr. Munde, of New York, will furnish the article upon ovarian tumours, which was awaited from Dr. Marion Sims. The typography and bringing out of the present volume are excellent.

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SQUIRE ON GLYCOSURIA AND DIABETES. (a)

Dr. Squire's object in writing this little thesis is to insist on the value of frequent periodic recourse to the state of the kidney excretion as a guide to abnormal action in other organs, and to the nutritional changes of the whole body, and he trusts rather to the signs of biliary colouring matter in the urine for evidence against that much abused organ, the liver, than to any supposed bilious look in the face or yellowness in the complexion. He gives utterance, in his enforcement or expansion of those views or objects, to many pithy or pregnant sentences, such as that "the presence of biliary acids in the urine is not so conclusive of anything wrong with the liver as is often assumed," that "no peculiarity of race is concerned in the liability to diabetes," that "glycosuria is, in fact, only one of the signs of disturbed nutritive processes," and that "at the ages most apt to glycosuria and diabetes, forty to sixty years, the proportion of women to men is actually three to one," at which we can, we regret to say, only glance here. We can say, however, that this small volume contains several other equally suggestive or even more pointed phrases of this kind, and add that it embodies, in our opinion, a fair epitome of all of value that has been brought to light since the days of Bernard or Bouchardat, about the causation and pathology of these conditions. But the section of the book to which ordinary readers will first turn, is that which deals with the treatment of these disorders, and in this our author is very detailed and particular, as well as very exhaustive and exact. He deprecates the too lavish use of drugs in this disease, and emphatically adds that "the first essential of a successful treatment (of diabetes, &c.) is a carefully restricted, rather we would say a carefully *selected,* diet." He enters into such elaborate details in pursuance of this axiom as renders it quite impossible for us to follow him. It is pleasant, however, to learn from him that "the changes of diet generally required involve no hardship," and that "peaches and nectarines are the best of all ripe fruits." Should this little book be ever recast or republished, as it certainly deserves to be, in another form, we would strongly advise its author to divide it into chapters or, at least, to append such distinctive headings to his paragraphs as would at once enable the busy reader to follow the drift of his argument, and continue or question the reasoning, if he so desired, himself. We believe that in this shape it would fill one of the gaps that now exists in this branch of our professional literature, and save the cost of more elaborate or pretentious, though not more practical, treatises to the already over-burthened or impecunious practitioner.

(a) "On Glycosuria and the Treatment of Diabetes. By William Squire, M.D, London: Whitefriars Street, E.C.

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Medical News.

The Irish Medical Schools' and Graduates' Association.—The annual general meeting of this association took place in London on St. Patrick's Day, Thursday, 17th March. The following members of Council were present:—Sir Thos. Crawford, K.C.B. (Director-General of the Army Medical Department), Dr. Macnaughton Jones, Professor Yeo (Chairman of Council), Professor Macalister, Dr. Edward Waters (Chester), Dr. Gilbert Smith, Dr. Wm. H. White, Dr. Phillips (Reading), Dr. R. Fegan, Dr. J. H. Gibson, Brigade-Surgeon Alexander (Hon. Treasurer), Dr. James Stewart (Hon. Sec. for the Provinces), and Dr. P. S. Abraham (Hon. Sec. for London). Among the other members who attended were Inspector-General Dick, R.N., Dr. Henry Fitzgibbon (Dublin), and many others. After the outgoing president, Dr. Macnaughton Jones, had relinquished the chair to Sir Thomas Crawford, now president, the annual report of the Council was read. The number of members on the roll had increased within the year from 358 to 459. The Council had to regret the loss by death of six, viz., Drs. Thompson (Founder of the Association), Curtin, Eames, Staff-Surg. O'Sullivan, R.N., Dr. Sexton, and Dep.-Surg.-Gen. Wolseley. Among the more important matters which had been, and were still, under the consideration of the Council, were the disabilities under which graduates laboured who held the higher qualifications of the Dublin colleges. The Hon. Treasurer's report was very satisfactory, and showed a substantial balance to the credit of the association. Professor Alexander Macalister, M.D. (Trin. Coll., Dub.), F.R.S., was then nominated as President-elect. Cordial votes of thanks were accorded to Dr. Macnaughton Jones, who had so ably and zealously occupied the chair for two years, and to Dr. Daniell on his resigning the post of Honorary Metropolitan Secretary which he had filled since the foundation of the association. In the evening the members dined together at the Holborn Restaurant, as referred to in our last.

Presentation.—At a public meeting on March 13th at St. Etienne, France, Dr. Hastings Burroughs (French correspondent of the *Medical Press and Circular*) was presented with a gold watch in recognition of his services to the McAll French Medical Mission, a branch of which is established in that city.

National Dental Hospital of London.—The Earl of Strafford presided at the twenty-fifth Annual Meeting of the subscribers to this institution on Thursday last. The report showed that, notwithstanding the prevalent bad times, the receipts still kept at about the same level as in previous years, the patients' payments even showing a slight advance. The number of cases treated during the year was 34,721. Reference was made to the resolution of the committee to admit registered medical female students to the practice of the hospital, and, in answer to a question, the Secretary said that the principal object of the committee was to admit those ladies who intended practising in India in connection with the Zenana Mission.

King and Queen's College of Physicians. — At the March examinations the following obtained licences in medicine and midwifery of the College:—

MEDICINE.—Samuel Boake, Arthur Edward Clarke, William Barclay Dick, John Exley, William Isaac Fern, Hu Ruskin Hancock, Frederic William Ord, George Shapland Passmore.

MIDWIFERY.—John Exley, William Isaac Fern, Hu Ruskin Hancock, Vincent Nash, Edward Francis O'Sullivan, Frederic William Ord, George Shapland Passmore.

The undernamed has been admitted a member:—

Evelyn R. H. Pollard, Staff Surgeon, R.N.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. DAY.—Paper on "Habitual Constipation in Children, and the Methods of Treatment," received.

MR. JABEZ HOGG.—Paper on "Turpentine in Specific Iritis" received.

DR. MITCHELL BANKS (Liverpool)—Paper on "Excision of the Knee-joint," with illustrations, received.

MR. EDMUND OWEN.—"A Case of Pelvic Tumour in a Man" received.

DR. J. FOSTER (Bradford).—Paper on "The Causes and Prevention of Puerperal Mortality' received.

DR. KEELING (Sheffield).—Paper on "Laparotomy in Cases of Obstruction of the Bowels" received.

DR. J. W. MARTIN (Sheffield).—Clinical Memoranda on "Undefined and Obscure Disease" received.

SANITATION IN THE REIGN OF HENRY VIII.

FROUDE says: "The sanitary regulations for the city are peculiarly interesting. The scavengers, constables, and officers of the wards were ordered 'on pain of death' to see all streets and yards kept clear of dung and rubbish and all other filthy and corrupt things. Carts were round every Monday, Wednesday, and Saturday to carry off the litter from the houses, and on each of those days twelve buckets of water were drawn for 'every person' and used in cleaning their rooms and passages. Particular pains were taken to keep the Thames clean, and at the mouth of every sewer or watercourse there was a strong iron grating two feet deep.'

MR. R. W. THOMAS and DR. CARPENTER.—It is against our rule to supply the name and address of correspondents.

DR. T. C. B.—We see nothing unusual in the "method of procedure" of your neighbour, nor anything needing exposure. The practice is quite common, and we cannot see that it is derogatory.

THE TITLE OF DR.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I was glad to read your editorial foot-note to a letter on this subject in your last issue, for it is about time that the question of the assumption of medical titles should be set at rest. In my opinion (whatever that may be worth) it is as improper for medical or surgical licentiates to usurp the title of doctor, as it would be for clergymen to call themselves bishops officers in the army, generals; or barristers, Queen's counsel; when they only filled subordinate positions in their several callings.

Yours very truly,
W. T. GREENE.

Moira House, Peckham Rye.

DR. T. S. D.—The fact will be referred to in our "Literary Notes" column next week.

THE HOSPITALS ASSOCIATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I shall esteem it a favour if you would kindly allow me space to draw public attention to the fact that a scheme has been prepared with the object of founding a National Pension Fund for Hospital Officials and Trained Nurses. I venture to hope you will allow me to state for the information of a large army of workers in the cause of suffering humanity, that a register has been opened at this office in which all those who may be desirous of joining such a fund can enter their names, or in which they will be entered, if a letter or postcard, containng the full name, address, and position of the writer be sent to me direct for that purpose.

I am, Sir, yours, &c.,
HOWARD J. COLLINS, Sec.

Norfolk Street, Strand, W.C.

DR. SAJOUS (Philadelphia).—We cannot add further to our "Exchange List." It is already too full.

Meetings of the Societies.

THURSDAY, MARCH 31ST.

ROYAL INSTITUTION.—At 3 p.m., Prof. F. Max Müller, Science of Thought.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Dr. Priestley, Pathology of Intra-uterine Death (Lumleian Lecture).

FRIDAY, APRIL 1ST.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Sir Dyce Duckworth, A Case of Psoriasis, with associated Rheumatism, which passed into Pityriasis Rubra (Dermatitis exfoliativa). Mr. Bellamy, Case of Symmetrical Gangrene following Varicella. Mr. Lane, A Case of Intussusception produced by a Tumour growing from the Mucous Membrane of the Great Gut. Mr. Pollard, Three Cases illustrating the Difficulties in establishing Natural Respiration after Tracheotomy, and their Treatment by Tracheal Catheterisation. Living Specimens: Dr. Drewitt, A Case of Lupus treated partly by Salicylic Acid, partly by Scraping.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Clinical Evening. Cases will be shown by Mr. Keetley, Dr. Scanes Spicer, Dr. Seymour Taylor, Mr Edwards, Dr. Colcott Fox, Mr. Bland Sutton, and others. Dr. W. G. Stevenson and Mr. Bruce Clarke, A Demonstration upon the Living Subject of the Treatment of Stricture of the Urethra by Electrolysis. Dr. Alderson, Remarks upon a case of Fracture of the Patella, treated mechanically twenty-five years ago, with specimen. Pathological Specimens: Mr. H. Percy Dunn, (1) Epithelial Growth of Pharynx; (2) The Skull from a case of Traumatic Meningocele. Mr. G. A. Webster, Fracture of the Astragalus. Brigade-Surgeon W. Curran, A Collection of Water Colour Drawings.

ROYAL INSTITUTION.—At 9 p.m., Prof. Dewar, Light as an Analytic Agent.

MONDAY, APRIL 4TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Paper by Mr F. Newland Pedley, F.R.C.S., The Pathology of Pyorrhœa Alveolaris. Casual communications by Messrs. Akery, Weiss, Wallis, Cotterell, Hutchinson, Harrison, and Penfold.

TUESDAY, APRIL 5TH.

SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.—Annual General Meeting at 4 p.m. President's Address. Paper on "The Cause and Cure of Inebriety," by Dr. Crothers, of Hertford, U.S.A.

WEDNESDAY, APRIL 6TH.

PARKES MUSEUM OF HYGIENE.—At 5 p.m., Mr. J. Bailey-Denton, Metropolitan Sewage Disposal.

Vacancies.

Bradford Infirmary and Dispensary.—House Surgeon. Salary £110 per annum, with board and washing. Applications, with testimonials, to the Secretary, on or before April 5th.

Brompton Consumption Hospital.—Resident Clinical Assistant. Applications, with testimonials, to the Secretary, on or before April 16th. (See advt.)

County Asylum, Gloucester.—Third Assistant Medical Officer. Salary £105 per annum, with board, lodging, and washing. Applications, with testimonials, to the Medical Superintendent, not later than April 6th.

Kent County Lunatic Asylum.—A Third Assistant Medical Officer. Salary £120 per annum, with furnished quarters, &c. Applications, with testimonials, to the Clerk, on or before April 4th.

Manchester Royal Infirmary.—Resident Medical Officer of the Convalescent Hospital at Cheadle. Salary £150 per annum, with board and residence. Applications, with testimonials, to the Chairman of the Board, on or before April 3rd. (See advt.)

Appointments

BRADBURY, A. F., M.B., B.S., District Surgeon to the Salford and Pendleton Royal Hospital.

BULLOCK, B., M.R.C.S., House Surgeon to the Birmingham General Hospital.

COLLISON, F. W., M.B., C.M.Ed., M.R.C.S., Senior House Surgeon to the Preston and County of Lancaster Royal Infirmary.

COUNIHAN, Dr., Resident Medical Officer to Barrington's Hospital, Limerick.

HACKETT, H. E., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Sixth District of the Chorlton Union.

HARRIS, H. E., L.R.C.P., M.R.C.S., Assistant Medical Officer to the Paddington Workhouse Infirmary.

PESKETT, A. F., M.R.C.S., L.S.A., Medical Officer and Public Vaccinator to the Leyton District of the West Ham Union.

WARWICK, F. J., B.A., M.B.Cantab., M.R.C.S., Public Vaccinator for the Shepperton District of the Staines Union.

Births.

HOWELL.—March 25, at 77 East Hill, Wandsworth, the wife of James B. Howell, M.R.C.S., of a son.

MASTERS.—March 26, at Brook Green, W., the wife of J. A. Masters, L.R.C.P.Lond., of a daughter.

VACHER.—March 22, at 31 Shrewsbury Road, Birkenhead, the wife of Francis Vacher, F.R.C.S., of a son.

Deaths.

CARRINGTON.—March 16th, at St. Thomas's Street, Southwark, after two days' illness (of pneumonia), Robert Edmund Carrington, M.D., F.R.C.P.Lond., Senior Assistant Physician, Guy's Hospital, in his 34th year.

COLLIE.—Drowned in the wreck of the s.s. "Nerbudda," David Collie, M.D., M.B.Edin.

HALL.—March 18th, at his residence, Gorse Bank, Werneth, Oldham, William Hall, M.R.C.S., late of Salford, aged 61.

MACGILL.—March 17th, Andrew MacGill, M.D., late of Church House, St. Leonard's Road, Poplar.

SEMPLE.—March 25, at Goldhawk Road, Shepherd's Bush, S.W., of pneumonia, Julia Lucetta, wife of Dr. C. Armand Semple, aged 40

THORNTON.—March 20th, at Hastings, William Henry Thornton, J.P., M.R.C.S., of Berkeley Lodge, Margate, aged 65.

THURLAND.—March 23rd, at Wilmington Square, Islington, Francis Edward Thurland, M.R.C.S., aged 40.

WELDON.—March 21, at Gorey, of blood-poisoning, taken in discharge of his duty, Dr. George Weldon, aged 60.

WOOLHOUSE.—March 13th, at Cadogan Lodge, Leamington, George R. Woolhouse, M.R.C.S., A.M.D. retired, aged 65.

WOOLLETT.—March 19th, at his residence, The Mount, Newport, Mon. Robert Francis Woollett, M.R.C.S., L.S.A.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, APRIL 6, 1887. [No. 15.

Original Communications.

ON EXCISION OF THE KNEE-JOINT. (a)

By W. MITCHELL BANKS, M.D., F.R.C.S.,

Professor of Anatomy, University College, Liverpool; Surgeon to the Liverpool Royal Infirmary; Member of the General Medical Council.

MR. PRESIDENT AND GENTLEMEN,—The question of excision of the knee-joint has been before this Society on more occasions than one, even within my own recollection. But it is an operation which has not been at a standstill, like many other surgical procedures, which long experience and many trials have eventually brought to their proper level. On the contrary, during the last fifteen years, it has advanced greatly in favour with the profession, and has been wonderfully improved in many of its minor details. So that the operation, as I know it and practise it now, with all the advantages of these improvements and the enormous safeguard of antiseptic treatment to boot, is certainly a very different operation from what I knew it as a student. It is an operation which always had a fascination for me, and I possess, even until now, a paper upon it, which I read, when Demonstrator of Anatomy in the University of Glasgow, before the Students' Hunterian Society in 1866. I looked over it to-day, and was amazed at the profundity of my knowledge and the strength of my convictions at that early date in my professional career, when I had never done the operation myself, and had probably only seen it done some half dozen times by others. One looks back with a shade of regret upon the lost *perfervidum ingenium* of youth.

At the time I wrote the paper, to which I refer, hopes ran high upon excision of the knee. Sir William Fergusson, King, of Hull; Humphry, of Cambridge; and Ollier, of Lyons, had all been writing about it, and Heron Watson was trying it in Edinburgh. Disease of the knee-joint was to be robbed of its terrors, and amputation of the thigh was to disappear from the category of operations. But after a while it was found that the mortality from excision was very considerable indeed—even greater than that from thigh amputation—while the resulting limbs were often most wretched to behold. So that the operation for several years made no particular progress. Then, at a little later period, came wonderful improvements in our means of mechanically fixing the knee-joint, so as to command real and absolute rest; and great expectations were entertained that, by a process of freely incising the joint (so as to give abundant vent to all inflammatory products) combined with thorough fixation, we should never have to amputate or excise either. I tried this method of free incision—the open method as it was termed—and soon gave it up, after losing sundry cases to my great sorrow, which would certainly have recovered either by excision or amputation. I found it painful, dirty, useless, and dangerous, and the more I see of those forms of knee disease which primarily originate in the bones, the more am I convinced of the futility of mere incisions into the joint, however extensive.

With regard to the mechanical treatment of knee disease that, as everyone knows, has been elevated (chiefly through the agency of Thomas's splint) from a condition almost of hopelessness to one in which we almost always expect to cure the disease, if we can only get it sufficiently early. But there lies the rub. Very often we do not get the disease to treat sufficiently early in its course. By the time the patients reach us all hope of saving the joint is gone, and removal of the limb or excision alone remains to us.

Excision has thus, within my own recollection, gone through two phases:—One, when it was going to swallow up amputation, and the other when it was going to be swallowed up by mechanical fixations and free incisions. Neither phase has been permanent. But the first idea has been more nearly realised than the second; that is to say, there are more excisions done now than ever were done before, and fewer amputations. Indeed, only very bad and hopeless cases, in persons of middle or advanced age, are in the present day submitted to amputation.

The first point is to obtain a general idea as to when, in the course of knee-joint disease, we are to excise. Here the pendulum has swung too far both ways, and is only now settling down to a medium point. Some years ago there was a tendency to defer the operation too long; only to do it when disorganisation was very far advanced, and when the patient was decidedly going down the hill in point of general strength. As a result, patients often died because they had no strength to bear up against the drain of a prolonged cure, or had to have amputation done, because the parts would not stick together nor heal up. Surgeons were then late excisers. But after a time there came a set of early excisers, who held that the operation to be successful, ought to be done very soon in the course of the disease, and, the minute they saw a chronic case of synovitis with thickening, they whipped out the knee-joint. Now, their results were doubtless admirable, but their principles were most dangerous. For it cannot be too earnestly enforced that every unnecessary surgical proceeding is *ipso facto* a bad one. No doubt if one proceeded to excise the healthy knee-joints of a dozen healthy boys of fifteen, they would all rapidly get well with excellent stiff legs. But that would not be surgery, and no more is it surgery to excise knees merely for such an amount of disease as can be cured by rest and general treatment. There was, however, one good result came out of the craze for early excisions. It showed that the operation was certainly not a dangerous one, provided that the tissues were fairly healthy, and it was, therefore, demonstrated that the chief danger arose from allowing the parts to become hopelessly disorganised and the patient too exhausted.

Well, if we are neither to operate too soon nor too late, how are we to know when to do so? And, in our consideration of this question, we may put private patients on one side and occupy ourselves entirely with hospital patients. Private patients are a law unto themselves, and I never did an excision of the knee-joint upon one. But with poor people I think there are three main elements to be taken into consideration: amount of suppuration, lapse of time, and inability to work.

(a) Read before the Li . Medical Institution, March 3rd, 1887.

Excessive suppuration or numerous dribbling sinuses infallibly indicate great destruction inside the joint, and imperatively call for operation. It is comforting to know that I have never yet excised a knee when I did not find a greater amount of disease inside than would have been expected from outside appearances. As regards lapse of time, if a joint at the end of two or three years has not recovered under well-conducted treatment, then it is questionable if it will ever get well at all, while it is almost absolutely certain that it will be a stiff one, and that consequently the patient will be as well off with a successful excision as with an ordinary knee. Lastly, inability to work is a great point with the poor. A chronic invalid in a working man's family is a serious matter, more especially if the invalid be a worker and able, when well, to maintain himself.

I confess frankly that I have, during the past few years, very much altered my opinions as to the length of time which it takes before a patient is fit to work upon an excised knee-joint. Only some five years ago I used to notice that it was a long time—twelve or eighteen months, or more—before much use could be made of one. But the steady increase of minor, but not necessarily unimportant, improvements has much reduced this period. I think, now, that as a rule after a successful excision a patient should be fit for work in from four to eight months.

To lay down rigid or exact rules as to the proper moment to select in any given case for operation is, however, impossible, because a condition of the joint which to one surgeon may seem quite hopeless as regards curative means may to another appear still within the possibility of cure. Common sense must be brought to bear upon such a question, remembering in broad terms that we should not operate until our art is exhausted, and that we should not delay operating until our patient is exhausted.

We may next consider the question of what are the most favourable cases for excision. To my mind they are certainly those of chronic synovial thickening—pulpy gelatinous disease—where suppuration has taken place, where the ligaments are softened or even destroyed, and where abscesses have crept among the soft parts. Such cases undoubtedly do recover occasionally under rest and treatment, but very generally in poor people they do so with such an amount of backward displacement of the tibia as makes the limb rather a poor one. The worst cases are undoubtedly those of tubercular disease arising in the cancellous tissue of the ends of the tibia or femur, and implicating the joint secondarily. One is always in doubt of getting a sound surface of cut bone except at such a sacrifice of that tissue as greatly curtails our chance of having a successful union. Here, however, the plan of gouging out the disease has greatly improved our prospects. Putting it in a general way the less disease there is in the bone, and by consequence the less bone we have to remove, and the sounder the cut surfaces we get, so much more successful is the operation likely to be. As for soft tissues they have great powers of recovery, and we know much better nowadays how to manage them than we formerly did.

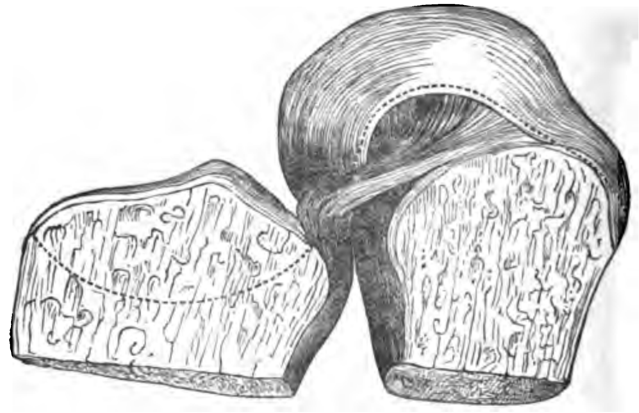
A very important question is the age of the patient. For a long time after the operation became general this was not sufficiently attended to. Patients of all ages were subjected to it, and this want of discrimination contributed very much to the fatality of the proceeding in former days. Young children have such a wonderful power of recovery from joint disease that, if we can only catch the mischief in its early stage, we ought certainly with our present appliances to make the most determined efforts to avoid operation. The power which we now possess of being able, with the aid of Thomas's knee splint to send a child out to ramble the lanes—or even to play in the gutter—is one of the most remarkable and useful advances in surgery with which I am acquainted. In former days when fixation of the knee was unknown, and when the treatment of the familiar "white swellings" consisted in blistering and rubbing in ointments with confinement to bed, the little patients gradually melted away, until it became clear that removal of the limb was the only chance of saving life. Prolonged confinement to bed in a ward or in a stuffy room is most fatal to children. They must breathe fresh air—if only that of the streets—or they die. With old people, it is different. Warmth is what they want, and they lie in bed for months quite comfortable and content.

But while knee disease up to say fifteen years of age is remarkably amenable to well directed treatment (if this be employed before the mischief has wrought *too* much destruction), when we come to patients between fifteen and five-and-twenty it is quite a different thing. They undoubtedly do not possess the same recuperative power. On the contrary my experience would lead me to think that joint diseases in them are prone to become very unmanageable. The articulation recovers up to a certain point. The patient goes about his work, and remains well for a while, only to suffer from a relapse, and this keeps constantly being repeated, until the patient is thoroughly tired of the whole thing. One constantly finds such patients coming into hospital, and telling us of years of suffering, passed in alternate recoveries; and relapses of this kind. Now, these to my mind are the legitimate subjects for excision. They are too old to retain the wonderful recuperative powers of early childhood, and yet they are quite young enough to possess all that vigour which is necessary to enable them to withstand the shock of a serious operation, and to scramble through the many troubles that may possibly succeed it. If, therefore, reasonable trials of treatment have failed, I have no hesitation in proposing excision to such persons holding out the strong prospect of a leg only slightly shorter than natural, and as useful as the stiff joint which they could only hope for even in the event of a cure.

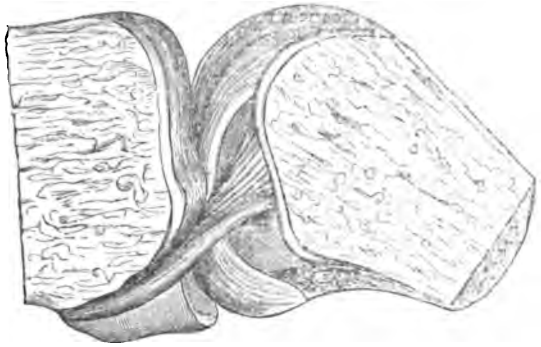
Coming now to persons above five-and-twenty or thirty years of age we fortunately find that in them joint diseases become wonderfully less frequent. But when they do arise they are very much more formidable; and the further an individual advances in life the more hopeless does his chance become, if the disease be at all pronounced. Furthermore, middle aged people do not bear operations well, which are tedious and troublesome to do and to manage subsequently, and, as a result, excision of the knee is a decidedly risky undertaking with them. Amputation, on the contrary, by relieving them at once from pain and annoyance is very successful. So that, to a man say of forty, I would counsel amputation as by far the safest and wisest course.

When, therefore, I attempt to give students a broad and general notion of what to do, I tell them that they ought to consider themselves bound to cure all knees in young children, that excision ought to be recommended to adolescents, if rest and treatment fail; and that middle aged or elderly people should by all means be amputated if their cases come to operation. But in trying to sketch out some general rules in this way I feel sure that, as practitioners, you will regard them only as elementary principles, and not as binding fast upon every individual case. One, for instance, may get a young child with the knee so hopelessly destroyed that excision (or even amputation) must perforce be done, while, on the other hand, one may get a patient between thirty and forty years of age, with a constitution so sound that excision may be attempted with every prospect of success.

Coming now to the actual details of the operation, we may note such points as seem to conduce to its success. There has been a great deal of ingenuity and no little ink expended on the best form of incision, and I notice that people still keep writing about it in the medical journals. It may be taken for granted that the best form of incision is that which gives the freest access to the joints, and permits of the most complete removal of all diseased synovial membrane and granulative tissue. Consequently the attempts to remove the joint by lateral incisions are the worst that could be devised. I have tried several ways, including that of a semicircular incision above the joint, but I do not think that any better can be found than the ordinary semicircular incision below the patella. It gives the best access to the interior of the articulation, and affords the readiest means of drainage. The numerous attempts at other incisions, to which I have alluded, have been made chiefly with the object of not dividing the ligamentum patellæ. Were we attempting to get a moveable joint, one could understand that there would be some object in this, but, as our object is only to get a stiff one, there is no need for considering the ligamentum patellæ, provided a place is found to which it may ultimately adhere. Its preservation was also considered to be very valuable in steadying the parts after the operation, and in holding the surfaces well together, but we now accomplish that end by so much better means that this argument falls to the ground. At one time there was much discussion as to whether the patella should be retained or not. It seems pretty well admitted that it is far better away. It cannot in any way add to the strength of the limb after the operation, because that entirely depends upon the completeness of the bony union between the tibia and the femur, and, if that be thorough there is no need for further support. The truth is that, when retained, the patella only produces a useless and unsightly knob in front of the ankylosed knee, and adds one more risk to the operation by possibly retaining a point of disease. Should we supply a tourniquet or an Esmarch's bandage to the limb before commencing the operation? By doing so we certainly have the wound bloodless during the actual progress of the operation, which is in many ways a convenience. But the drawback to it is that, after all the cutting and sawing are done, and when we are just ready to close the wound and put the limb firmly up, then oozing commences at every corner. This is often particularly troublesome from the cut surfaces of the bones, and leads to the dressings being rapidly saturated and requiring speedy renewal. On the whole, I do not think much time is gained by using the Esmarch, and not very much blood is saved, for the actual vessels which require tying are, by no means numerous. Moreover, one can judge much more accurately of the condition of the sawed surfaces of bone when the blood is in them, than when they are bloodless. Bad bits are more easy to make out. Patches of tubercular deposit or of rarefying ostitis stand out much more clearly, when the surface of the bone is red and full of blood, than when it is blanched uniformly by the tourniquet. So that, on the whole, I think we gain by letting the oozing gradually cease while the operation is in progress, seeing that, when we are ready to finish up, we then have the wound dry, and the limb fit to place at once upon its splint; while we certainly can come to a better opinion as to the condition of the cut surfaces of the bones. One of the most notable improvements has been in the method of sawing the bones. The old plan consisted in making the surfaces flat, and in sawing off layer after layer till we come to completely sound bone. Now by this means an unnecessarily large amount of bone is sacrificed, and the great amount that used often to be taken away from the femur was undoubtedly one of the reasons of failure, because surfaces of the most unequal size were often left opposed to each other. In the School of Medicine museum are one or two specimens which I put up many years ago, and which illustrate this very well. They were obtained from limbs which were amputated because the bones would not adhere. But the femur has been so cut away that it stands on the top of the broad tibia, like a walking stick on a tea-tray. There is an utter disproportion between the size of the cut areas, and no steadiness could ever have been maintained between them. Hence the failure. Dr. Fenwick, of Montreal, has done a great deal of good work by demonstrating the necessity of preserving as broad surfaces of bone as possible, and, furthermore, much credit is due to him for employing a wedge-shaped method of section. He cut a V-shaped piece out of the tibia, and sawed the femur like a wedge to fit into it. By this means a very great amount of steadiness can be maintained between the bones during the after treatment. I myself prefer cutting the bones on the round. That is to say, the tibia should be cut into a concavity with a Butcher's saw, beginning the section behind at the very edge of the bone, and bringing the saw up again at the very margin in front. With regard to the femur I begin behind just where the cartilages on the condyles end posteriorly, and follow the exact curve of the condyles, removing only a very thin slice of bone as far up in front as the point where the cartilage ends at the top of the trochlea. By doing this, barely an inch need be lost from both bones together. Indeed, the popliteal gap between the two femoral condyles need not be interfered with at all. There is very seldom any disease at that part of the bone. The mischief is almost always in the condyles themselves not far from their cartilaginous surfaces. Then, the sections being carefully dried and examined, any suspicious bits can be thoroughly dug out with a stout Volkmann's spoon. If one, after peeling a potatoe, found a bad bit on one side, one would naturally scoop it out, and it would be considered a most wasteful proceeding to keep slicing away the whole side of the potatoe, till we come to the deepest point of the bad bit. Why should we act otherwise with bone? The cavities that we leave, after scooping out the local patches of disease, have walls of sound bone, and fill up in due time with fibrous or even bony tissue. By this proceeding so small is the amount of bone lost that in many cases I have found that a very moderate addition to the sole of the boot is all that is wanted to bring the limbs level. I have in my recollection some pictures of early excisions (done, I think, by Fergusson), when the sole of one foot is about half way up the leg of the other. Not only was a great amount of bone sliced away, but the epiphysal lines were reached and even destroyed, so that in children the growing powers of the bones were utterly ruined, and the limb never kept pace with its fellow in growth afterwards.



I only take credit to myself for one little suggestion in this operation. A good many years ago I noticed that, even in cases where the interior of the joint was seriously disintegrated, the posterior crucial ligament remained intact. It will be remembered that this arises from the inner femoral condyle pretty high up, and is fixed, not into the top of the tibia, but into a groove on the back of the tibia. In one case the ligament was as firm and shining as ever, and so it occurred to me to try and save it; and since then I have found that there is hardly an instance in which it is not possible to do so. So far back is the ligament attached, that the saw can be applied to the posterior edge of the upper surface of the tibia quite in front of it, while it is very seldom indeed that so much femur need be removed as to compromise its superior attachment. I think that the preservation of this ligament decidedly helps to maintain the bones in position by preventing the tibia from falling back, and that it is one of several small points, the individual value of which is perhaps not very great, but which, when all put in force at once, contribute very materially to obtaining a sure and speedy recovery.



Perhaps one of the most useful details of the whole operation consists in obtaining a thoroughly healthy surface to the wound, by the careful removal of all diseased tissues. Until quite recent days nobody thought of paying any attention to this. The section of the bones being completed, the wound was at once closed, and great masses of jelly-like synovial membrane, half an inch thick, were shut up in it, while sinuses and abscess cavities opening into it were left just as they were. Now all this gelatinous material had to perish and pass away piecemeal, and all these abscess cavities and tracks had to work out their own salvation as best they could. I remember inquiring from a former house-surgeon of mine, how a certain knee was doing a long time after the operation. "*Oh!* " he said, "*going through the usual course of sinuses.*" It seemed an odd thing to say, but a little reflection made one feel that excision cases did, as a rule, go through "a course of sinuses," and a very long one too sometimes. And why? Because a large amount of necrosed tissue, and *débris* and material of a perishable character, had been carefully shut up in the wound, and had to melt away and find an exit (or exits) before the interior was clean and sound. I now carefully dissect away every bit of thickened synovial tissue, and cut off all masses of thickened, chronically inflamed material, and scrape clean with a spoon all sinuses and abscess cavities, before closing the wound, and I am convinced that ten or twelve minutes so spent will make a wonderful odds in the rapidity with which the case advances to cure. I have noticed that the greatest amount of gelatinous material is that which formed the synovial pouch above the patella, while the largest and most frequent sinus is found on the inner side of the joint running up the vastus internus. In order to clean up the interior, no little cutting and scraping is often required, but I am certain that the error will never be in removing too much material, but the reverse. It is hardly possible to remove too much, for, after all, the only thing that is really wanted is a skin covering for the bones. The future stability of the limb does not depend in any degree upon the soft parts. It depends solely upon getting a firm union between two broad surfaces of the tibia and femur, and nothing more is required.

And now, to conclude, what splint shall we put the leg upon? I confess that with regard to all matters relating to splints or other mechanical appliances, I entertain very liberal views, because I believe that the appliance which a man can work best and to which he is most accustomed, is the best for him to use. I remember hearing, at a great medical meeting, a discussion on the comparative value of lithotomy and lithotrity, and a very experienced speaker said that if he had a stone, and his surgeon was a very good lithotomist, but did not know much about lithotrity, he would much sooner be cut by that surgeon than crushed, whatever might be the intrinsic merits of the operations. Probably Howse's splint and fixation dressing, or Thomas's splint meet all the needed requirements of lightness, ease of management, steadiness and comfort to the patient. I have used both. I am most accustomed to Thomas's splint, and so generally employ it. A very necessary adjunct to it is a wooden foot-piece, this steadies the foot, which means steadying the upper end of the tibia. If the Thomas's splint be well fixed, the limb can be laid hold of and literally flourished about, the movement taking place entirely at the hip-joint, and the rest of the limb being as rigid as the bars of the splint itself. I think, gentlemen, you will see that the remarks I have made are not in any way speculative or theoretical. They are the views that occur to me when I look back over the cases I have either seen or done, and I offer them to you for discussion in a similar practical spirit. Among so many surgeons as there are in this society, who do good sound surgery at our numerous hospitals, and who, moreover, do plenty of it, without that unnecessary flourish of trumpets about it which our *confrères* in metropolitan centres seem to consider essential, I have no doubt that many useful additions to and wholesome criticisms of my remarks will be made.

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Lumleian Lectures

ON

THE PATHOLOGY OF INTRA-UTERINE DEATH.

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(*Continued from page* 291.)

II. On the Part of the Mother.

Before speaking of the specific diseases and local pathological causes which may produce intra-uterine death on the part of the mother, it may be well to glance at the general conditions which conduce to this end. The same general causes which influence sterility, and which have been indicated by Dr. Matthews Duncan (*a*), are concerned in a greater or less degree, in the production of abortion and premature death of the fœtus. Thus constitutional conditions; external agencies which depress the general health; unhealthy habits and occupations; extremes of heat and cold; climate, locality, underfeeding and over-feeding, pre-maturity or old age, in fact, anything in the mother which tends to deteriorate strength and vigour, must be counted as productive of embryonic death. Some of these influences as we have seen, are indefinite in their effects, equally in the human subject as in the lower animals. Others are more specific and better defined. Thus, as wild animals in confinement are apt to bring forth abortions, so deviations from normal modes of living, in an insidious way, mar the reproductive faculty in women. Unnatural ways of dressing, particularly tight lacing and the like, late hours, absence of healthy exercise in the open air, confinement in close rooms—all tell in the long run in producing deterioration of the individual, and just as the unhealthy tree will produce monstrous leaves or flowers, or shrivelled or seedless fruit, so we have the analogues in abortions, dead fœtuses, sickly children and monstrous products of women. The change from a temperate to a hot, relaxing climate, I have noticed, predisposes women not only to over-profuse and frequent menstruation, but also to abortion. English women going to reside in India are prone to abort. This may in part be due to

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(*a*) "Lectures on Sterility." 1884.

the luxurious habits of life and the relinquishing of healthy exercise so often superadded to the hot climate. These especially produce sluggishness in the portal circulation and congestion of all the pelvic blood vessels.

So far as I know we have no data by way of enabling us to determine the relative effect of over or under-feeding on intra-uterine life. That both have an effect is undoubted. We have the analogy shown in the vegetable kingdom, where starved trees and plants produce abortive fruits and seeds. On the other hand, overmanuring or over nourishment of plants leads to a great growth of tissue, but it conduces to sterility or imperfectly developed fruits. In the poorer class of patients reported upon by Dr. Whitehead, as we have seen 87 per cent. had suffered abortion, but in the more affluent class from which I have taken my figures, 62 per cent. only had aborted. But these figures do not throw much light on the effects of over- and under-feeding, as happily it by no means follows that the majority of women who can afford it, feed to repletion, nor, on the other hand, are women who become hospital patients, as a rule so imperfectly fed, as seriously to interfere with the processes of nutrition and reproduction. I hold a strong conviction, nevertheless, that over-feeding is more pernicious in its effects on the product of conception than under feeding. The indulgence in larger quantities of food and stimulating drinks certainly tends to produce sterility, and in like manner it imperils the safety of the germ, when once fertilisation has been effected. Besides overloading all the tissues with more material than they can assimilate, and in this way disturbing every function, it more especially disturbs the portal circulation, leads to a congested condition of all the pelvic viscera, and thus favours blood extravasation into the fœtal envelopes or provokes abnormal uterine conditions.

Among authors who have noticed this kind of influence I may mention that Stolz (*a*) has observed that fat women are often sterile, and if they conceive they are apt to abort. He believes this depends on nutrition taking an abnormal direction, and the nutritive fluids destined for the nutrition of the embryo are thus insufficient for its development.

I have notes of the effects of *anæmia*, of *prematurity* and *advanced age*, of *high altitudes*, of *interbreeding*, of *plural births*, of too frequent or too rapidly succeeding *pregnancies*, and of *temperament*, as influencing pregnancy adversely, but I must not dwell upon them in detail. *Anæmia* in the mother is a well recognised cause of fœtal death, and large and sudden losses of blood from the maternal circulation may also cause death of the child *in utero*. Convulsions are said to have been produced in the child before its death, when the mother has suffered from much depletion, and syncope in the pregnant woman, long continued, will so suspend the utero-placental circulation as to kill the unborn child.

Of the effect of age in the mother it may be enough to say that old age is not favourable to the continuance of pregnancy. An old bitch, as Dr. Duncan has told us, often ends her career by producing a dead or premature puppy, and it is a prevalent opinion that the last born of women may either be an abortion or an idiot. It is certainly a fact that the children born of the later pregnancies in women are often not so well developed physically nor mentally, nor so well endowed, as the earlier children, and this disparity is the more marked if in the meantime the mother's health has deteriorated from disease or vicious habits, such as drinking, &c. It is a notable feature in the cases occurring in my own practice which I have analysed, that abortion frequently ends the reproductive faculty in wives, but whether this fact means that the function of the generative apparatus is exhausted *per se*, or that the general powers of the constitution have been so expended on previous child-bearing, or from some other cause, as to preclude the growth and nourishment of further offspring, is not clear. Jacquemier asserts that it is not uncommon to see women abort with the greater facility the nearer they approach to the age when aptitude for fecundation ceases. Depaul (*a*) does not admit this, but Dr. Duncan's remark on the influence of age on sterility has a direct bearing on this point. Dr. Duncan says, "I know of no cause of sterility or its allies, excessive production, pluriparity, abortion, &c., that can be compared with age in extent and power."

Broadly, then, general causes contradistinguished from the specific, resolve themselves into any adverse influences which enfeeble and depress the general health of the individual parents, and so impair the procreative power. There seems to be a rule, to which, however, there may be exceptions, that a certain measure of vitality meted out to the individual may be sufficient to maintain and prolong individual life indefinitely, but there must be a superfluity of this vitality to ensure the successful procreation of healthy offspring. In many cases where the death of the embryo arises from obscure or apparently inscrutable causes, there is no doubt that some inherent weakness exists in the body of the parents, which, while it permits conception, affords so small an amount of initial vitality to the germ, that it dies down, out of mere feebleness, and the death of the embryo thus only antedates as it were the death of the feeble children in infancy who have just survived long enough to be expelled living from the interior of the womb.

Some writers as Madame Boivin (*b*) and Madame Lachapelle (*c*) have spoken of epidemics of abortion, but these when inquired into have been found to be associated with famines, sieges, and the like. Nägele and Hoffman (*d*) have made some observations on the subject, and during the siege of Paris in 1870 and '71 abortion was noticed as particularly frequent. "The children born at that time are said to be, one and all, of a very weak constitution, and are still called *enfants du siège*." (*e*)

Here emotional causes and constant dread of "the Prussians" were no doubt important factors in bringing about the results mentioned, but the utter weakness and want of food suffered by large classes of people must also have told in a marked degree. When epidemics of abortion have been studied in domestic animals, they have probably been due to some epidemic disease or plague making havoc among them, of which abortion was the secondary effect; or to the presence of ergot either in the grain or on the grasses upon which they had been fed.

Professor Nocard, of the Veterinary School of Alfort, speaks of an epidemic of abortion among cows which is essentially propagated by infection. He says:—"L'avortement épizootique semble bien etrè une maladie microbienne du fœtus et de les envelopes, maladie à la quelle la mère rest absolument étrangère." (*f*)

Principal Veterinary Surgeon Fleming points out that Franck, of Munich, originally demonstrated that epidemics of abortion in cows depended on the presence of microbes, and he shows that there is abundant evidence of this fact, published by observers both in France and Germany. (*g*)

Some recent authorities seem to doubt whether ergot in grasses is so frequent a cause of abortion in cows as some suppose. Mr. Harker (the *Times*, Oct., 1880), of the Agricultural College, Cirencester, is among them, and the experiments of Dr. Wright, referred to by Christison, seemed to indicate that ergot had no power of inducing abortion in the lower animals. Nevertheless there is some curious evidence in favour of ergot in grasses producing abortion in cows in *Land and Water* for 1884, and it is elsewhere stated that abortion among cattle was comparative rare in New Zealand until the

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(*a*) Des Accouch.

(*a*) Leçons de Clinique Obstet.
(*b*) "D'Art des Accouch."
(*c*) "Pratique des Accouch."
(*d*) *Vide* "Charpentier Traité Pratique des Accouch."
(*e*) *Pall Mall Gazette*, April 3rd, 1884.
(*f*) *Times*, Oct. 13th, 1886.
(*g*) *Vide* Fleming, "Veterinary Obstetrics.'

introduction of rye grass, and its becoming affected with ergot, when it caused great losses to the farmers. (*b*)

I have to speak now of the direct and specific causes in the mother. Some acute diseases of a specific kind n the mother have a very marked and direct influence in destroying fœtal life. This is especially observed in reference to forms of illness which are attended with pyrexia and increase of temperature, and the danger to the child in utero bears a strict relation to the height of the temperature and the amount of systemic disturbance. It may indeed be asserted that *cæteris paribus*, in proportion to the gravity of the maternal affection so is the danger to her progeny. It is well known how serious is the complication of some febrile affections with the puerperal state, and it seems almost to be the rule that if a pregnant woman is attacked by any of the exanthemata, or in fact, by any disease which is attended by pyrexia, and the attack assumes a severe form, death of the fœtus is brought about, and is followed by its ultimate expulsion.

Take for example Small-pox (Serres), quoted by Charpentier, states that in 27 cases which he records there were 23 abortions, with 22 maternal deaths. This is sufficient indication of the serious complication small-pox is, when combined with pregnancy. Cazeau (*b*) asserts that there is a greater difference in reference to the effects of small-pox both on the pregnancy and on the life of the mother according as the affection is "discrète" or "confluent" in its character. When "confluent" small-pox attacks a pregnant women, it acquires by the fact of pregnancy existing, a particular gravity, and abortion is the rule, followed by the death of the mother. Abortion is stated to be most frequent at the suppurating stage, but it may be at any period in the progress of the affection, and in the later periods of pregnancy, the child is sometimes expelled living and sometimes dead. Dr. Barnes, who published some cases of pregnancy complicated with small-pox, in 1868, (*c*) lays down the proposition that Nature hardly tolerates the concurrent progress of an active disease with pregnancy, and that abortion in these cases may in some sort be regarded as a conservative process. In the three cases he records, the children were born alive, and he concludes that the morbid poison of a zymotic disease aggravated by further blood poisoning resulting from arrested or disordered secretory function sets up uterine contraction, and so expels the fœtus without interfering with its vitality. When the child dies a variety of causes have been assigned for its death,—the state of the maternal blood, the infection of the child by the mother and the increase of the maternal temperature acting injuriously on her child. The fœtus once dead, it becomes *ipso facto* a foreign body, and must be expelled.

It has been observed that uterine hæmorrhage is frequent at all stages of pregnancy during the progress of small-pox. This hæmorrhage, according to Spiegelberg and Hervieux, (*d*) is due to hæmorrhagic endometritis, which separates the membranes from the uterus and in the earlier months leads to abortion, or later to premature labour.

When the child dies in the later months as the result of small-pox, Brouardel (*e*) regards the death as due to alterations in the maternal blood, which becomes charged with an increased quantity of carbonic acid, and both asphyxiates the child and brings on premature uterine contraction. Spiegelberg and Charpentier regard the death of the child as due to the increase of maternal temperature incident to the disease, and consider that hæmorrhage, when present, although it may favour uterine expulsion, yet plays only a secondary part in producing fœtal death. It seems extablished that during the suppurating stage of small-pox the temperature is the highest, and then expulsion from the uterus most frequently takes place. Children thus expelled, if born alive, have been observed to die soon after from convulsions. Whether this is due to the disease having been conveyed by the mother to the child can only be surmised. Be this as it may, the mother can no doubt communicate the disease to the infant in utero, for children have been born covered with the small-pox pustules, generally less advanced than those of the mother. In some cases, however, the mother and child have taken the disease simultaneously, and the pustules have shown the same stage of development in each. Scarlatina, measles, erysipelas, diphtheria, typhoid fever, and its congeners, come within the same category as small-pox; each and all are inimical to pregnancy.

Of the non-specific forms of disease attended by fever I may instance Pneumonia, which has always a special gravity when complicated by pregnancy. If severe, it almost invariably leads to emptying of the uterus, and then it depends to some extent at least upon the date of the pregnancy and the rapidity of its expulsion as to whether the child is born alive. I have on more than one occasion seen abortion produced in the earlier months as the result of a sharp attack of pneumonia or pleuro-pneumonia, and I particularly recollect one case I attended with my friend, Dr. Gueneau de Mussy, where during an attack of pneumonia a fœtus was expelled at the fourth month, of a deep red colour, and the placenta was retained. The complication thus arising was a very serious one, as with the activity of change going on in the body of the patient, the retained placenta showed signs of very rapid decomposition going on, and consequent contamination of the maternal blood. The placenta was at length removed, but with great difficulty, on account of the rigid contraction of the uterus, and from that moment there was an amelioration of all the symptoms, and the patient eventually recovered.

The causes of the expulsion and death of the fœtus during Pneumonia are said by Churchill (*a*), Cazeau and others to be the violence of the cough and other attendant symptoms. Grisolle (*b*) considers that the importance of the organs affected, the suddenness of the attack, the intensity of the fever, and the number of sympathetic phenomena, disturb all the bodily functions, and are sufficient to account for the interruption to pregnancy.

Ricau (*c*) and Chatelain (*d*) state that the hindrance to respiration accumulates carbonic acid in the blood, which thus becomes inimical to fœtal life, and induces uterine contraction. Ricau, who wrote an interesting thesis on this subject in 1874 collected forty-three cases of pregnancy complicated with pneumonia, and in these the fœtus was expelled prematurely in twenty-one cases or nearly half—eleven of the children being not viable.

Pleurisy may also if severe imperil pregnancy in the same way.

The feverish state which follows *surgical operations* frequently leads to abortion and premature labour, if the constitutional state of the mother is seriously disturbed, and this apparently apart from the reflex effect of such minor operations, as for instance, tooth extraction, which has been followed by abortion. I have repeatedly noticed after surgical operations on pregnant women, that as soon as there were distinct evidences of the patient going wrong from septic poisoning, uterine disturbance has set in, and if the symptoms increase, hæmorrhage begins, which is followed by the expulsion of the embryo. In other cases the emptying of the uterus has been almost the last act of vitality before the death of the patient. Thus, in the case of a woman who, being five months' pregnant, had submitted to colotomy for obstruction of the bowels, irritative fever set in after the operation, and she eventually died of blood-poisoning. A few hours before death, the uterus was emptied by a sudden expulsive effort, the child being

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(*a*) Fleming.
(*b*) "Traité des Accouch."
(*c*) "Obstet. Trans."
(*d*) "Gaz. des Hopit.," 1864.
(*e*) *Vide* "Charpentier Tr."

(*a*) "Midwifery."
(*b*) Traité de Pathol. Intern.
(*c*) "Thèse." 1874. (*d*) *Vide* Charpentier.

extruded enveloped in the membranes and placenta entire. There was scarcely any flooding and the uterus contracted firmly afterwards. It seemed, so to speak, that Nature finding life was surely departing from the mother, made an effort to save her offspring, the last and final act of her being. Since the child was too premature to be viable the effort was unavailing.

The study of the way in which acute diseases attended with elevated temperature bring about intra-uterine death and expulsion of the embryo, is very interesting.

In 1833 Hohl (*a*) found that the temperature of the mother not only influenced the child, but he found also that it increased the pulse of the fœtus, and a diminution of heat made the fœtal pulse slower. Hüter (*b*) made similar observations in 1861. In six cases he noted a marked increase of the fœtal pulsations corresponding to increased frequency of the maternal pulse. Fiedler (*c*) in 1862 watched two cases of typhus with pregnancy, and he found the pulse of the fœtus was increased in frequency like the mother's pulse, and it showed similar morning remissions and exacerbations. In the charts he made he found the fever curve of the mother's pulse, parallel with the frequency of the fœtal heart. Kaminsky (*d*), during an epidemic of typhus and recurring fever in Russia in 1866 saw eighty-seven cases with pregnancy; fifty-five were in the first half of gestation, thirty-two in the second half. As soon as the temperature of a pregnant woman reached 40° C. (104° F.) he observed the child to become disturbed; (1) there was increased activity of its heart, parallel with the increased temperature of the mother; (2) increased restless movements of the child, the higher the maternal temperature. These signs were marked until the temperature reached 42·5° C. (108° F.) when the movements ceased and he inferred the child was dead. Danger began at 40° C., and increased with each advance of temperature. The more intense the feverish state of the mother, the surer was the death of the child. The child so killed was not necessarily thrown off immediately, but might be retained for some time. In only two cases in the latter half of pregnancy was uterine hæmorrhage observed, while it was much more frequent in the first half. Similar observations were made by Winckel (*e*) in 1869, and Löhlein in a grave case of erysipelas counted the child's heart beat at 200 in the minute.

These observations suggested to Runge the idea of making some experiments on the effects of high temperature on the gestation of lower animals, and in the *Archiv. für Gynecol.* for 1877 his results are published. He placed a series of pregnant rabbits in a well-ventilated box, and raised its temperature in ten minutes to 50° C. (122° F.). The temperature of the animal increased one degree in each five minutes, and the animal died in forty minutes from "heat stroke" (analogous, I presume, to sunstroke) if not removed from the box. But the remarkable thing was that the fœtuses *in utero* died when a certain temperature was reached which was not sufficient to kill the mother. Runge took the maternal temperature every ten minutes and killed the animals, with certain precautions, when it reached an elevation varying from 39° to 42° C. On the uterus being opened the fœtuses were found sometimes dead, sometimes living, and their temperature was constantly found some tenths of a degree higher than that of the mother. They were dead every time the temperature rose to 41·5° C. (106·7° F.), and were always alive when the maternal temperature was not higher than 40·5° C., or a little over 104° F. At intermediate temperatures they were sometimes dead, sometimes living. The chief lesions were dilatation of the right ventricle of the heart, which was distended with blood, and retraction of the left ventricle, which was hardened by contraction.

From these experiments Runge concludes that—

(1.) The temperature of the fœtus is habitually higher than that of the mother, and keeps higher when the mother's heat becomes abnormal.

(2.) That the fœtus dies solely from the heat before it becomes fatal to the mother.

(3.) That the temperature of the mother if only raised for a short period to 41·5° C. is fatal to the fœtus.

In reference to this last deduction it has been remarked that the danger probably does not at once cease with the reduction of the mother's temperature to normal, for Claude Bernard has seen animals submitted to experiment die several days after being removed safe from a heated stove.

These experiments of Runge's are extremely interesting, and I thought it might be easy to ascertain whether the inference he draws from them is correct, that the animal heat is proportionately higher in the fœtus than in the mother, even when no abnormal condition is present. In order to elucidate this point, Mr. Tyrell Brooks, of the Physiological Laboratory in King's College, kindly undertook to make some experiments under my direction. It seemed at first an investigation of no great difficulty, and yet it was less easy than might be supposed. It was necessary, in order to avoid the infliction of pain, to put the animals under chloroform, and rabbits were found so sensitive to the anæsthetic, that their ordinary temperature was speedily altered, and it sank progressively with the depth of the anæsthesia. Nevertheless, by careful management, and by wrapping the body up in warm flannels, the heat was fairly kept up during the continuance of the experiment. Dr. Sclater, of the Zoological Society, was good enough to lend me the very sensitive thermometer which had been used for taking the temperature of the python during incubation at the Zoological Gardens, and in this instrument the column of mercury would run up the entire length of its fine tube in from three to six seconds. This we used in one experiment, but it was found that good sensitive clinical thermometers answered practically very well, and it was necessary to use three at the same moment, so as to make the temperature in the several localities relative. Thus one was placed in the vagina, the temperature being taken there; afterwards an incision was made into the abdomen and uterus, and a thermometer was placed in the cavity of the womb, and another in some part of the body of a fœtus, the vaginal thermometer still being retained, and its variations carefully watched. The result showed that in all the experiments, where vitality was not so suddenly lowered by the chloroform as seriously to disturb the animal temperature, there was a marked difference between the vaginal, the uterine, and the fœtal temperature. Thus, in a large pregnant white rabbit marked with black, the vaginal temperature was 100° F., the uterine temperature 101·4°. Both temperatures were taken simultaneously. A fœtus being found, a thermometer was introduced into its mouth, and another into the uterine cavity. The uterine temperature was then 100°; the fœtal, 100·6°. Ten minutes later a second observation was made on another fœtus, three thermometers being used. The uterine temperature was then 99·1°; the fœtal (taken in the mouth), 99·2°; the vaginal, 98°. In another ten minutes the other cornu of the uterus was opened and a third observation taken. The uterine temperature was then 99°; the fœtal, 99·5°; and the vaginal, 98·5°. The fœtal temperature in this case was taken in the cavity of the peritoneum, which probably accounts for the higher relative temperature. After another ten minutes interval, a fourth fœtus was exposed, and the temperatures were: Uterine, 97·9°; fœtal (taken in the mouth), 98·8°; vaginal, 97·7°. The natural temperature of the rabbit is about two degrees higher than in the human subject, but it will be observed that the animal heat gradually sank during the experiments, apparently as the result of the anæsthesia. The relative height of temperatures, nevertheless, remained almost the same,—the fœtal being invariably the highest.

(*a*) Dic. Geburtshülf Explor. 1836.
(*b*) Monatss. für Geburts. 1861.
(*c*) Archiv. der Heilkunde. 1862.
(*d*) Mos Rauer Med. Zeit. 1866.
(*e*) Pathol. der Geburt. 1869.

The temperature of the cat is nearly that of the human subject and in one of these animals near the full period of pregnancy, deeply chloroformed, the vaginal and uterine temperatures being taken simultaneously, the former was found to be 99°, the uterine 100°. Some time was here lost on account of hæmorrhage occurring from divided uterine veins. A fœtus at length being secured the temperature was taken and found to be:—Vaginal, 98° ; uterine, 99°6; fœtal 99·5°. There was probably some error here due to the placenta of the fœtus being separated from the uterus several minutes before the temperature was taken,—for in two other observations on fœtuses in the same uterus the temperature was as follows:—Vaginal, 98·2° ; uterine, 98·4°; fœtal, 99. Vaginal, 96·5° ; uterine, 99° ; fœtal, 99°3.

These experiments were repeated on other animals, but these detailed are a fair sample of the whole. In all the uterine temperature was relatively higher than that of other parts of the pregnant animal, and in all except in one instance where a shock was given to the vitality of the fœtus, the fœtal temperature was higher, sometimes considerably higher than the general temperature of the body of the mother. Further the temperature of the fœtus, although not sinking so fast as the maternal temperature, was manifestly influenced by it, declining at a somewhat less rapid rate, but still keeping a sort of relation to the heat of the mother's body.

All these facts collectively are very instructive. It follows that, if the temperature of the mother is raised either as the result of experiment or from diseased action, the temperature of the fœtus will rise with it, and inasmuch as this is higher from the first, the fœtus will arrive at the heat indicating danger before the mother does, and Winckel indeed remarks that it is probable the fœtal warmth rises in quicker proportion in the fœtus, because the liquor amnii, part of whose function it is to conduct heat from the fœtal body, becomes itself overheated and so ceases to control the fœtal temperature. I may mention that I have taken the temperature of the fœtus while in utero, in a case of breech presentation. In this case I put a clinical thermometer into the fœtal anus, and the temperature there was five-tenths of a degree higher than in the maternal vagina. Gusserow has shown that the temperature of the fœtus immediately after birth is constantly from 0·1° to 0·3° above that of the uterus and vagina.

It seems to be well known to physiologists that whereever great activity of function is going on in animal bodies there will be an increase of temperature. Professor Gerald Yeo, informs me that there is increase of heat in the liver, beyond what is observed in other parts of the body, and this is most noticeable after a meal. The observations of M. Valencienne and Dr. Sclater have demonstrated that a considerable increase of heat is generated in the body of the female python during incubation, but the remarkable thing, and one perhaps which has not been sufficiently appreciated, is that regions of the body in mammiferous animals, where rapid nutrition or change are going on, may have a considerably higher temperature than the rest of the body, and it is just possible that some suggestions for treatment by way of controlling local temperature may arise out of this.

The next point of inquiry or conjecture is, how does increase of heat destroy the fœtus in utero? In other words, what is the modus operandi? Is it from "heat stroke," somewhat analogous to "sunstroke," which according to Runge killed the adult rabbits when long exposed to a high temperature? Houlier (a) has stated his belief that death is owing to degeneration of the myocardium. The heart at first becomes excited, then paralysed, and there is coagulation of the myosin. The same author states that in a child born of an eclamptic mother with a temperature of 40° C. at the moment of birth, he found granular degeneration of the cardiac vessels. I am, however, informed that it would require a temperature of 60° C. to coagulate myosin, so that some other explanation must be sought for. From the highly congested appearance of the fœtus expelled during the continuance of high fever temperature in the mother, it is obvious that as the result of the heat, all the capillary blood vessels become overcharged, and a state of hyperæmia is engendered which is quite incompatible with fœtal life. Not only is the cutaneous surface of a deep, livid colour from distension of the capillaries, but every tissue in the interior of the fœtal body is gorged with blood, as in a state of active inflammation. These changes of themselves, one may imagine would be sufficient to account for the movements of the fœtus first becoming restless, then convulsive, and at last ceasing altogether. On microscopic examination of the congested tissues, I found the capillaries distended with blood, and the globules heaped up in confused masses, with here and there indications of rupture, and more or less of extra-vascular exudation.

It will be observed that while the heat theory affords a tolerably clear explanation of the cause of death *in utero* during the progress of diseases, in which the maternal temperature is raised largely above the normal standard, it yet furnishes no adequate explanation of those cases in which the fœtus is frequently and rapidly expelled from the uterus, alive or dead, during the progress of some of these affections. It is true that the child may die from increased internal temperature, and be long retained after its death. It is also true that, in a large number of instances, the fœtus is expelled alive, and, if sufficiently developed, it may continue to live, although it is prone to succumb after birth, even if near the full time.

The explanation of this tendency to forcible uterine contraction is, I take it, to be found in some observations of Brown-Séquard (a) in 1851. This distinguished physiologist showed that the circulation of dark venous blood—that is, blood imperfectly ærated, or from any cause rendered impure and charged with carbonic acid—had a remarkable effect in stimulating the nervous centres and contractile tissues. He made the deduction that oxygen gave and created contractile force. Carbonic acid brought contraction into play. These elements properly correlated and balanced, are in consonance with the continuance of pregnancy. If blood accumulates in the uterine sinuses, not only does distension act in promoting rhythmical contraction, but the carbonic acid of the blood is still more potent in bringing the uterine muscles into play, and so stagnation is prevented. Anything, therefore, which disturbs the systemic circulation, and more especially anything which prevents or retards the proper æration of the maternal blood, acts as a direct incentive to uterine action, and if this passes beyond the normal physiological limits, abortion or premature labour is the result.

In pneumonia, in the eruptive fevers, in other diseases or injuries attended with febrile excitement, we have this pathological state directly induced, and hence the liability to emptying of the uterus. The same explanation would apply to asphyxia in the mother. It is recorded (a) that during a razzia in Algeria conducted by the Duke of Malakoff, hundreds of Arab women were suffocated in the caverns of Dahra, and it was found that many of those pregnant had aborted. The same thing occurred in a similar exploit under the celebrated Chevalier Bayard.

In some forms of heart diseases, and in some of the other acute or chronic lesions of the circulation, similar pathological conditions may be produced, and so lead to premature uterine action.

There is still another complication occurring in connection with pregnancy and said to be attended with remarkable increase of heat, which can scarcely be passed over without notice. In eclampsia or puerperal convulsions it is well known that great peril attends the child. If labour and rapid delivery follow the supervention of convulsions towards the end of pregnancy, the child may survive, but convulsions are almost uniformly fatal to it, if labour does not come on. The child is then expelled later, marked by such changes as are peculiar to the longer or shorter time it is retained in utero. The nearer the attack of convulsions comes on to the completion of pregnancy, the greater the chance of its preservation, and the chance is the greater if convulsion comes on for the first time during labour, and the case admits of speedy delivery.

(a) See Charpentier, Traité, &c.

(a) See *Journal de Phys.*

(a) Tyler Smith's "Manual of Obstetrics."

The cause of fœtal death in eclampsia has been attributed to the convulsions interfering with the hæmostosis of the blood, that is producing asphyxia.

Braun (*a*) of Vienna, believes uræmia to be the cause of death. The fœtus is impressed by the first or second access, and almost always dies after a certain number of attacks. If the mother dies and the child is removed by Cæsarean section, it is always dead. It is asserted that if the child is perchance born alive, much urea is found coming from the cord—if dead much carbonate of ammonia is found in the blood. It is further asserted that uræmia may kill the child without eclampsia having come on, and that the children of eclamptic patients are often albuminuric.

In seeking for the explanation of fœtal death in puerperal convulsions, Winckel (*b*) claims that he first pointed out a remarkable rise of temperature in the mother during the paroxysms. The French dispute his priority, and Charpentier, in controverting his claim, makes an attack upon him which shows that the anti-German feeling has permeated even the realms of science.

In view of the researches of Runge, therefore, it may be that fœtal death in eclampsia is due to such elevation of temperature in the mother's body as is incompatible with the safety of the child. When the temperature does not reach so high a standard, the death must be attributed to uterine contraction producing imperfect aëration of the blood, or vitiation of the blood from uræmic poison.

I must pass with mere mention, diabetes, jaundice, heart disease, and malignant cholera, simply remarking that these and allied morbid conditions may destroy the product of conception by poisoning it *in utero*, or by inducing uterine contraction, and premature expulsion. This and allied morbid conditions, if they stop short of producing expulsive efforts, may yet produce congestion and possible extravasation of blood in the placenta. They may thus so injure the nutritive and depurative functions of that organ as to compromise the life of the fœtus. These congestions and extravasations in moderate degree may interrupt the utero-placental circulation, and destroy the child without leading to its immediate expulsion, but if more intense and rapid so as to produce at once disturbance of the uterine walls as well as disturbance in the placenta, they excite the uterus suddenly to contract, and delivery speedily follows.

I have spoken of certain morbid poisons acting upon the product of conception through the paternal organism. There are some specific poisons, both inorganic and organic, which getting an entrance into the maternal blood act more directly on the contents of the gravid uterus, and either kill the child or lead to its premature expulsion before it is capable of maintaining a separate existence.

In women who are the subjects of syphilis, abortions often succeed each in frequent repetition, and with a persistency belonging to no other cause. It has, moreover, been often remarked that when there are no external indications of maternal syphilis, the succession of abortions, or of dead children in more advanced pregnancy, is traceable to a latent form of the disease which manifests itself in this fashion. Fournier especially dwells on this point, and holds that women who are most deeply and viscerally affected are most liable to abortion, although it may happen to those affected in all degrees, even the most lightly. Confirmatory evidence of Fournier's position is educed by the effect of anti-syphilitic treatment which very frequently succeeds in stopping the tendency to abortion. Some cases of abortion without apparently syphilitic symptoms in the mother, are no doubt due to the transmission of venereal taint from the father.

The effect of syphilis has been, now so carefully studied, that some general laws have been formulated concerning its effects on human gestation. Thus it has been proved: (1) that if a woman has syphilis before conception she is much more predisposed to abortion than a woman taking the disease after conception; (2) if conception and syphilis commence together, abortion or premature labour with a dead child are the rule, but treatment is more potent in preventing them; (3) syphilis acquired after the mid-period of pregnancy has less influence on the child, and it may escape altogether.

Quite recently I was confronted not for the first time with the question, "Is it desirable to remove the breast by surgical operation during pregnancy?" The patient was about thirty years of age, six months pregnant, and she had a tumour, believed to be malignant, in the right breast. It had somewhat rapidly developed, and the axillary glands were enlarged. The whole aspect of the patient was unhealthy, if not cachectic, and it was deemed advisable to remove the breast as speedily as practicable. The eminent surgeons consulted in the case hesitated to operate during the continuance of pregnancy, as one of them at least had recollection of similar cases ending disastrously, abortion coming on after the operation, and the patient dying as the result of the double injury.

From my own experience I was able to say that abortion seemed chiefly to have been provoked under such circumstances, when the breast wound was going wrong, and there were evidences of constitutional irritative fever. In fact, that although there is such well-known and intimate sympathy between the nerves of the breast and the uterus, the abortion was less due to reflex action, than to elevation of maternal temperature, associated with septicæmia. In these days of antiseptic surgery, where healing by the first intention is the rule, removal of the breast and other similar operations may certainly be undertaken with less risk of abortion than formerly. In view, nevertheless, of the fact that abortion sometimes comes on from the reflex effect of all operations, however trivial in character, it is well to abstain from surgical proceedings during pregnancy, unless urgently required.

Intense and persistent gastric irritation has also been known to bring on abortion, and this notwithstanding the fact that a pregnant woman will sometimes be brought almost to death's door by continued nausea and vomiting, without provoking any sign of uterine contraction. Vesical, renal, and rectal irritation may act in like manner.

Lastly, ovarian irritation undoubtedly favours the occurrence of abortion, and consequently there has been observed a marked tendency to abortion at times, corresponding to the catamenial periods, more especially in women who have been the subjects of ovarian dysmenorrhœa.

(*a*) Lehrbuch der Gesammt: Gyn.
(*b*) Berichte und Studien.

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A petition has been presented to Her Majesty in Council by the Duke of Cambridge, the Duke of Northumberland, the Duke of Westminster and others, on behalf of the Parkes' Museum of Hygiene and the Sanitary Institute of Great Britain, praying for the grant of a charter in corporation under the name of the Sanitary Institute. The petition will be considered by a Committee of the Privy Council on May 6th.

Professor Michael Foster, has been appointed the representative of the Cambridge University on the Council of the Marine Biological Association.

Therapeutic Notes.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

SALOL ($C_{13}H_{10}O_3$).

THE introduction of salicylic acid for the cure of acute rheumatism gave an impetus to the chemistry of the aromatic series. The unpleasantness of the acid itself produced some salicyl compounds, the most used of which was the sodium salt, and it quickly become so great a favourite that Dr. J. S. Bristowe in the *Brit. Med. J.*, Aug. 22nd, 1886, declares that he considers it a specific for acute rheumatism. Withal the salycil compounds were not quite satisfactory, thus we find Dr. Latham, in the Croonian Lectures, 1886, recommending the use of the "acid without any alkali or base," and further urging the necessity of employing nothing but the "true salicylic acid obtained from the vegetable kingdom alone." Professor Erb, in 1884, with pure salicylic acid noticed, after even moderate doses of the drug, rigors, pyrexia, and a rash resembling scarlatina, on subsequent occasions similar effects were produced by sodium salicylate. When Dr. L. Brunton produced his Pharmacology he thought it necessary to warn his readers of the depressant action of the drug on the heart, and recommends the addition of some sal volatile to each dose. This dissatisfaction with existing preparations, naturally produced new ones, and amongst the most recent salicyl compounds is "Salol." This new compound, which is said to be anti-pyrexic and anti-septic, is a derivite of salicylic acid, one atom of hydrogen, of which has been replaced by the phenol radicle. Dr. Hugo Eckenroth in a communication to the *Archiv der Pharmacie* which was copied into the *Chemist and Druggist* suggests the preparation of "Salol" by the passing of phosgene gas through a mixture of salicylate and carbolate of sodium:

Sodium Salicylate Sodium Carbolate

$$C_6\ H_4 \begin{cases} O\ H \\ CO\ O\ Na \end{cases} + \quad C_6\ H_5\ O\ Na \quad +$$

Phosgene Solol

$$CO\ Cl_2 = C_6\ H_4 \begin{cases} OH \\ CO\ O\ C_6\ H_5 \end{cases} +$$

Chloride of Sodium Carbon dioxide

$$2\ NaCl + CO_2$$

The name of the compound is formed from the first syllable of the word, sal-icylic and the last syllable of the word phenol. It is a white powder resembling table salt, of faintly aromatic odour, like that of oil of wintergreen, almost insoluble in water and perfectly tasteless. It was prepared by Professor Von Neuchi, of Berne, about three years ago, and is chemically a salicylate of phenol; and may properly be considered as an aromatic ether. The compound was introduced to the profession at a meeting of the Medico-Pharmaceutical Society of Berne, a report of which appeared in *La Science Médicale*, April 14th, 1886, M. Sahli who introduced the remedy, claims for it the advantages of being insoluble in water and the juices of the stomach. It is quickly decomposed after passing the pylorus when it comes in contact with the pancreatic juice, and is broken up into salicylic acid and phenol. At the meeting of the British Pharmaceutical Conference Mr. John Moss read a paper on this new compound and from the *Pharmaceutical Journal* of the 20th Oct., 1886, from which I summarise the following Salol "dissolves readily in caustic soda solution, and an addition of acid in excess the liquid becomes sticky, oily looking drops are visible and the smell of carbolic acid is noticeable. It contains 36 per cent. of phenol corresponding to 44 per cent. of carbolic acid." Dr. Sahli, of Berne, claims that more carbolic acid can be given as salol without producing unpleasant secondary effects than any other way. He gives 30 grain doses three or four times a day, each dose contains 12 grains of phenol. The freedom from irritation and other unpleasant local effects is attributed to the slow decomposition of the salol by the intestinal juices. The physiological action of the drug is the same as that of salicylate of sodium. Dr. Sahli has used salol in rheumatism, chronic urticaria, neuralgia, as an antipyretic, in diabetes, in intestinal catarrh, in typhoid fever, in cholera, as a vermicide in catarrh of the bladder, ozæna, in otorrhœa, as a local application in gonorrhœa, and as a mouth wash. (*Moss.*) Dr. Maguire also speaks favourably of its therapeutic powers. From experiments conducted by Mr. Lascelles Scott he found that "its antiseptic power in preventing decomposition and sterilising bacteria was slightly in excess of that of carbolic acid itself." The prescriber should remember that the drug sometimes produces discoloration of the urine. Doses of seven grains repeated three or four times a day have been given to children six years old.

BERGEON'S NEW REMEDY FOR TUBERCULOSIS.

AMONGST the many sufferers with tuberculosis there is hardly a single patient but has a host of friends on the look-out for some new remedy that holds out promise of cure. Hence these poor consumptives offer a fruitful field to the advertising quack and medical experimentalist. Time would fail to recount the thousands of nostrums that have been vaunted as specifics for this dreadful disease. Nostrums that survived just as long as thousands were spent in advertisements, handbills, posters, &c. Amongst the latest remedies recommended by the legitimate practitioner are benzoate of sodium, of which Professor Rokitansky reports most favourably; and the use of rectal injections of a solution of sulphuretted hydrogen in carbonic acid gas, as recommended by Dr. Bergeon, of Lyons. The treatment is based on the fact that in 1857 Claude Bernard showed that sulphuretted hydrogen, when introduced into the rectum, was eliminated by the lungs, the gas being absorbed by the hæmorrhoidal veins. The solution is obtained by passing a current of from four to five litres of carbonic dioxide ($C\ O_2$) through natural sulphuretted waters (Eaux Bonnes, Allevard, Saint Honoré, Challes). In October last Professor Cornil read a paper before the Academy of Medicine of Paris in which he gave details of Dr. Chantemesse's cases at the Hospital of St. Antoine who were treated by this method. The accounts were very favourable: after two days had elapsed the cough was cured, the profuse sweating was removed, and râles gradually disappeared. But how much of the improvement was to be credited to the warm dry summer weather, and how much to the rectal injections is a disputed point. At all events, in other hands the beneficial effects from this treatment are not so well marked. Thus we find in our contemporary the *Therapeutic Gazette* anything but a flattering review of the treatment, and in the *Medical Record* the following paragraph tells that the method is not always successful: "This new treatment has been tested by several physicians at Geneva, by Dr. Cordes, Professor Dr. Vuiller, in the Cantonal Hospital, &c. Dr. Wyss watched the effects on three patients who had long continued under his observation, and in whose expectoration he continually discovered numerous bacilli. Every one of these had borne the rectal injection of gases badly, and died within one or two months after. In one of them, a man, æt. 40, whose treatment Dr. Bergeon personally conducted, the injections brought on such violent colics and diarrhœas that they had to be entirely discontinued after one month." With such facts before us we hardly think it necessary to say anything to discourage a resort to this the latest and as we think the most absurd of the so-called specifics.

CONSTIPATION.

WHETHER constipation is a symptom or a disease, or whether it may not be found in both categories we do not now purpose investigating. All who have read Abernethy's lectures know how much stress he placed on not allowing fæces to accumulate in the colon. In 1833 O'Beirne issued his "New Views on Defecation," which he dedicated to the then Lord Lieutenant. The bock has now few readers, but the lessons it conveys are well worthy of reproduction. We are led to these considerations by a very valuable paper in the *Medical Bulletin* of Philadelphia, by Dr. J. S. Jewell' on the evils of constipation, and we cannot help thinking that many young practitioners would find a greater success attendant on their efforts if they devoted more attention to the commoner complaints of humanity. The pain in the side, the languor, headache, pasty countenance, and cold feet are more frequently got rid of by a simple purge than many recently qualified physicians imagine. No physician can be too well educated, but we confess that he succeeds best in his professional career who is most intimate with the everyday troubles that afflict mankind.

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Clinical Records.

LIVERPOOL ROYAL INFIRMARY.

Case of Locomotor Ataxy with Charcot's Disease of the Knee-joint. (a)

Under the care of Dr. Glynn,
Physician to the Royal Infirmary.

The patient was a labourer, æt. 46, and a married man with seven healthy children, he had a good home, plenty of food, and never drank to excess, had never suffered from syphilis, rheumatism or any serious illness or accident. About twelve months before entering the Royal Infirmary, he noticed that when he attempted to run or walk quickly, he had to stop, feeling as if his legs would not bear him; previous to this he had suffered from what he called rheumatic pains for several years; these pains only occurred in the legs and shot from the thighs downwards being particularly marked on the left side, sometimes they lasted for a second or two, sometimes for days together. About nine months ago, in June last, the left knee swelled rapidly, the pains in the left thigh and leg increased, but there was little or no pain in the joint, since then, though the joint has varied somewhat in size, from time to time; it has remained enlarged and so weak that he has been unable to work.

The left knee, a cast of which was exhibited, was greatly swollen and measured 18¼ inches in greatest circumference, there was partial dislocation of the tibia backwards, much effusion into the joint with relaxation of the ligaments, retroflexion and flail-like action in walking; there was moreover grating on movement and distinct tap on pushing the foot suddenly upwards, evidence therefore of destruction of the articular cartilages.

Dr. Glynn drew attention to the fact that the man had come to the hospital complaining only of the weak knee-joint, he was not annoyed by nerve troubles of any kind; a careful examination was necessary to detect the serious underlying condition as the more striking symptoms of locomotor ataxy were absent. There was little or no inco-ordination, no ataxic gait, no difficulty in standing with closed eyes. The signs of ataxy were, however, sufficiently positive; the pupils were abnormally small, there was internal strabismus of the left eye, the Argyll-Robertson phenomena were marked, the knee-jerk was absent, and there was decided analgesia of the left leg and foot. The plantar reflex was exaggerated on the right side, absent on the left; the cremasteric reflex also was well marked on the right, and not obtainable on the left; the abdominal reflex was pronounced on the right, feeble on the left; no inco-ordination of the upper extremities, no bladder troubles, no history of any crises.

Dr. Glynn considered, that from these symptoms, he was warranted in believing that the sclerosis of the posterior root zones was more extensive on the left than on the right side of the cord, and that it did not extend higher up the cord, on the left, than the lower dorsal region. He remarked that Charcot had stated that the joint troubles in ataxy usually occurred early in the disease after the prodromal stage and before the symptoms of inco-ordination were developed and this was evidently so in the case of the patient referred to.

Dr. Glynn pointed out that the joint affection in his patient had been attended with little or no pain, but with great effusion and rapid erosion of the cartilages. It must not, he said, be assumed that any joint disease met with in ataxy is connected with ataxy; an ataxic individual is as liable to joint trouble as any other, and it is evidently necessary to show that the arthritic mischief of tabes presents peculiar and characteristic features. Charcot states that the arthropathy of ataxy differs from rheumatoid arthritis, the affection it most closely resembles, in the extent of the effusion, the sudden advent, rapid course ending in partial dislocation and erosion, and in the usual absence of pain; also in the fact that the knee-joint is more commonly involved than the hip and that the articulations affected with the milder forms of the arthritis may recover. The case described was therefore a typical example of Charcot's arthropathy.

Dr. Glynn remarked that various views were entertained by authorities with respect to the nature of the association of the joint disease and the ataxy. Some held that the affection of the knees and ankles was caused by shock due to the ataxic gait; such an explanation failed to account for the arthritis in the case described, as the man had not the tabetic walk. The authorities who considered the joint affection to be of trophic origin, differed much in their views. Buzzard believed that gastric and other crises are particularly common in locomotor ataxy attended with joint disease, and held that the arthropathy and the crises depend on a lesion in the medulla near the origin of the vagus; the case under consideration did not support this theory as no history of crises could be obtained. Charcot held that the arthropathies were due to extension of the morbid processes from the root zones to the anterior cornua, and he and other observers had found lesions of the grey matter of this part of the cord in cases of tabes with joint disease. Bastian believed that the articular affections were more likely due to morbid changes in the posterior nerve roots or in the peripheral nerves from which the joints are innervated, it was interesting to note, in Dr. Glynn's case that there was evidence of great sensory disturbance and that the sensory troubles were much more marked on the left side, the side of the joint affection than on the other

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, April 1st, 1887.

W. H. Broadbent, M.D., F.R.C.S., President, in the Chair.

Mr. R. W. Parker and Dr. H. B. Robinson read notes of a case of

INHERITED CONGENITAL DEFORMITY OF THE HANDS AND FEET,

in which a plastic operation had been done on the feet; the patient was a child, æt. 3½. The two inner toes were coalesced into a single great toe, and the three outer toes were similarly united into a little toe; the coalescence extended in part into the metatarsal bones, and there was a wide and deep cleft between. The operation consisted in removing the skin from the contiguous parts of the cleft, and then uniting the edges after the toes had been pressed together. A more shapely and more sightly foot was thus obtained. The child was one of several who suffered from a similar deformity, and her mother, herself affected, feeling the inconvenience of such a foot, had taken her to the hospital to see whether something could be done to remedy the defect. The authors showed a family tree, from which it could be seen that the deformity affected three generations. The first to suffer was the child's grandmother, and of thirty-six lineal descendants sixteen were malformed- the malformation was perpetuated through the female branches of the family. It was singularly uniform in it. manifestations, and was attributed originally to a fright The patient and several members of her family were exhibited.

Sir Dyce Duckworth on a case of

PSORIASIS ASSOCIATED WITH RHEUMATISM, WHICH PASSED INTO PITYRIASIS RUBRA (DERMATITIS EXFOLIATIVA).

F. A., æt. 24, housewife, married seventeen months, mother of a child which she suckled for four months, was admitted into St. Bartholomew's Hospital on Nov. 14, 1885. She was suffering from well-marked and ordinary psoriasis, which had lasted five months, and from rheumatic pains in most of the joints. Ten and five years previously she had had attacks of psoriasis, lasting four or five months, each accompanied with rheumatic symptoms, as at present. She lived at Stratford, on the ground floor of a damp house. The joint-pains preceded the outbreak of psoriasis. When a child she had rheumatic fever. There was no family history of rheumatic fever known of. She was a fairly well-nourished woman, of slender build, complexion pallid, hair light brown. The heart's apex was displaced outwards, and a systolic apex-murmur was audible. Nothing found amiss with any other viscera. Urine contained a trace of albumen.

(a) Read before the Liverpool Medical Institution, March 3rd.

The whole body was covered irregularly with patches of scaly eruption, the erythematous areæ around them being very wide. There was less of the rash on the face and neck, most on the abdomen. There was pyrexia, temperature varying from 100° to 103·8° during her stay in hospital, with nightly rises. The digestive system was not much disturbed. Urine acid, 1023, contained very often a trace of albumen, and sometimes abundant urates. Catamenia regular since the birth of her child. At the time of admission to hospital the psoriasis was beginning to pass into a general desquamative dermatitis, and rheumatic symptoms were increasing in severity. Milk diet was ordered. To have an alkaline bath on alternate nights, and olive oil to be rubbed in all over the body. Fowler's solution in four-minim doses in an alkaline tonic mixture was given thrice daily. The appetite increased under this treatment. The pain grew worse, and the temperature kept up. Effusion occurred in some joints. Sodium salicylate was next given to the extent of a drachm daily. Soap and spirit lotion was used to remove the hard scales from the scalp, and linimentum calcis to the body generally. No improvement followed from the salicylate treatment, and the temperature was unaffected by it. The skin was now universally affected, and cast off handfuls of scales. The rheumatism was severe, and the patient became very ill. She begged for meat and for better diet than was thought fit for her. The salicylate was increased to eighty grains each day, and sitz baths given instead of alkaline ones. Joints of legs and arms very painful. Hypnotics required at night. In the third week after admission, the plans of treatment hitherto having been unavailing, a change was made, the quino-alkaline draught being given, and oleate of zinc ointment applied. Mashed potato and custard pudding added to diet. The skin improved somewhat after this, but still desquamated freely. Temperature still pyrexial. Joints improved. No fresh cardiac troubles came on, but "hæmic" basic murmurs developed. Within ten days the morning temperature began to reach normal, but the evening rise was nearly 102° on several occasions. On Dec. 11 arseniate of sodium in fifteen-minim doses was began, and full meat diet was given. In a few days very decided improvement set in in respect of the skin and joints, but the temperature continued high, reaching its highest point 103·8° three nights after beginning this treatment. Antipyrin was given in full doses without any effect on this. The pulse was 138. Appetite very good. The arsenic was increased gradually up to ten minims at each dose. At the end of December patient's skin was getting clear, joints improving, and she got out of bed daily. Starch and zinc paste was found useful for the skin at this time. In January the joints were painless, but ached when fully stretched. The wrists and fingers were deformed, joints knotty and fingers turned out to ulnar side of arm. When the patient left the Hospital on Feb. 12, the skin was perfectly smooth and natural. The joints of the wrists and hands were crippled and deformed. The case illustrated the transformation of psoriasis into diffuse exfoliative dermatitis, an occurrence which has been previously noted. The relation of the rheumatic disease, if it was rheumatic, was of interest. Psoriasis is not uncommon in persons rheumatically disposed, especially in subjects of rheumatoid arthritis. The powerlessness for good of salicylate treatment was noteworthy. The same has been noted of this drug in chronic rheumatic arthritis and so-called gonorrhœal rheumatism. The benefit of full arsenical medication was most marked, and no relief was afforded by treatment which commonly proves useful in ordinary rheumatism. The author had not found dermatitis exfoliativa rebellious to treatment by alkaline tonics, baths, and oily inunctions.

Dr. **Crocker** thought the paper quoted illustrated a point in the history of pityriasis rubra in its connection with rheumatism, and with previous psoriasis. Sometimes, however, it arises independently of any eruption, and might be considered primary in many instances. On the other hand, he believed it might supervene in any form of psoriasis. Last year Brock had recorded a case where excessive inunction of chrysarobin was followed by pityriasis rubra. One man he had seen had had nine attacks of psoriasis, and then several of pityriasis. This man had heart symptoms, but there was no clear history of rheumatism. Another case was that of a woman who had had previous attacks of rheumatism, in fact her skin affection only developed any intensity after it. Arsenic did her a little good, and during its administration rheumatic symptoms returned. It was only when the treatment was altered to quinine, and good feeding that the patient recovered.

Dr. **Barlow** mentioned a case showing the treble association of psoriasis, pityriasis and rheumatism. The patient was a man with a family history of rheumatism, and he himself had mitral disease. His eruption, originally psoriasis, gradually changed in character, and terminated by copious desquamation. He believed that when psoriasis once assumed the form of pityriasis, it in future kept to that type.

Mr. **Edward Bellamy** read a case of

SYMMETRICAL GANGRENE (RAYNAUD'S DISEASE) FOLLOWING VARICELLA IN A CHILD, ÆT. 4, CAUSING DEATH ON THE FOURTH DAY.

The patient was admitted under my care on January 19th, 1887. On admission she had spots of varicella over her body and face, which were first noticed on the 16th. On the evening of the 19th at 7 o'clock, the child complained of her right leg being sore, and a small circular black patch about as large as half-a-crown was seen below the inner side of the knee, by 10 o'clock this patch had extended down the leg to the foot, when she was brought at once to the hospital. On arrival a similar patch had made its appearance just above the left ankle, and which rapidly extended up to the knee. The patient was unable to stand, complained of great pain in both legs, and which increased on pressure. The second, third, and fourth toes of the right leg exempt from discolouration, and the fifth but slightly mottled. Shortly after admission an oblong patch about 2 in. by 2 in., appeared on the outside of the left thigh. On the 21st a small patch appeared on the outer side of the right forearm, and slight discolouration on either side of the spine, on a level with the crest of the ilium, in the afternoon of the same day in either cheek and conchæ of both ears. The complexion was very white, face sallow, expression dull and heavy, tongue dry and brown but reddish at tip, pulse 150 weak, temperature 100, heart sounds normal, breathing normal, both legs cold and insensitive, pulsation left femoral fairly distinct, but could not be felt in right. Urine, specific gravity 1023, clear, pale, no trace of albumen, and no hæmoglobin could be detected. In the evening of the 21st she became suddenly seized with stertor and died. A full account of the post-mortem accompanies the paper perhaps the most interesting points are as follows: There was an enormous opening in the foramen ovale, bounded below by a valve ¼ in. deep, having a free crescentic margin. The dissection of the right leg, the fat and skin and gangrenous parts are dark purple from hæmorrhagic infiltration, and this appearance dies away at apex of Scarpa's space. The obvious gangrene ceases just above the inner condyle, the skin above being apparently normal. The leg, which appears quite gangrenous, being uniformly purple. Then among some petechiæ or small hæmorrhages in the intermuscular plane, the muscles themselves being very strongly contracted in rigor mortis, and appearing almost healthy, just here and there they show small hæmorrhages, this is especially the case in the deeper fibres of the soleus. The femoral glands were a good deal enlarged, and either hæmorrhagic or containing a quantity of blood pigment. The saphena vein contained only post-mortem clot.

Mr. **Morgan** corroborated Mr. Bellamy's observations, and mentioned that the hæmorrhagic or gangrenous patches extended higher on the inner side of the lower extremities than on the outer side. It did not extend further during the patient's stay in the hospital. He mentioned that the foramen ovale was found patent at death.

Dr. **Coode Adams** asked whether any observations were taken with regard to the temperature, the case appearing to him to be a classical one of hæmorrhagic small-pox.

Dr. **Longhurst** failed to see any marked indication of the disease being of nervous origin. He was disposed to look upon it as due to blood-poisoning. The case alluded to might very well be a case of hæmorrhagic small-pox.

Mr. **Herringham** did not exactly see why the case was looked upon as hæmorrhagic small-pox, nothing in its description differing from varicella gangrenosa. Such cases were fairly frequent at St. Bartholomew's Hospital.

Dr. **Lucas Benham** suggested in view of the fact that it was in January, and that the child was reported to have run about after the illness began, that the case might have been one of frost-bite.

Dr. **Crocker** asked whether there was any evident connection between the varicellous eruption and the patches of hæmorrhage in gangrene?

Dr. **Barlow** did not think the case fitted in with the appearances of varicella gangrenosa, in which the gangrene was not diffuse as in this cases. He had seen a similar thing follow measles. He certainly did not think it was a case of Raynaud's disease. Congenital deformities of the heart were very formidable complications of the exanthemata.

Sir **Dyce Duckworth** agreed with the last speaker that congenital deformities constituted a serious complication. Judging from Mr. Morgan's drawing of the case he certainly would not consider it one of varicella gangrenosa.

Dr. **Broadbent** thought it was rather a case of gangrene supervening in the course of an exanthema of which he quoted an example.

Mr. **Arbuthnot Lane** described a case of

INTUSSUSCEPTION PRODUCED BY THE PRESENCE OF A TUMOUR GROWING FROM THE MUCOUS MEMBRANE OF THE TRANSVERSE COLON.

After an attack of diarrhœa, in a chronic case of hip-joint disease in a child, æt. eight, a tumour as large as a walnut was found projecting from the anus. It was much congested, blood oozed from its surface. The nurse in attendance supposed it to be a prolapse of the mucous membrane of the rectum, and attempted to return it within the anus, but was unsuccessful. On examination, the tumour appeared to have a very long pedicle, which gradually increased in thickness, extending beyond the reach of the finger. As there were no symptoms of strangulation and as the length of the pedicle was doubtful, he returned the tumour within the rectum. It soon passed out of reach. On the following day the tumour could be felt in the middle line, between the umbilicus and symphysis, between the finger in the rectum and the hand on the surface of the abdomen. Some days after, during another attack of diarrhœa, the tumour was again extruded from the anus. On this occasion it was found that the tumour was sessile, and that it was attached to the very congested mucous membrane by a constricted neck, the prolapse of gut being abundant and lax, so that on the first occasion the whole of the thin apparent pedicle must have been formed by mucous membrane and the intestine itself. On the removal of the tumour, the prolapsed gut was readily replaced above the pelvic brim by the finger, and examination on subsequent occasions showed no signs of an intussusception. No tumour could be felt in the abdomen on either occasion in which the growth projected from the anus.

Mr. **Treves** said that the symptoms of intussusception when caused by polypus were generally mild. The connection between the two was well known, and such cases were common.

Mr. **Barker** said he had taken the trouble to investigate the subject, and could find but very few cases where such relation existed. The matter had been brought to his attention by a case which he had. It was a case of intussusception of the sigmoid flexure which could be drawn partially out of the anus, and was found to be associated with a growth at the apex of the septum of an adenomatous or epitheliomatous nature. The case was about to be published in the Medico-Chirurgical Transactions.

Mr. **Bryant** said such cases were not very rare. He thought the fact that polyps might be the cause of intussusception in the adult was not as well recognised as it should be. He had a striking example of this in a lady of seventy-four, who had been suffering from obstruction due to intussusception for fourteen days. He suspected the existence of a growth, and this after much trouble was found, drawn down and removed, the patient making a rapid and perfect recovery.

LIVING SPECIMENS.

Mr. **R. W. Parker**.—Case of Possible Sarcoma of Kidney.

Dr. **Drewitt**.—Case of Lupus treated partly by Salicylic Acid, and partly by Scraping.

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Dr. Robert Barnes has been elected a Vice-President of the Gynæcological Section; Dr. George H. Kidd, of Dublin, and Dr. Edis, of London, Vice-Presidents of the Section of Obstetrics, of the International Medical Congress to be held at Washington in September.

ACADEMY OF MEDICINE IN IRELAND.

Sub-Section of Anatomy and Physiology.

Meeting held Thursday, February 10.

Dr. J. A. Scott in the Chair.

THE MARSUPIAL HEART.

Dr. **Cunningham** exhibited the heart of a kangaroo which he had recently successfully injected. He stated that Owen was of opinion that the marsupial heart was distinguished by—(1) the absence of the fossa ovalis; (2) the presence of a cleft in the auricular appendix of the right side, and (3) the absence of a separate orifice in the right auricle for the coronary vein. The absence of the fossa ovalis was also associated with a total absence of the ductus arteriosus, the Eustachian valve, and other vestigial remains of embryonic life, such as the urachus, hypogastric arteries, round ligament of the liver, &c., and was accounted for by the short period which the embryo spent within the uterus. The bifurcation of the auricular appendix was well seen in the specimen exhibited, and it was present in a marked form in the phalangers, but was absent in the thylacine and dasyure. With regard to the third point of distinction mentioned by Owen, Dr. Cunningham stated that he had been able to make out in the Challanger marsupials a separate opening of the great cardiac vein in the right auricle, but this was situated at the upper part of the cavity close to the opening of the superior vena cava.

Dr. **Frazer** asked if Dr. Cunningham had seen the heart in any of those marsupials before their introduction into the pouch?

Dr. **Cunningham**.—I have had only one example of a fœtus in my possession, and this was taken from the pouch of a phalanger.

Dr. **Frazer** said he had a drawing of one with an umbilical cord attached.

ABSENCE OF THE INTERNAL ILIAC ARTERY.

Dr. **Ledwich** read the following notes of the dissection of a male subject, in which the internal iliac artery was absent on the left side. On the right side the structures were normal:—The abdominal aorta bifurcated at the lower border of the third lumbar vertebra, to form the two common iliac arteries; the right divided normally into the internal and external iliacs, but the left instead of dividing continued as a single vessel in its whole course to the femoral artery. This single iliac artery passed obliquely downwards and outwards over the psoas muscle for a distance of three inches, and then turning somewhat sharply inwards and then downwards over ilio-pectineal line, entered the pelvic cavity. This intra-pelvic portion of the vessel formed a long loop reaching to about a point about half an inch below the highest part of the great sciatic notch. The artery then ascending, recrossed the ilio-pectineal line, and turning downwards over the horizontal ramus of the pubis, terminated in the femoral artery. This vessel may therefore be considered as divided into three portions:—1st. The oblique portion. 2nd. The looped portion, which may be subdivided into—(*a*) the descending limb; (*b*) the transverse part; (*c*) the ascending limb. 3rd. The horizontal or pubic portion. The diameter of the vessel was greatest at the transverse part of its loop, where it measured 7-16ths. of an inch and least at the termination of its pubic portion where it was 5-16th. Its total length was nine inches. The first sacral nerve passed through the loop of the artery from without inwards, and tightly held down the vessel; the nerve, then winding round the inner side of the ascending limb of the loop, joined with the lumbo-sacral cord. The branches which arose from each portion of the artery were as follows:—From the oblique portion—(1) A posterior ilio-lumbar artery of some size, which resembled in its course and mode of termination the lumbar branch of a normal ilio-lumbar artery. (2) Two or three small branches to the psoas muscle, peritoneum, &c. From the descending limb of loop—(1) The internal pudic artery arose opposite the first sacral foramen. Its intra-pelvic portion was exceeding long, measuring from its origin to the great sciatic notch fully five inches, and in diameter it measured a shade over ⅛th of an inch. From its origin the pudic artery curved inwards and downwards to the middle of the anterior surface of the bodies of the third and fourth bones of the sacrum, where it gave off the middle sacral artery. It then curved outwards and downwards, between the second and third sacral nerves, and in front of the pyriformis muscle, to the great sciatic notch through which it passed below the muscle and followed thenceforth the route and termination of a normal pudic vessel. The middle sacral artery was very small, and arose from the internal pudic over the fourth bone of the sacrum. It passed downwards in the middle line for a distance of one and a half inches, and terminated normally on the coccyx. The internal pudic also gave off, just outside the sciatic notch, a large muscular branch to the gluteal muscles. From the transverse part of loop—(1) The lateral sacral artery arose just above the second sacral foramen. It was a short, small vessel, and sent branches into the second and third sacral foramina. (2) The gluteal artery was a short, thick trunk, which arose from the junction of the transverse and ascending portion of the loop. It passed almost directly outwards through the great sciatic notch above the pyriformis muscle, and terminated in the usual manner. From the ascending limb of loop—(1) The sciatic artery arose three-quarters of an inch above the transverse portion, and passing downwards internal to the first sacral and lumbo-sacral nerves, left the pelvis through the great sciatic notch below the pyriformis muscle, and terminated in the usual way. (2) An anterior ilio-lumbar artery (much smaller than the posterior), which terminated like the iliac branch of a normal ilio-lumbar artery. No other branches could be discovered arising from this abnormal iliac artery. The obturator and deep epigastric arteries arose by a common trunk from the femoral, about one inch below Poupart's ligament.

Dr. **Cunningham**—This is a very rare condition of the arteries indeed. If Dr. Ledwich has the drawing it would be well that it should be reproduced. Not only is the anomaly interesting from an anatomical aspect, but it has many practical points of interest as well. I have never seen the condition myself, and I know it to be a very rare form indeed.

Dr. **Brooks**—In several years' hard work in which I have kept a record of anomalies of this nature, I have never seen this condition. It is mentioned in the supplement to Krause's Lehrbuch and also in the chapter on arterial anomalies in Henle, as a very rare abnormality.

Dr. **Frazer** asked if there were any prominent nerve aberrations?

Dr. **Ledwich**—The only thing was the nerve passing through the loop; everything was normal except the artery.

Dr. T. E. **Little** asked (*a*) if the condition of things on the other side was normal; (*b*) whether any observation had been made on the arrangement of the veins with respect to the arteries; (*c*) if the condition of the obliterated hypogastric artery had been observed?

Dr. **Ledwich** replied that the arteries were altogether normal on the right side. The veins, however, and the hypogastric artery had been entirely removed by the dissectors of the part before it came under his observation.

VARIATIONS IN THE NERVE-SUPPLY OF THE LUMBRICAL MUSCLES.

Dr. **Brooks** communicated the result of his investigations into the varieties in the innervation of the lumbricals of the hand and foot, with some observations on the perforating flexors. In this paper the author discussed the subject of variations in nerve-supply of the lumbrical muscles under the following heads; (1) Discrepancies in the statements of English and Continental anatomists. Quain, Ellis, and Gray are all agreed that in the hand the two outer lumbricales are supplied by the median, and the two inner by the deep branch of the ulnar nerve; and that in the foot the two inner lumbrical muscles receive their nerves from the internal plantar, and the two outer from the deep branch of the external plantar. Continental anatomists (Henle, Schwalbe), however, describe varieties. and differ widely from English anatomists, in stating that the two outer lumbricals of the foot are supplied on their superficial surface. (2) Variations of innervation that he had observed in man, with an account of the nerve-supply in the Orang, Gibbon, and Macaque, as shown in the following table:—*Variation in Nerve-Supply of Lumbrical Muscles in Man—Hand Lumbricals.*—First and second by median, third and fourth by deep ulnar, nine cases; first and second by median, third by median and deep ulnar, fourth by deep ulnar only, seven cases; first by median, second and third by deep ulnar, fourth by deep ulnar only, one case; first, second, and third by median, fourth by deep ulnar, one case; first, second, and third by median (deep dissection not carried out), two cases; total, twenty cases. *Foot Lumbricales.*—First by internal plantar; second, third, and fourth by deep external plantar, eight cases. *Innervation of Lumbricales in Apes.*—Foot of Orang—First lumbrical by internal plantar, second and third by deep external plantar (fourth not noted). Foot of Gibbon—First by internal planter, second and third by deep external planter, fourth by superficial division of external plantar. Hand of Gibbon—First and second by median, third and fourth by deep ulnar. Foot of Macaque Monkey—First by internal plantar; second, third, and fourth by deep external plantar. Hand of Macaque—First and second by median, third by median and deep ulnar fourth, by deep ulnar only. (3) The arrangement of the nerves to the lumbricales, as described by Professor D. J. Cunningham in certain marsupials and in fox-bat. In the hand of Thylacinus and Cuscus the lumbricals are all supplied by the median, and in the foot of the latter marsupial the three inner (tibial) lumbricales are supplied by the internal plantar nerve. In the foot of the fox-bat the three inner lumbricales are supplied by the internal planter, and the fourth by the superficial division of the external plantar. (4) It appears probable from these facts that the lumbrical muscles were originally all supplied on their superficial surface; and that the deep nerve (ulnar in the hand, external plantar in the foot) is gradually displacing the superficial (median, internal plantar). This invasion of the deep nerve has advanced further with respect to the lumbricales in the human foot than it has in the hand. (5) The nerve supply of each of the four bellies of the flexor profundus digitorum was investigated in five arms belonging to five different human subjects. In the following table, "first" signifies the belly belonging to the index finger, "second" the portion of the muscle which ends in the tendon for the middle finger, &c.:—First belly by median, second and third by median and ulnar, fourth by ulnar only, 4 cases; first belly by median; second, third, and fourth by ulnar and median, 1 case. It appears, therefore, that there is a general correspondence between the innervation of a particular lumbrical muscle and that belly of the long perforating flexor of which it is a part; this fact is best made out in the case of the first or indicial lumbrical of the hand and the indicial belly of the flexor perforans which are both supplied by the median only; it is also seen in the fourth lumbrical and the belly of the long flexor ending in the tendon to the little finger (both by ulnar); also in the third lumbrical and annular belly (both of which have typically a double nerve-supply). In the foot and leg this part of the investigation presented special difficulties, which have, however, been overcome (in a measure) by minute dissections of the nerves, conducted under water.

The **Chairman**.—It is of more importance to correct the existing text books than to discover something new; as to learn something wrong is worse than nothing. It would be interesting to get a nerve in good condition where the junction occurs in order to obtain a series of transverse or longitudinal sections, and so find where the fibres go to.

Dr. **Cunningham**.—All through Dr. Brooks' investigations I have observed his work in process and watched the results. Having travelled very often over the same ground myself in the lower animals, I very early came to the understanding that nerve variations, both in the hand and foot, were to be found. Upon the strength of this, some years ago, I attacked the dogma, up to the time universally held, that when you knew the nerve which supplied a muscle, then you knew the muscle—in other words, that nerve-supply and muscle homology were immutable. I was also led to form the idea which Dr. Brooks shares with me that one nerve of the hand and foot seems to be getting the upper hand of the other; that there is a struggle between the ulnar and median nerve of the hand, and between the internal and external plantar nerves of the foot. It seems to me that in the mammalia the ulnar and external plantar nerves are usurping the sway and driving the median and internal plantar out of the field altogether. It is when you come on the confines of distribution that you find the variations. In the border line of the hand and foot, between the two nerves, you find a swaying, sometimes in one direction and sometimes in another. Dr. Brooks' paper will be a feature in the transaction of the session.

Dr. **Brooks**, in reply, said he intended to act upon Dr. Scott's suggestion as to making sections to follow up the divisions of a nerve. Dr. Purser had made a similar suggestion, that it will be a good method of investigation in histology to make sections in order to ascertain the precise way in which a nerve divided.

EXHIBITIONS.

Dr. **Cunningham** exhibited (1) four Chinese plates of human anatomy which had been presented to him by Dr. Irwin, of Tientsin; and (2) casts of deformed feet of Chinese women which had been presented to him by Professor Welcker, of Halle. He explained from the cast that the foot was bent in an exaggerated arch, so that the os calcis was brought to lie immediately below the astragalus; but though they distorted the foot, the Chinese seemed to have an appreciation of the importance of the great toe, which was preserved for locomotion.

Dr. **Frazer** said he had a book with a series of plates, published 200 years ago, illustrating the Chinese system of anatomy which had been followed for upwards of one thousand years.

Mr. **Thomson.**—They have advanced in surgery of late years. They have had "Erichsen's Surgery" translated into Chinese

Dr. **Frazer.**—And also a Dublin book—"Churchill's Midwifery."

The Sub-Section adjourned to 5th May.

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LIVERPOOL MEDICAL INSTITUTION.

The tenth ordinary meeting of the Session was held on March 3rd,

The President, Dr. J. B. **Nevins**, in the chair.

Mr. R. **Pughe** showed a polypoid sarcoma from a girl, æt. 2. She was admitted into the Children's Infirmary in November, 1885. The whole vagina was covered by growths resembling nasal polypi. They were pared off with scissors. In July, 1886, she was again admitted with the same condition, and again in November last year.

Dr. **Burton** showed as a card specimen a fibro-sarcoma of the right ovary removed on the 10th ult. from a lady, æt. 37.

Dr. **Glynn** brought forward a case of

LOCOMOTOR ATAXY WITH CHARCOT'S DISEASE OF KNEE-JOINT,

which will be found at page 321, under "Clinical Records.'

Dr. **Archer** related a case of

BRACHIAL MONOPLEGIA COMPLICATING ENTERIC FEVER.

A male, æt. 22, came under observation at the beginning of the second week of enteric fever. The case was a severe one, and was marked by absence of diarrhœa; there was also delirium and picking at bedclothes, and occasional profuse sweatings. On the fifteenth day numbness was first noticed in the right arm. This was accompanied by general sweatings and considerable prostration. The affection of the arm progressed until the limb and hand became almost completely paralysed. For several days there was great hyperæsthesia and a burning sensation complained of in the limb. This was followed by rigidity of the elbow-joint, which became fixed at a right angle, and any attempt to straighten it caused considerable pain. The muscles were considerably atrophied. Improvement was gradual, and on the patient's discharge, about the ninth or tenth week from the onset of the fever, the limb had not recovered all its movements, and there was some atrophy remaining. Dr. Archer drew attention to the extreme rarity of these local paralyses in enteric fever, and remarked that when such complications do occur in the acute specific fevers, they are usually observed during the period of convalescence, and not in the acute stage.

Dr. **Hunt** related two cases of

FOREIGN BODY IN THE NOSE.

The first was that of a boy, æt. 4, who for eight months had had a fœtid discharge from the nose. On careful examination the right nostril was found to be obstructed by a foreign body, which on removal proved to be a cherry-stone. The second case was somewhat similar, except that the offending body was a plum-stone, which was removed by forceps. He laid down the rule that in all cases of fœtid discharge the nasal cavity should be examined by the speculum (a bent hairpin, or two bent hairpins, formed a most effective speculum, not unlike Baber's). In case of a foreign body being present it should not be removed by a current of water injected up the other nostril; this might get dammed up, and damage the middle ear. Cocaine was doubly useful; it not only acted as an anæsthetic, but it also reduced vascular turgescence.

Dr. R. **Jones** showed a case of

MULTIPLE SEBACEOUS CYSTS.

The cysts were very numerous, and varied in size from a small shot to a hen's egg. The patient's mother, sister, and maternal aunt had suffered in a similar way. In reply to the President he stated that some of the cysts had ruptured.

The Hon. Secretary read for Dr. W. **Mitchell Banks** a paper on

EXCISION OF THE KNEE-JOINT,

which will be found on page 311.

In the discussion that followed the reading of this interesting paper,

Mr. R. **Jones** was very much interested with the paper, and fully agreed with the principles expressed in it. He himself was prejudiced against the operation, he had seen such success from very prolonged rest, one, two, three, four, or five years in children. Even patients from 15 to 25 got well in the vast majority of cases, and even if they did not get well with movable joints, excision gave no better results. He thought some word of protest against too frequent excision was necessary.

Mr. **Paul** did not fall in with the views of Mr. Jones, nor did he see what there was to advance in their favour. Cases got about as well after excision as after treatment by prolonged rest; both had stiff knee-joints. There was no, or scarcely any, danger in excision. Mr. Pughe's cases at the Children's Infirmary had been remarkably successful.

Mr. **Jones** here explained that when he spoke of cases doing well after treatment by prolonged rest he meant that they frequently recovered with movable joints.

Mr. **Puzey** thought more patients suffered from delay than from too early operation. Of 12 cases that he had operated on, 11 gave him no further trouble. He had no doubt that in many of his cases he had saved the posterior crucial ligament, from his manner of operating, although the intention to do so was not in his mind at the time.

Mr. **Damer Harrisson** then replied on behalf of Mr. Banks.

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The Medical Staff Corps will take part in the operations of the camp which will be formed at Strensall, near York, in the months of May, June and July next.

The members of the committee of the Pasteur Institute have decided to refuse the site offered by the municipality and agreed to purchase a site for 430,000 francs (£17,200). They have also agreed on plans for the erection of four buildings to cost 60,000 francs. A yearly revenue of 65,000 francs has been secured, leaving 35,000 still to be obtained, and the subscription lists are to be kept open until the desired sum is collected.

A scheme has been prepared with the object of founding a National Pension Fund for hospital officials and trained nurses. A register for the names of those desious of joining the fund has been opened at the offices of the Hospitals Association, Norfolk Street, Strand, W.C.

It is stated, on the authority of Dr. Grawitz, an assistant of Professor Virchow's, that in as many as one third of the cases of so called muscular rheumatism which have been examined post-mortem, the presence of the *trichina spiralis* has been demonstrated. In many of these cases the parasites must have been present in the muscles for many years.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 6, 1887.

THE SIMPLIFICATION OF CÆSAREAN SECTION.

ON the Continent at least the pendulum has again moved in favour of the Cæsarean section as against Porro's operation. The brilliant successes of Sænger, of Leipsic, and others have induced most German operators to follow his example—when they can *i.e.*, in all cases where the Porro form is not unconditionally called for. If this is to be the operation of the future, and it can only be so under certain conditions, one of which is that the operation shall not be so long delayed that the uterus has ceased to be a healthy organ, it is of the utmost importance that the details should be rendered as perfect as science and art will allow. It is well known that Sænger's modification consists in part in paring the edges of the wound, taking care to preserve the peritoneum, covering the cut surfaces with the peritoneum thus placed at liberty, and suturing so that each ligature shall pass through both layers of peritoneum on each side, and thus through four layers in all. Professor Leopold, of Dresden, son-in-law of the distinguished veteran Credé, has operated a number of times, and each time successfully. Hitherto he has used silver sutures for the uterine wound, but reflection has led to the fear that such a stiff material might prove inconvenient in the event of subsequent pregnancy. He has therefore been led to employ chromic acid catgut in the place of silver wire, both for deep and for continuous superficial sutures, and also for the abdominal wound. The catgut was prepared according to the direction of Mikulicz, the fresh catgut being first steeped for forty-eight hours in a 10 per cent. solution of carbolised glycerine, then for five hours in a ½ per cent. solution of chromic acid, and afterwards preserved in absolute alcohol. The principles he lays down for the performance of the operation are as follows:—

1. Complete closure of the abdominal wall by temporary sutures, after bringing out the uterus, but before opening it,

2. Control of the hæmorrhage after the uterine incision. Usually elastic tubing is placed round the neck of the uterus and drawn tight when the incision is made. Pressure may, however, be made manually if thought better.

3. Careful cleansing of the uterine cavity from all pieces of decidua. To this end the uterus is sufficiently inverted to allow of its inner surface being examined, special care being taken to cleanse the tube openings; a sponge wrung from a five per cent. solution of carbolic acid is placed in the collum, and the inner surface is lightly sprinkled with iodoform. A carbolised sponge is also placed in the uterine cavity.

4. Careful coaptation in closing. Trimming by undermining the serosa is not considered necessary. Ten to 12 deep sutures are applied, which are tied after they are all inserted, then a superficial running suture.

5. Excitation of pains by hand massage of the uterus after suture. An assistant grasps the uterus, whilst the elastic tubing is removed, and by kneading and pressure excites powerful and permanent contraction.

Leopold now reports two additional successful cases operated on after the method described. A further case is also reported in the *Semaine Médical*, 5, '87, by Dr. Bar, in which the genital passages were completely blocked up by a hard and high-reaching carcinomatous tumour. He performed a modified Sænger's operation in so far as in the place of inserting the sutures in "stages," he passed them through the whole thickness of the uterus, including both serosa and mucosa. Serosa was then united to serosa by additional sutures. Dr. Bar believes that this (Sænger's operation), which has hitherto shown such good results, is the operation of the future. Let us hope that this will be so, and that the barbarous and mutilating Porro will be relegated to those cases in which it offers a clearer chance of immediate recovery than its rival. The argument that the Porro is to be preferred because it affords immunity against future conception with its consequent risks is immoral, and beneath the serious consideration of the physician. He has no more right to advise this method of procuring "facultative sterility" than any other of the disgusting means to this end so shamelessly brought under notice, notwithstanding they might all be classed as appliances pertaining to "preventive medicine."

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PAYMENT OF COUNCIL REPRESENTATIVES OF THE BRITISH MEDICAL ASSOCIATION.

The branches of the Association throughout the Kingdom have received from the parent Association a letter asking their opinion as to the proposal that the expenses of the Branch representative at the General Council should be paid. This letter was accompanied with a statement in detail showing that, if all the travelling expenses of councillors were paid by the Association it would involve an outlay of £600 a year. This communication was considered at a special meeting of the Dublin Branch last week, and a resolution was adopted that the parent Association ought to pay the travelling expenses, while the Branch might be reasonably expected to pay for hotel outlay. This seems to be, for the present, a fair and prudent suggestion, inasmuch as it would be undesirable to ask the Association at first to undertake an indefinite outlay for hotel expenses. But we think that, in principle,' that the whole of the cost should be born by the Association, because the presence of the representatives at the Council meeting is for the good of the Association rather than for the good of the branches. Obviously the threatened £600 a year would be greatly in excess of the actual outlay, for such expenditure could be required only on the hypothesis that all the representatives would attend all the meetings, which could never occur. But, if it cost the Association twice £600, we assert that the expenditure is of little moment if the desired result, *i.e.*, the presence of the branch delegates at the Council meeting, were secured. This is exactly what does not happen, and certainly the attitude of the Council towards the proposition looks as if they much prefer the room of these delegates to their company, for they have resolutely resisted every attempt to facilitate their presence at the Council meetings. A perusal of the list of attendances of councillors published, at the Brighton meeting, shows how neatly the present system operates to keep the Association business and influence in the hands of the London *coterie*. Seventy-one delegates are named in the Council list; the number of Council meetings in the year was 7, and of committee meetings 33. Of the 14 members resident in or near London, 10 were present at least at 6 out of the 7 meetings, and 3 others at the majority of them, while of the 37 delegates resident at a distance from London only 7 put in a good attendance, 8 attended once or twice, and 13 never put in a single appearance. So much for the Council meetings. The committees upon which the entire management of the Association devolves were not attended by the Branch delegates for the simple reason that they were almost never elected to any of those committees, and therefore never summoned. By this means the power of the Association is concentrated in the hands of about a dozen Londoners and a small sprinkling of suburbans, while the rest of the Association is as effectually debarred from a voice in its affairs as if they appointed no representatives at all. For example, the whole of Wales was represented by 2 delegates, exclusive of the resident, and by 14 attendances in the year, Scotland by no attendance at all, and Ireland by six attendances. Paying the travelling expenses of delegates would, we believe, remedy this condition of things in great measure, for it would deprive delegates of the most potent reason for staying at home. But, whatever may be the cure, a remedy should be found for it is impossible for the members to have any respect for an organisation the active usefulness of which is in the hands of a dozen London practitioners, however eminent they may be.

THE TREATMENT OF DIPHTHERIA BY CORROSIVE SUBLIMATE.

The unsatisfactory results too often following the modes of treating diphtheria in commoner use, have been too frequently commented on not to be familiar to readers of the professional journals; and of recent years innumerable suggestions have been offered and adopted, with a view to expediting recovery from a disease that exacts a heavy sacrifice of life as the price of its continued existence in our midst. For a time, as each new remedy undergoes the test of practice, hopes are entertained that it will prove the anxiously awaited specific, only, as a rule, to the disappointment of our wishes and expectations. Whether it be in the direction of a solution of the diphtheritic membrane. or in that of actual conquest of the constitutional disease, all the plans proposed have, for a space, appeared to promise ultimate success; and all in turn unfortunately given way to the old and little more than expectant processes, under which some cases get well and many, alas! succumb. A not inconsiderable advance, however, has been made in the more precise knowledge we now possess of the etiology and nature of the affection in question; and with this improved knowledge there has arisen a better and truer appreciation of the lines along which our treatment should be directed. Recognising that diphtheria is a parasitic disease, it is clearly desirable to combat it through the agency of a suitable parasiticide, meeting the constitutional disturbance incidental to the presence of the local affections by remedies specially designed to that end also. How far this combination has been hitherto attained, we need not go far to seek, the unsatisfactory reports of clinical experience in cases of diphtheria being sufficiently suggestive of the need for further inquiry in the search after efficient weapons against its ravages. In this connection, there appears in the New York *Medical Record* for March 5th last, an article from the pen of Dr. Grant (Bey), Her Majesty's Consul's medical adviser at Cairo, the title of the paper being "The Employment of Mercury in Parasitic Contagious Diseases, more especially the use of the Bichloride in the treatment of Diphtheria." The plan which Dr. Grant Bey advocates and pursues in his treatment of diphtheria will, probably, awaken a first feeling of prejudice against a method seemingly so much partaking of the "heroic;" but the grounds on which he bases his arguments in its support are, in themselves, quite unassailable. Among the instances he cites of its successful adoption, are several which forcibly illustrate the power of the drug employed to destroy the active virus of the disease, and that vigorous measures are those most in favour with the author, is shown by the following prescription for a patient four years old, suffering from an advanced stage of diphtheria when first seen by Grant Bey:—

℞ Hydrargyri bichloridi, grs. 1½;
Glycerin ʒj.;
Aquæ destillat, ʒiij.

Of this preparation one teaspoonful was directed to be given every half hour till six doses were taken, and then to repeat the dose hourly night and day. An ointment of iodoform (one in ten) was also ordered to be rubbed over the swollen neck glands every three hours; and a diet of beef-tea, milk, and lime water prescribed. The recovery was fairly rapid and complete, though at first the amount of albumen in the urine underwent actual increase, diminishing, however, and disappearing entirely within a fortnight. On the second day the bichloride mixture was given at two hourly intervals, and on the third day three hours were permitted to intervene between the doses, by which time two grains of the drug had been taken. It was continued four days longer, when Fellow's syrup was substituted for it, half a drachm every three hours.

It is suggested that detachment of the membrane, by favouring absorption of the drug, assists its curative action; and also that irrigation of the nostril with the solution materially helps towards a cure of the disease. Dr. Grant Bey also advises the employment of some one or other of the solvents hitherto used for removal of the membrane, the throat being sprayed with them when gargling or other manipulation of the mouth is not feasible. The addition of corrosive sublimate to the solution thus employed is, of course, to be observed, and in cases where swallowing is impossible, the patient must be fed by means of nutrient enemata.

As a precautionary measure, the author recommends that attendants on patients suffering from diphtheria should be put on a "mild bichloride *régime*" as long as there is any danger of the appearance of the malady.

Notes on Current Topics.

Night Lectures.

From a paragraph in the *Freeman's Journal* we learn with infinite satisfaction that the Senate of the Royal University of Ireland have maintained the educational status of their medical degrees by casting out the night-lecture certificates offered to them, and by refusing to recognise them as, in any respect, evidences of medical study. These certificates, it may be necessary to explain for the information of English readers, are receipts for the fees paid to two out of the entire number of Irish schools, in respect of instruction supposed to be given to clerks and shop assistants who are engaged behind desks from 9 a.m. to 7 p.m., the hypothesis being that these gentlemen rush off precipitately from their day's work to their nocturnal medical studies. The Senate of the Royal University does not believe these certificates to be honest proofs of *bona fide* instruction—neither do we—and it very properly treats them as waste paper. We highly commend such an estimation of their value, but we have a suggestion to offer to the Senate. If it be impossible for work-a-day clerks to give due attention to their lecture and dissecting-room work, it is equally impossible for them to follow their hospital teacher from bed to bed, to hear clinical instruction, or to attain experience amongst the out-patients when, in fact, they are busy totting accounts in a bank or counting-house. Nevertheless, these students will produce to the University their quantum of hospital certificates with the exact number of their attendances duly certified thereon, signed, countersigned, and verified by the responsible officers of the hospital. This phenomenal duality of brain and body may afford a subject for investigation by the scientists of the University, but if they have to "give it up," we suggest that the Senate may solve the difficulty by requiring from the student a declaration that he has not, during his alleged daily periods of study, been engaged in any other avocation.

Deaths from Erysipelas after Vaccination.

No more trite example of the venerable fallacy *post hoc ergo propter hoc* could be adopted for illustration by the writers of our text-books on logical science than the only too common ascription of deaths which occur after vaccination to the agency of that operation. And when, in addition, erysipelas intervenes and becomes the immediate antecedent, the temptation to regard vaccination as the *causa causans* of fatality is irresistibly seductive, especially to those good people, our anti-vaccinationist friends, whose minds are biassed against the process of preventive inoculation against Small-pox. It is therefore not a little refreshing to find that, three children having died of erysipelas after vaccination, the Government decided to dispatch one of their ablest inspectors to make full and impartial inquiry into the circumstances surrounding the cases. The deaths referred to occurred last November in the Union of Sudbury, in Suffolk, and Dr. Airy's report upon them has been recently issued. It appears that two of them had been vaccinated by public vaccinators, but in different districts of the Union, and the other by a private medical man; the two former were vaccinated by the arm-to-arm method, the latter with the calf-lymph of Dr. Warlomont. Minute and searching investigation disclosed no carelessness on the part of the operators, and, indeed, the two public vaccinators had received first class awards from Government. Moreover, it was found that none of the co-vaccinees of the two children vaccinated publicly suffered from erysipelas or any form of blood-poisoning, and the lymph itself was satisfactorily traced back to the National Vaccine Establishment. One important fact was, however, common to all three cases, and that was that *the vesicles were noticed to be broken about the eighth day*. It further transpired that on the day when the case done privately at the medical man's surgery came up for inspection, a woman suffering from facial erysipelas was seated in the surgery, and the medical man and his assistant were attending erysipelas and scarlet fever. With regard to the other two cases, they both inhabited dwellings exposed to offensive effluvia and conditions of dampness. But apart from these circumstances, erysipelas would appear to have been generally rife in the district at the time of infection of these children, and there was an abundance of low sore-throat present in the Stour

Valley. So that though the evidence of direct infection was not so clear in these as in the private case, yet the predisposing unhygienic surroundings *plus* the acknowledged presence of erysipelatous disease in the place together suggested a tenable explanation of the occurrence. The breaking of the vesicles, was of course the indispensable and essential factor in the development of the erysipelas, affording as it did an opening for the entrance of the poison. Hence, the paramount necessity for extreme care in the treatment of the vesicles as they form. We commend our readers to the perusal of Dr. Airy's Report (to be obtained of Eyre and Spottiswoode, London; Black, of Edinburgh; and Hodges, Figgis & Co., of Dublin): for the importance of showing how occurrences apparently inimical to vaccination can be explained cannot be gainsaid.

Services to a Grateful Country.

Last week Dr. T. Robertson in the House of Commons called the attention of the Secretary for War, to the sad case of Surgeon-Major Moore, the originator of the present ambulance system, who had become blind in consequence of his extra literary duties, and had been obliged to retire on the lowest rate of pension. The Secretary for War admitted that the case was one well deserving of sympathy, but declined to accede to any request that might be taken as a precedent for an increase of pension. We would commend this case to the notice of the profession, and especially of those of its members who belong to the Services. The country which could give titles and wealth without a murmur to its generals and admirals, is unwilling to contribute to the proper maintenance of one of its useful subordinate officers, useful and active though his career may have been. The story is not alas a new one, but it is one which it is well to repeat from time to time. To the man who is unduly enthusiastic in the service of his country it should produce something of the effect of the slave who accompanied the Roman conqueror, and whose mission it was to remind him that he too was mortal.

Friendly Societies and Natural Decay.

A curious question was raised in the Queen's Bench Division last week on an appeal in a suit against the Earlesthorpe Friendly Society, the matter at issue being as to whether the plaintiff was entitled to receive sick pay on account of inability to work, consequent on "natural decay." The rules of the society provided for relief being afforded when a member becomes "sick maimed, or blind, *or is otherwise disabled from work.*" The local justices had decided in favour of the plaintiff on the ground that natural decay was included under the words "otherwise disabled from work," but the judges considering that a person suffering from natural decay was not entitled to sick pay, allowed the appeal. The question is naturally one of exceeding importance to friendly societies generally, and we can quite understand their desire to obtain an authoritative decision on this point. At the same time, a friendly society which deliberately eliminates senile debility from the list of claims for relief, in our opinion, ceases to fulfil one of its most important functions. It is preposterous to ignore the inevitable. Since, under existing regulations the contingency of old age has not been provided for, it behoves those who possess enough foresight to see penury and want staring them in the face at the termination of a laborious career, to take steps to reorganise their societies with this end in view. At present, if a member became blind or paralysed, the wording of the rules would necessarily include him among the legitimate claimants for relief, but if he have the misfortune (?) to preserve his sight and power of locomotion in some degree, he is *ipso facto* debarred from applying, and has only the workhouse to look forward to.

Registration of Diplomas before June.

The Registrar of the Medical Council calls attention in our columns to-day to the fact that after the 1st of June next no person can be put on the "Medical Register" by virtue of a single qualification, such as a diploma in surgery, or a diploma or licence in medicine. Up to the 1st of June next any person can be put on the Register by virtue of such single qualification, and being once on, he may obtain additional qualifications by subsequent examinations, and such additional qualifications may be added to, or substituted for those already on the Register. But after the first of June next no one can be put on the Register who has not passed the qualifying examinations required by the Act of 1886, that is, an examination in medicine, surgery, and midwifery, and these three subjects must be taken up together; hence anyone who has now a single qualification, and intends to obtain further qualifications after the 1st of June next, should take care to be on the Register before that, for if he is not on, his single qualification will not afterwards entitle him to registration. This is the *dictum* of the solicitor of the Council and we need hardly emphasise its importance. Notice is thus clearly given to those who have omitted to register their qualification, whether it be single or double that unless they remedy the omission before June, their diploma becomes waste paper, *and no action of the Colleges or the Medical Council can make it anything else.* Notwithstanding this warning, we anticipate a clamorous outcry, when June is past, from diplomates who will not read such notices or give attention to them, and who find themselves peremptorily disfranchised.

Cetti, the Fasting Man.

Although, as stated by us, the authorities of Berlin, prohibited a public exhibition of his fasting powers by Cetti, they did not interfere with a fast of eleven days now just completed and carried out under the auspices of Professors Senator and Virchow. Both these gentlemen were of opinion that science might derive some advantage from a fast of this duration. After the completion of the fast, Cetti was introduced before the Berlin Medical Society, on the 23rd ult., by Professors Senator and Virchow, after which Cetti explained how he himself came to be seized with a desire to fast. It was after reading about Tanner and his feats that he became incessantly occupied with this thought. He was then very young, and had no thought of any pecuniary interest. He had had no feeling of hunger during the whole period of fasting, and he was sure his will was strong enough to enable him to continue the course. In the course of his introduction, Herr Senator said Cetti was 26 years of age, and was fairly healthy. At the commencement of the fast he weighed 57 kilograms, and at the close 50·5, showing an average daily loss of weight of 580 grammes. He had drunk water at pleasure, and smoked cigarettes. These were repeatedly analysed. The loss of weight on the various days varied considerably. On the 8th day he had not lost any weight. On that day he had drunk about 2 litres of water, and had passed less than one litre of urine. His general condition was good during the whole time, although he had certainly taken nothing. This, independent of the careful watching, was shown by the urine, which during the closing days showed less than 1 grm. of chloride of sodium daily. The temperature was always within normal limits, but on some days it was close upon the physiological maximum. On the 7th and 8th days he did not feel well, and complained of pains in the limbs. The pulse was always normal, but unusually excitable. Besides these, a number of other physiological problems were inquired into, amongst them the proportion of red to white blood corpuscles, and the amount of hæmoglobin in the blood, the interchange of gases, the constituents of the urine, fæces, saliva, &c. The results of these investigations were not yet worked out. Herr Virchow also agreed that the opportunity afforded was one not to be lost, and thanked Cetti for his sacrificing spirit and endurance, the like of which would probably not be met with again for a long time.

The Triple Murder in Paris.

This sensational tragedy is referred to by *L'Indépendance Belge* of Sunday, 27th ult, with special reference to the question, who is the actual assassin? There is no longer any doubt that Pranzini has participated in the crime, but there is grave doubt whether he is the actual and primary agent in the affair. The opinion of M. Lubin is quoted from the *Temps*. M. Lubin speaking from what he has seen in the journals, and from what he has divined of his character from the interrogations, is of the opinion that Pranzini has been acting under the overpowering influence of another person whom he denominates the *magnétiseur*. To this man Pranzini has only played second fiddle. The latter is described as fair, beauish, with a certain effeminacy, debilitated by privations, and especially by excess, a youth of a temperament at once excitable and apathetic—"*c'est un hystérique.*" The real culprit is a man who, from the very first, has been designed for the deed; he is described as a dark man with a tawny complexion, and a harsh energetic visage, and is believed to be an old stager of most unenviable repute. Believing that Pranzini is only an accomplice, and not the real assassin, and that he is a weak tool and a mesmeric subject on whom the other has played with diabolical skill, Lubin demands that Pranzini should be examined by such specialists as Charcot and Richet, in order that M. Deibler may not commit the grave error of punishing the innocent for the guilty by sending the magnetised to the next world, and protecting the magnetiser in this. There is something decidedly ingenious in M. Lubin's pleading for Pranzini. It is delightfully scientific, and throws a glamour over a cold-blooded tragedy which will scarcely go down with our matter-of-fact insular ideas. By-and-by we may expect to hear hysteria and other nervous disorders classed with mental diseases the actions of which are not recognised as having any moral or legal responsibility; and we cannot endorse M. Lubin's opinion that the responsibility is light, so far as Pranzini is concerned, because, forsooth, he may have been magnetised—to use an abstruse phrase, which may mean much or very little. The case is one deserving an elaborate scientific thesis, prepared with special reference to the medico-legal applications of hysteria and mesmerism.

The Queen's Jubilee Hospital.

This institution, one of the latest batch of hospital formations, seems determined to persevere in its evolution, notwithstanding that in years to come, if it should live so long, its name will partake of the ridicule which attaches to those misguided parents who weakly apply a like name to their innocent offsprings. Nothing but force of habit will enable one to hear, without a smile, of the "Senior Consulting Physician to the Queen's Jubilee Hospital," but at the same time we do not doubt that applicants will be found in abundance for posts even with such an uneuphonious appellation. Once started, hospitals and institutions of that description cling very obstinately to life. A want of public support, instead of securing the decease and disappearance of the neglected institution, only tends to lower its status and so place its management in the hands of persons who are not too scrupulous as to the means employed to enable it to linger out a miserable existence to a lean and withered old age. A public institution which the public systematically decline to support, soon ceases to be a public concern, and still preserving its original designation, it ultimately becomes a sort of dispensary, a branch surgery of a *clique* of active, pushing men who are quite content to traverse the ordinary rules of etiquette provided that the result be to secure their personal and individual success. Under these circumstances the rival interests of the different members of the staff are peculiarly apt to come into collision, and from time to time the result is an explosion, followed by the emigration of the weaker members to another site where they can pursue their objects unmolested. The constant recurrence of unseemly disputes brought about simply by conflicting interests, has anything but a favourable influence on the status of such institutions. The most regrettable part of the affair is that, notwithstanding the essentially private nature of many of these "concerns," some of them continue year after year to make good their claim to a share in the funds subscribed by the public, for hospital maintenance. One of these days, when a searching official inquiry is granted into hospital finances, we venture to hope some of these anomalies will be put a stop to.

A Dublin Jubilee Hospital.

The City and County Jubilee Celebration Committee of Dublin have adopted the proposal to establish, as a memento of Her Majesty's reign, a Hospital for Consumptives on the plan of the Margate institution, the probable site being on Shanganagh Hill, near the Killiney sea shore, within seven miles of the city. This proposition has been received with some dissent, especially by some important members of the profession, who have written to the newspapers in deprecation of the establishment of another hospital, and advocating the allocation of any available funds to the extension or maintenance of wards in existing hospitals. There views have, however, not found favour with the public, who naturally object to the splitting up of a not very large sum amongst numerous institutions, where it would be sunk without apparent result, and without leaving any tangible memento of the occasion. We entirely concur in the objection urged by these writers to the creation of another hospital as a curative or clinical institution, there being already too many such in Dublin, but we do not see any force in their protest against the establishment of a sanatorium for consumptives where prolonged rest, ozonic air, and suitable treatment would give patients otherwise incurable a chance of life and usefulness. There is undoubtedly an urgent want of such a refuge in Dublin, for though the Hospital for Incurables does its work admirably and largely, its work is not restoration and cure. It seems to us, however, that a Home for patients who have recently suffered from infectious disease would be a much more useful institution, both to the public and to the sick poor, than a consumption sanatorium. In Dublin the fever hospitals are always well stocked with patients suffering from transmissible disease, who, as soon as they are sufficiently recovered to leave the hospital with safety to themselves are as a matter of necessity discharged. It is the function of these institutions to cure fevered people, not to serve as a refuge for recovering invalids, and they cannot exclude patients who are in danger of their lives in order to make room for those who are a danger to their neighbours. So the subjects of infectious disease return to their families fully charged with infection germs, and become foci of disease and feeders of the hospital from which they have come. Assuming that the consumptive is as much in need of a refuge as the infected, the fact remains that the public health is far more endangered by the latter than the former, and therefore, the money contributed in memory of the Jubilee may be more advantageously expended for the safe-guarding of infected patients than for the much-needed care of the phthisical.

Epilepsy due to an Old Blood Cyst.

On the 22nd of February, Mr. Kendal Franks operated in the Adelaide Hospital on a man, æt. 25, who had been subject to epileptic attacks for four years, the result of a fall of nine feet on the top of his head, in 1879. Part of the frontal and parietal bone on the left side had been depressed by the fracture. Immediately after the accident the patient had been unconscious for three weeks, but subsequently he had suffered no ill effects until the epileptic attacks came on six years later. These recurred about once a month, although sometimes he had five or six in a month. Under the use of bromides continued for a year and a-half, he once had an interval of three months. Mr. Franks trephined the skull immediately behind the left frontal eminence, and on opening the dura mater discovered a cyst the size of a large walnut beneath it, with a corresponding depression in the brain. The cyst contained serum, and an old blood clot. This was evacuated, cleaned out and drained. The patient recovered rapidly, and was allowed up on the twelfth day. Since the operation he has had no return of the epilepsy. The full details of this interesting case will be published when sufficient time has elapsed to judge of the permanency of the cure.

The Election of the President of the Royal College of Physicians of London.

We are pleased to be enabled to announce that the ballot for the President, which took place at the Royal College of Physicians on Monday last, the day following Palm Sunday, resulted in the election of Sir William Jenner, Bart, K.C.B., for the seventh time.

The late Professor Schroeder.

An influential committee has been formed in Germany for the purpose of establishing some memorial of the late learned Professor Schroeder. A marble bust to be placed in the University Frauenklinik has been decided on as a part of the memorial, but its further development has not yet been determined.

The General Medical Council has been summoned to meet on the 10th of May. Its first business will be to consider the effect of its appeal to the Colleges of Physicians and Surgeons of London and Dublin to admit the Apothecaries into their conjunction, from which the Council is not likely to derive much consolation, and to decide upon the applications of the two "Halls" for the assistant examiners necessary to carry on independent examinations. Whether the Council will take up any other business has not yet been decided.

By a very melancholy accident a youthful member of the profession of great promise met his death in Dublin last week. When dressing himself in the morning, Mr. Albert Ernest Switzer, M.B., appears to have stretched out of the window of his bedroom in an upper storey of the house of his grandfather, Mr. J. W. Switzer, of Grafton Street, and, overbalancing himself, fell over and was killed. He was one of the "Travelling" medical scholars of Trinity College, and had just obtained his first medical appointment, and was about to proceed in a day or two to take up its duties.

We have to announce the death of Mr. William Wodsworth, Secretary of the Irish Local Government Board, which took place last week after a prolonged illness. Mr. Wodsworth "served his time" under Mr. Banks, the well-known Chief Clerk, and afterwards Secretary, of the Board, and he succeeded Mr. Banks in that office. On the passing of the Public Health Act, he compiled and published a valuable "Digest of Sanitary Law in Ireland." He was also the Inspector of Foundlings. Mr. Mooney, recently Assistant Secretary, succeeds Mr. Wodsworth as Secretary of the Board.

A well-known public character in the person of Dr

John Brady, of Rugby, passed away last week at the age of seventy-four. He was a Member of the College of Physicians of London, and of the London and Dublin Colleges of Surgeons. For twenty-seven years he represented county Leitrim in the House of Commons, but retired from public life and from the practice of his profession a few years since owing to failing health. Dr. Brady was Dept. Lieut. for the county of Cambridge, J.P. for co. Leitrim and the Isle of Ely, and was greatly respected by all who knew him.

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At the Societies.

MEDICAL SOCIETY OF LONDON.

SIR DYCE DUCKWORTH, who was admitted a Fellow of the Society on Monday evening, read a paper on a case of ulcerative endocarditis under his care, which was first taken for typhoid fever, and later, when this hypothesis had to be abandoned, acute tuberculosis was thought of. It was practically only at the post-mortem examination—as is not uncommonly the case—that the real condition of things was for the first time properly appreciated.

Dr. Sansom ventured to claim to have effected recoveries from this usually fatal disease by means of half-drachm doses of sulpho-carbolate of sodium.

Mr. R. Parker read a paper on the digestibility of starch in children, the difficulty of which had, he considered, been much exaggerated. The ill effects so often credited to the use of artificial food were often in reality attributable to inherited or acquired feebleness of the assimilative functions, or to want of care in its preparation and administration. Children are often weaned because they are not strong enough to suck, or because they did not thrive on the maternal supply of milk. For many reasons artificial feeding, he thought, was preferable to the employment of wet nurses, from the possibility which existed of transmitting disease. He offered his paper as a Jubilee suggestion to the health and well-being of the juvenile community.

Dr. Allchin expressed a decided opinion that the use of starch food was injurious.

Dr. Whipham showed a man suffering from glossitis migrans.

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Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH UNIVERSITY.—CHAIR OF PHYSIOLOGY.—The arrangements for the carrying on of the work of the Physiological Department of the University of Edinburgh, during the absence of the Professor are not yet complete. Acting on the recommendation of the Senatus Academicus, the University Court has meanwhile granted six months' furlough to Dr. Rutherford. It is impossible to say what the final settlement of the matter will be. Dr. Caton, of Liverpool, has undertaken the work of Examiner, in conjunction with Dr. Noël Paton, the Assessor to the Professor of Physiology. So far the statements with regard to Mr. Berry Haycraft have not received the official *imprimatur*. The premature notice which appeared in the *British Medical Journal* has been the subject of not a little unfavourable comment.

EDINBURGH COUNTY HOSPITAL.—An immediate result of the widespread epidemic of scarlet fever in Edinburgh has been the hastening on of the arrangements for the erection of a County Fever Hospital. A combined meeting of the representatives of nine parishes was recently held, when it was agreed that plans should be at once obtained for the building of a one-storeyed hospital, with accommodation for eighteen beds.

SCARLATINA EPIDEMIC IN EDINBURGH.—The farmer to whose dairy public attention was drawn by the Public Health Committee as the probable source of the epidemic of scarlet fever has written to the newspapers, protesting against the validity of the charge. While admitting that a case of fever did occur at his farm, he shows that before its appearance the epidemic was well advanced in the city. According to his statement, ninety cases of scarlet fever were already under treatment in the city hospital. If this be correct, it throws a serious amount of *culpa* on those who framed the hypothesis on so unsatisfactory a basis, and opens up afresh the etiological question.

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Glasgow.

[FROM OUR OWN CORRESPONDENT.]

THE ABUSE OF MEDICAL CHARITIES.—This subject turns up at times in Glasgow like the sea-serpent, and yet the problem is never approaching solution. A public meeting of medical practitioners, under the auspices of the Southern Medical Society, was held on the 30th ult,, for the consideration of this question, when the following resolutions were adopted. Dr. John Pirie, who of all the speakers was the only one unconnected with the "medical charities" of the city, moved "That this meeting is of opinion that the gratuitous medical aid given at the out-door departments of the hospitals and at the public dispensaries of the city is of such an indiscriminate character as to be prejudicial to the moral independence of the recipients, the real objects of the institutions, and the best interests of the profession." Dr. Alexander Patterson seconded the resolution, and narrated several startling instances of the abuse of medical charity at the two large hospitals. Professor Macleod, in a temperate, though controversial speech, supported Dr. Pirie's resolution. Dr. Glaister, in the absence of Dr. McCall Anderson, which was much regretted, as Dr. Anderson's experience of the working of special institutions was expected to have furnished interesting information, moved: "That this meeting considers that the time has now arrived when gratuitous relief should be administered on a systematic and definite plan, and should be of such a character as to prevent overlapping, and aid only the really needy and deserving poor." Professor George Buchanan moved: "That a committee be appointed to consider the whole question, and to adopt the best means whereby the foregoing resolutions may be carried into effect." His recollection of his experience as dispensary surgeon of the Royal Infirmary many years ago completely corroborated what had fallen from other speakers. Ultimately, a large committee was appointed, the results of whose deliberations will be looked forward to with interest and curiosity.

COMBE LECTURES TO TEACHERS.—Dr. Andrew Wilson, the Combe Lecturer, is to commence his third annual course of Combe Lectures to the teaching profession of Glasgow in the Hall of the Free Normal School, Cowcaddens, on the 5th inst. These lectures, which are given free to the teachers of Glasgow and others, have proved highly successful in past years, and Dr. Wilson's subject for the present session, "Health as Related to the Home and the School," bids fair to deal with topics of great interest to the teaching profession.

Glasgow University Rectorial Election.—The Independent Club has issued a circular to the students of Glasgow University announcing that on this occasion Dr. Max Müller has consented to accept nomination for the Rectorship at the hands of the Club. An appeal is made to the students to bestow upon one so scholarly and illustrious as Dr. Max Müller the highest honour they have it in their power to bestow.

Glasgow Medico-Chirurgical Society.—At the meeting of this Society held on Friday last, April 1st, Dr. Finlayson recorded the result of some observations on the pupil in Cheyne-Stokes respiration. He finds a rhythmical oscillation of the pupil in that condition during every breath, the pupil dilating during inspiration and contracting during expiration. Dr. McVail made a communication in which he attacked the now commonly received theory that the murmur usually known as auriculo-systolic, or sometimes pre-systolic, is due to the interruption to the flow of blood from the auricle. He held that this theory was inconsistent with two sets of facts—(1) that occasionally mitral stenosis of the most extreme kind exists without any murmur; and (2) that the murmur was often well-marked when there existed no mitral stenosis. His own theory was that the murmur was due to regurgitation at the moment of closing of the valve, and that it was therefore ventriculo-systolic. Dr. Gairdner made a vigorous defence of the theory with which his name is associated, holding that all presumption was in its favour, and that the facts addressed by Dr. McVail were insufficient to shake that presumption. The argument on both sides was ably conducted, but the lateness of the hour precluded others from taking part in the discussion.

◆

Literature.

LE SECRET MEDICAL. (a)

This masterly exposition of the law which enjoins secrecy on the medical man and attendants of the sick, and of the principles which should guide the doctor in the difficult circumstances of his professional career, is one which will be read with interest and profit. In England, where the law recognises no such obligation, one can form but an inadequate idea of the rigour with which it is enforced in France. The public and the profession are united with the law in imposing an obligation of secrecy on medical men, from which very few circumstances can authorise his departure. We can quite understand the author's surprise at the state of the law on the subject in this country.

We may safely claim that the lapsus in our law has not been followed by the consequences which might have been anticipated, but there can be little doubt that the position of the patient *vis a vis* his medical attendant, lacks, in this country, that substratum of absolute confidence which obtains abroad. Curiously enough we are almost alone in our non-enforcement of professional secrecy. No other country of note consents to leave breaches of confidence to be dealt with only under the common law, and by an anachronism which it is difficult to explain, the obligation is admitted here for advocates but denied to doctors. It is not impossible that in the future means may be found to render Dr. Brouardel's reproach less well-founded, and we sincerely hope this may be the case.

(a) "Le Secret Médical." Par Dr. P. Brouardel, Professeur de Medecine légale à la Faculté de Medecine de Paris. Paris and London: Baillière & Co. 1887.

Correspondence.

THE QUANTITATIVE ESTIMATION OF UREA IN URINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If it would not be trespassing too much on your valuable space, courtesy, and patience, I shall esteem it a great favour if you will permit me through your columns to thank Dr. Cruise for the new field his valuable paper on the quantitative estimation of albumen, urea, and sugar, in the "Transactions of the Academy of Medicine in Ireland," has opened for estimating the amount of nitrogen in urea, as I believe that anyone furnished with Dr. Esbach's tube, as described by Dr. Cruise, and with his article in that book before him, will have no difficulty in ascertaining the amount of urea in any given quantity of urine. I had no idea until I read Dr. Cruise's lucid description of the working of that tube, how simple the process appears to be.

In the experiment he describes acting on a cubic centimetre (or gramme) of urine he obtained 50 cubic millimetres of nitrogen in the glass tube by decomposition of that quantity of urine, and as 50 cubic millimetres are 5 cubic centimetres every cubic centimetre of urine holds that amount of nitrogen in combination as urea. Operating on a litre of urine, we know that a litre contains 61·02705 cubic inches. That 100 cubic inches of nitrogen at 60 Far. and 30 Bar. weigh 31·246 grains. The equation 100 : 61·02705 :: 31·246 = 19·0685 grains of nitrogen in the litre of urine. Then, as the 50 cubic millimetres are equal to 5 cubic centimetres, every cubic centimetre of urine present contains that amount of nitrogen. Then, as there are 1,000 cubic centimetres in a litre, a litre of this urine would contain 1,000 × 5 = 5,000 cubic centimetres of nitrogen, and would weigh 19·0685 × 5 = 95·3425 grains of nitrogen. Then by the equation 28 the grains equivalent to 2 atoms of nitrogen in urea are to 95·3425 so are 60 the equivalent of urea = 204·3053 the amount of urea in the litre of urine. This is supposing the experiment was made on a day when the thermometer was at 60 and barometer at 30, and making no allowance for the absorption of nitrogren by water, which is 1½ per cent. of the whole litre, and to be correct should be added to the nitrogen obtained.

But suppose that when experimenting on this urine the reading of thermometer and barometer stood at 70 F., and 29 of pressure. We must, under all circumstances, allow 1½ per cent. of nitrogen as absorbed by the water. The litre contains 1,000 cubic centimetres, and this would absorb 10 times 1½ or 15 volumes or cubic centimetres of nitrogen when set free, though not visible in the tube, and we must add this 15 as an increase of nitrogen to the 1,000 in the litre, making it 1,015. Then we reduce this 1,015 cubic centimetres, for the reduction of 10 degrees of temperature, from (70 to 60) by the law of Dalton, Gay Lussac, &c., by the 1-480th of its volume for every degree of Farenheit, and as there are 10 degrees less we lose 10-480ths of 1,015 = 21·146 volumes, making 993·854, and this by further reduction for increase of pressure of 1 inch mercury, from 29 to 30 inches, we lose by the law of Mariotte 1-30th of 993·854 = 33·1284, reducing the whole volume to 860·726 volumes of nitrogen at 60 Fahr. and 30 Bar., and weighing as 1000 : 860·726 :: 19·0685 = 16·4127 grains. And as every cubic centimetre of urine in the litre contained 5 cubic centimetres (visible) besides the amount absorbed by water (15 in the litre, not visible, and already admitted into the calculation), we multiply the weight of the nitrogen we have in 1000 cubic centimetres (or litre) by 5 × 16·4127 = 82·0635 grains, which is the weight of all the nitrogen in the litre of urine. Then as each atom of urea contains 2 equivalents of nitrogen = 28 and the atom of urea weighs 60 grains, the equation 28 : 82·0635 :: 60 gives us the weight of the urea in the litre 175·850 grains.

There is here, of course, on my part, no pretence of anything new, the steps here mentioned have no doubt been described again and again, though I know not where, and I believe the formulæ given here accompanied with the motto "constant unto constant change," (*mutatis mutandis*) may serve to carry out the spirit of Dr. Cruise's fascinating article, which in theory at least appears simple and reliable, as I now understand it.

I am, &c.,

Hamdon Villa, Taunton, J. Carey, M.D. Lond.

March 31, 1887.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Dr. Alfred Drysdale Cannes).—Paper on "Negative Therapeutics" received.

Pater Familias.—1. The public executioner gets a retaining fee of £50 a year from the City of London, and £10 with expenses for each hanging he performs, but this latter is a matter of private arrangement. 2. The Federal Government of America costs about £50,000,000 per annum, that of Great Britain and Ireland about £90,000,000, and as to our law costs, you can see the salaries of the Judges and their staffs, *entourage*, &c., in Whitaker's Almanac. The English Attorney and Solicitor Generals get respectively—besides fees which vary a good deal—£7,000 and £6,000 a year. Their Irish and Scotch brethren get considerably less.

Dr. Hime (Bradford) is thanked for his note and for the information therein contained.

A CAUSE OF BALDNESS.

We are frequently asked by correspondents questions as to the causes of and remedies for baldness. To these we can best reply by quoting a story from a recent number of an American contemporary, whose correspondent having adjourned to the establishment of an "artiste coiffeur" for the purpose of obtaining assistance in the matter of preserving the hairs which still adhered, was rather surprised to notice the extreme and even phenomenal alopecia of the attendants, and confided his apprehensions to the master barber, who confidentially attributed it to the practice of shampooing. Our contemporary's correspondent concludes by asking:—Is it after all the best thing for the human scalp to thus periodically scrub it with strong alkaline soaps as though it were a greasy kitchen floor? Civilised man does it, and at forty his bald pate, despite his numerous hair restorers, shines like the smooth surface of a pumpkin. The savage does not do it, and at eighty he has a head of hair like the shaggy mane of a bison. It is all very well to talk of being clean, but nature evidently intended the human head to be covered with hair, and cleanliness carried to the point of scalping may be somewhat of an excess. The text of the editorial of last month may not be amiss as an appendix to this. "Be clean! be clean! but *be not too clean*."

Dr. Myrtle (Harrogate).—Communication crowded out at press. It shall appear in our next.

THE PROFESSION IN AUSTRIA AND THE GOVERNMENT.

The Austrian Medical Association, now comprising 4,500 members, recently held its seventh annual meeting at Innsbruck, and resolved to petition the Government to make vaccination obligatory throughout the empire by imperial statute, also to restrict the privilege of private practice to medical men who have already served in a hospital. The Association expressed an opinion that considerable changes were desirable in the regulations concerning the training of medical students; and, lastly, a request was preferred that a law should be made assigning substantial pensions to the widows and orphans of medical men who might meet with their death through attending to their duties during an epidemic. Perhaps the British Government might be approached on this latter point. On the question of restricting private practice to those who had held posts in hospitals, the profession here would probably not be unanimous!

Dr. Keeling (Sheffield).—Paper will appear under title suggested. Proof shall be sent you in due course.

Ornithologist.—Quails are said to accomplish a hundred and fifty miles in a night, and undigested seeds and plants have been found in the crops of these birds when they reach the French coast. Ducks are reported to be able to fly fifteen hundred miles at one flight and the pace of the swallow and martin is put down at about nine hundred miles in twenty-four hours.

Hortensius.—We know of no means or media whereby the approach of an earthquake may be gauged. Various attempts have indeed been made to predict the coming of these cataclysms, but they are little more at present than guesses, and as to the other appearances that usher in these terrestrial commotions, they may be roughly summed up as follows:—The restlessness of various animals, a peculiar oppressive sultriness of the air, a sensation of nausea among the inhabitants of the troubled districts, alteration in the volume and purity of the local springs, and finally, the fluctuations in the quantities of the gases that are emitted from underground sources.

Dr. Coomes (Louisville).—Regret we cannot further add to our "Exchange List." It is already too full.

Intending Author.—Take care you do not aim too high, and find nothing but disappointment at the top of this ambitious flight of yours. For if there is one thing in these busy days against which, more than anything else, a resolute stand ought to be made, it is unnecessary printing. The day is yet far distant when every page of printed matter shall contain something that is new, and as to a *paying* medical book, especially so a first venture on a comparatively rare subject, you have, we fear, set before yourself an ideal that it will be almost impossible to realise.

Dr. W. Squire.—We hope to find space for your communication in our next.

Physiologist.—Yes; Livingstone says ("Missionary Travels," &c., p. 5(9) that "the temperature of the blood is higher in a European than in an African." He intimates elsewhere that 'the entrails of a caterpillar called N'gwa is the poison with which the Bushmen poison their arrows. They squeeze out these (the entrails), and placing them all around the bottom of the barb, allow the poison to dry in the sun."

A Foreign Resident.—The book is merely an advertisement of a particular institution, and cannot be taken as in any sense a treatise of scientific value; in some respects it is even misleading.

Meetings of the Societies.

WEDNESDAY, APRIL 6TH.

Parkes Museum of Hygiene.—At 5 p.m., Mr. J. Bailey-Denton, Metropolitan Sewage Disposal.

Obstetrical Society of London.—At 8 p.m., Specimens will be shown by Dr M. Handfield-Jones and others. Dr. Champneys, The Third Stage of Labour (the separation and expulsion of the placenta). Dr. Matthews Duncan, Hæmorrhagic Parametritis.

Vacancies.

Chelsea Hospital for Women.—Honorary Physician. Applications to the Secretary not later than April 9th.

Dental Hospital of London.—Dental Surgeon. Applications, with testimonials to the Secretary, on or before April 11th.

Gorey Union.—Medical Officer for the District. Salary £120, with the usual extra fees. Also as Health Officer, salary £20. (See advt.)

Poplar Union.—Medical Officer for the East District of the Union. Salary £130 per annum. Applications, with testimonials, to the Assistant Clerk, on or before April 14th.

Queen's Hospital, Birmingham.—Obstetric and Ophthalmic House Surgeon. Board, lodging, &c. Applications, with testimonials, to the Secretary, on or before April 23rd.

Scarborough Friendly Societies' Medical Association.—Resident Medical Officer. Salary £200 per annum, with residence free of rates and taxes, coals and gas. Applications, with testimonials, to the Secretary, not later than April 21st.

Appointments

Adderley, J., M.D., M.Ch.Q.U.I., Medical Officer for the Glengarriff Dispensary District, co. Cork.

Bradshaw, T. R., B.A., M.D. Univ. Dub., M.R.C.S., Honorary Physician to the Stanley Hospital, Liverpool.

Chambers, A. B., M.D., M.Ch. Roy. Univ. Irel., Resident Medical Officer of Health for Long Eaton.

Davies, J., L.R.C.P.Ed., F.R.C.S.Ed., Medical Officer for the Second District of the Swansea Union.

Doyle, H. M., M.R.C.S., L.S.A., Receiving Room Officer to the London Hospital.

Edis, J. B., M.R.C.S., L.R.C.P., Hon. Surgeon to the Hospital for Women, Liverpool.

Evans, E. B., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Fifth District of the Swansea Union.

Gibson, T. B., M.A., M.B., C.M.Aber., Medical Officer to the Oldmachar Parochial Board, Aberdeen.

Harris, H. E., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer for the Infirmary of the Parish of Paddington.

Lyon, T. G., M.A., M.D.Cantab., M.R.C.P.Lond., Assistant Physician to the North-West London Hospital.

Peck, E. G., M.A., M.R.C.S., Resident Medical Officer to the Chelsea Hospital for Women.

Marriages.

Crane—Crane.—April 2nd, at St. Marylebone Parish Church Leonard Crane, M.D., Surgeon-General of Trinidad, to Lillie, fourth daughter of the late William Crane, Speaker of the House of Assembly, New Brunswick.

Deaths.

Allen.—March 21st, Thomas Allen, M.D., late Medical Director of the Government Lunatic Asylum, Kingston, Jamaica, aged 61.

Brady.—March 27th, at Rugby, John Brady, M.R.C.P.Lond., F.R.C.S.I., for twenty-seven years M.P. for county Leitrim, aged 74.

Hutton.—March 27th, at Lowndes Street, London, S.W., Charles Hutton, M.D., aged 69.

Kirkman.—April 3rd, at 13 St. George's Place, Brighton, John Kirkman, M.D., aged 92.

Mathew.—March 22nd, at Bruges, T. M. Mathew, Deputy Surgeon-General H.M. Indian Army, aged 53.

Murtagh.—March 31st, Edward Joseph Murtagh, M.D., of Palace Street, Drogheda, aged 36.

Rutherford.—March 24th, at 325 Vauxhall Road, London, Surgeon-General W. Rutherford, M.D., C.B., Hon. Phys. to the Queen, aged 71.

Sweeting.—March 25th, at Great Smeaton, Yorkshire, George Bacon Sweeting, M.R.C.S.Eng., L.R.C.P.Lond., Consulting Surgeon to the West Norfolk and Lynn Hospital, aged 63.

Switzer.—March 29th, at Wicklow Street, Dublin, Albert Ernest Switzer, M.B., T.C.D., aged 25.

Yeo.—March 27th, at Alverstoke, Hants, Gerald A. Yeo, F.R.C.S., retired Fleet Surgeon, R.N.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. XCIV.] WEDNESDAY, APRIL 13, 1887. [No. 16.

Original Communications.

ON EXCISION OF THE KNEE-JOINT.

By FREDERICK J. GANT, F.R.C.S.,
Senior Surgeon to the Royal Free Hospital.

Having read the paper on "Excision of the Knee-Joint," by Dr. Mitchell Banks, which appeared in the *Medical Press* of April 6, it seems to me that the author does but little justice to others, whose experience has given the operation its present position in surgery, long before the date when he first practised it. But Mr. Banks started with the advantage of an inborn aptitude, apparently, at least, in regard to this operation, a qualification which must be peculiar to himself, for, says he, on reperusing to-day, a paper which I communicated to the Student's Hunterian Society in 1866. "I am amazed at the profundity of my knowledge and the strength of my convictions at that early date, when I had never done the operation myself, and had probably only seen it done some half dozen times by others. One looks back with a shade of regret upon the lost *perfervidum ingenium* of youth."

Has the author of that Hunterian oration indeed lost the glow of his youthful imagination? No other surgeon having been endowed with his intuitive knowledge of the operation, it would not be surprising to learn that Mr. Banks had outstripped all competitors, and that excision of the knee-joint should have assumed in *his* hands, a very different position to what he knew it as a student. But is this the true history of that procedure which gave rise to the general expression "conservative surgery," so named by Sir William Ferguson.

As one of the earliest promotors of the operation I have published cases from the year 1859, which, enforce the principles now advocated by Mr. Banks in his paper of to-day. My first series of cases appeared in the "Transactions of the Royal Med. and Chir. Society" for the year 1870. In the following year "Excisional Surgery of the Joints," was the subject of my Lettsomian lectures to the Medical Society of London; at the same time, it formed a special feature in the first edition of my work "The Science and Practice of Surgery;" and in subsequent editions—the last having been published in 1886, the whole subject is followed up to its latest development. Taking *seriatim* the principal improvements on which Mr. Banks very properly lays stress, it will be found on reference to the *first* edition of my work (1871) that the progress with which he would seem to be associated so intimately, during the last fifteen years, was anticipated, in nearly all its details, by the principles and practice, I had inculcated *prior* to that period.

Mr. Banks evidently belongs to that small minority of surgeons who still regard excision and amputation as *alternative* operations, and who estimate the merits of excision in the treatment of joint-disease accordingly. But the true ground of comparison is between this operation—for the production of bony union (ligamentous as the case may be), and an equivalent anchylosis, resulting possibly from a natural cure. In the course of joint-disease, the more early period for considering this question, would be too early to justify the sacrifice of a limb by amputation; and the later period for amputation would be far too late for excision—when any reasonable hope of obtaining anchylosis would have long since vanished. Thus, when either operation becomes justifiable for joint-disease, the other should not be entertained, as a surgical procedure. The relation of excision to anchylosis, as thus determining the propriety of this operation, is the *principle* I originally brought forward (1870). If the operation be postponed until the adverse conditions of advanced disease, locally and constitutionally, suggest amputation, as affording almost the only hope of recovery, excision will then be singularly disastrous. The same error carries with it another, the supposition that after a certain *age*, say forty, according to Mr. Banks, amputation should be performed rather than excision; obviously because, if in addition to the loss of recuperative power from prolonged disease, the patient were also subjected to the longer process of recovery after excision, instead of amputation, he would surely succumb to this further demand on his vital energy. But the mere fact of age alone has little to do with the question of excision, seeing that many men forty years old and onwards recover from compound fracture of the leg; and excision places the patient in a similar condition, without, however, any damage to the ends of bone, and contusion or laceration of the soft parts.

In performing excision of the knee-joint, certain directions are given by Mr. Banks. To preserve the posterior crucial ligament would be impossible, unless by a very partial excision of the femoral condyles; the removal of only a thin slice of the cartilaginous surface, close up to which that ligament is attached to the inner condyle anteriorly. Equally unnecessary is it to dovetail the section surfaces of bone by removal of a wedge-shaped piece, or by a curved excision, forming a sort of ball and socket joint. Neither of these precautions need be taken if only the limb be secured by a splint which shall immovably fix the part; and so as not to have occasion to reapply the splint during, at least, the first month. For this purpose, I venture to mention my own *double splint;* the external one preventing any abutment of the knee outwards, while the foot piece of the leg portion fixes the tibia upwards against the femur. This splint has now been used for many years in several of the London hospitals, and I would recommend it to the notice of one who "entertains very liberal views" respecting any form of mechanical appliance, being still undecided as to which is the best.

Mr. Banks submits his paper to "the wholesome criticism of provincial surgeons, who do good sound surgery, and who do plenty of it, without that unnecessary flourish of trumpets about it, which our *confrères* in metropolitan centres seem to consider essential." Not a few surgeons in the hospitals of London might blow their trumpets without equalling Mr. Banks in playing his instrument, but as I do not wish to incur the censure of his admonition, I will only add, that the tune he appears to regard as his own composition—on excision of the knee, is quite familiar to me. I grant that there is an air of originality in what he says, but it is due rather to the popular character of his style, than to the matter contained in his paper.

Lumleian Lectures

ON

THE PATHOLOGY OF INTRA-UTERINE DEATH.

By W. O. PRIESTLEY, M.D., LL.D.,

Fellow and Lumleian Lecturer in the Royal College of Physicians, Consulting Physician to King's College Hospital.

(*Continued from page* 319.)

Diseases of Fœtal Appendages.

I proceed now to speak of the causes of intra-uterine death which are associated with faulty conditions of the fœtal envelopes and fœtal appendages, and I shall take those first which properly belong to the earlier part of pregnancy, and subsequently those which belong to the latter part. In the earlier stages of its development the ovum is in shape like an egg, and consists of the central embryo, with its surrounding envelopes. The outer one or decidua which lies next to the uterine wall is the earliest in its formation, for it appears in the uterine cavity before the descent of the fecundated ovule from the Fallopian tube. It is now well known to be the product of the uterus itself, and to consist of the mucous membrane lining the interior of the womb, thickened and modified in such way as to fulfil the necessary requirements of a fœtal envelope. A membrane in all respects like this, both in external appearance and minute structure is sometimes expelled from the unimpregnated uterus at the catamenial periods in cases of dysmenorrhœa. It is then produced by an over activity of formative elements which occurs as the result of some reflex irritation, probably in the ovary, and which simulates the commencement of pregnancy. The expulsion of such membranes therefore does not always mean that an abortion has taken place, for they may be formed and extruded without impregnation; but in a considerable number of cases in which these membranes are thrown off by married women, they are the result of conception. This is inferred from their frequent recurrence so long as sexual relations are continued, and their cessation when coitus is intermitted. Besides the catamenial period is often missed once at least before expulsion, in women who at other times are perf ectly regular. When entire, these membranes generally appear as membranous sacs of triangular form corresponding to the shape of the uterine cavity, and the walls of the sac are thick or thin according to the amount of organised material of which they are composed. The outer surface is commonly rough, and if the preparation is placed in water, shreds or flocculi float out in the fluid. When laid open it is a common thing to find the cavity quite empty. The inner surface is smooth and marked everywhere with the apertures of hypertrophic glandular follicles, but there is no embryo. The ovule has either missed getting into the decidual cavity or it has been endowed with so small an amount of vitality, that it has undergone solution, before it could plant itself in the decidual tissue.

When the ovule has been successfully implanted in the decidua, and the normal development of the decidua reflexa and other structures are going on in progressive series, there is great tendency in some women to go wrong, apparently from mere weakness of the outer structures which form the ovum. The decidua is commonly composed of so lax a tissue and is so abundantly supplied with blood vessels, undergoing various modifications of size and distribution, that during early pregnancy it is prone to suffer from extravasations of blood into its parenchymatous substance, more especially in delicate women. It is true that the uterus is so suspended in the maternal pelvis as to be affected in the least possible degree by ordinary locomotion and by accidental concussions, yet in some women the union between the pregnant uterus and the decidua is so unstable, that a fall or stumble, or a shaking of any kind may be quite sufficient to detach a portion of the latter, rupture the intervening vessels, and cause extravasation of blood. Small and circumscribed clots produced in this way are frequently found between the uterus and decidua; at other times they are in the meshes of the decidua itself, or both may be conjoined. If limited, these extravasations need not interrupt the continuance of pregnancy. If more extensive, and separating a larger portion of the decidua they necessarily interfere with the nutrition of the ovum—produce death of the embryo, and precipitate abortion. When the escape of blood from the vessels is confined to a limited space at the upper part of the uterus, it may cause uneasiness, but no external hæmorrhage will be noticed. If it takes place near the cervix, the blood more readily finds exit from the uterus, and is discharged by the vagina, thus becoming a manifest symptom of threatened abortion. The same result may ensue from contractions of the uterus either provoked by local irritation directly applied, or from reflex causes, as for example, suckling a child after a fresh pregnancy has commenced. It is well known that abortion is frequent, if a new pregnancy begins during the time that a mother is suckling her child.

Then another form of hæmorrhage may occur. In this the blood is not alone extravasated between the decidua vera and the uterine walls, or into the meshes of the decidua itself, but between the decidua reflexa and serotina, and the chorion, or outermost of the true fœtal membranes. In the process of development the villi of the chorion are pushed into the decidual tissue, and are soon surrounded by the blood-vessels which are to form the maternal placenta. The decidua is then a highly vascular membrane, especially at the site of the future placenta, and the maternal vessels which everywhere ramify through it, undergo a development which in the human body is unique. Appearing first as capillaries, they rapidly enlarge, and eventually become sinuses which are filled with maternal blood, and in which the fœtal villi are eventually suspended. These extravasations of blood between the chorion and the decidua constitute the typical "apoplexy of the ovum" described by many authors. It is found in a multiplicity of forms and modifications, and is no doubt produced by a variety of causes.

Apoplexy of the ovum deserves careful study, because it is a very common cause of embryonic death, and if one may judge from the large number of specimens preserved in the various museums, compared with others, it is by far the most frequent of all the pathological changes affecting the early ovum. In almost every museum in London are examples of the apoplectic ovum in its various phases, even where there is an absolute poverty of other specimens illustrating diseases of the ovum, and it may be inferred therefore that it is probably the most frequent of the immediate causes producing intra-uterine death in the early months of gestation. The specimens are often wrongly described in the museum catalogues as "tubercular ova" or "cystic ova," and other misnomers are applied to them. We have no accurate means of knowing the comparative frequency of apoplexy and resulting abortion, in ova at an earlier stage than this, because in the first weeks aborted ova have less marked characteristics, they are often passed unobserved, or if noticed, they are from their fragility likely to be torn and injured during expulsion. For both these reasons preserved specimens of this kind are much rarer in the several museums than otherwise they might be.

Morbid Changes in the Chorion.—The pathological change affecting the outermost true fœtal envelope or chorion, which has received most attention is what is commonly called "cystic or vesicular or hydatid degeneration." In this affection small or large quantities of cyst-like bodies are expelled at intervals from the uterus of the pregnant woman, their expulsion being attended with hæmorrhage, and commonly with the discharge of a large quantity of serous fluid of pinkish colour, which has been compared to red-currant juice. Madame Boivin (*a*) stated that she found this disease occurring only twice in 20,375 pregnancies, but I suspect this account does not represent the true frequency of the affection. for most accoucheurs in large practice have met with it, and specimens of cystic chorion in its various stages are to be found in almost all our museums. In its earlier phases it is not uncommon, but then may be readily overlooked. When fully developed the appearance of the growth is very remarkable, and must at once arrest the attention of the medical attendant. Although commonly thrown off at first in detached portions, a time comes when uterine action fully sets in, and then a large quantity of cysts may be expelled in one mass, which in some instances is sufficient to fill a large basin. The vesicles or cysts of which the mass is composed vary from the size of a millet seed to that of a grape, and these are intimately united together at various points by thin stems or pedicles. They have been compared to bunches of grapes, but the cysts do not necessarily terminate the stem on which they are suspended like grapes, but are united in a plexiform arrangement one with another into a sort of net-work.

In Parè's "Surgery" it is recounted "that the Countess Margaret, daughter to Florent IV, Earl of Holland, and spouse to Count Herman of Heneberg, on Good Friday in the year of our Lord 1276, and of her age 42, brought fourth at one birth 365 infants, whereof 182 are said to have been males, as many females, and the odd one an hermaphrodite, who were all baptised, those by the name of John, these by the name of Elizabeth, in two brazen dishes, by Don William, Suffragan Bishop of Treves." It is added "the basins are still to be seen in the village of Losdun, where all strangers go (on purpose) from the Hague, being reckoned among the great curiosities of Holland." This account is not regarded by modern authorities as a pure invention, Ambrose Pare was eminently honest, and these 365 children are now regarded as having been merely vesicles of a cystic chorion, magnified into infants by some one whose interest it was to promulgate the illusion.

The published literature on this single disease of the chorion is more extensive than of an affection of the fœtal membranes, and both detached observations and separate monographs exist in several different languages.

Cloquet, (*b*) Percy, (*c*) and Bovin regarded the vesicles of the chorion as true Acephalocysts, but it has been abundantly proved that they are not so, being furnished neither with hooklets nor other minute structures characteristic of true hydatids. Bidlos and Soemmering believed cystic chorion to be a disease of the lymphatic vessels, and Bartolin, Müller, and Cruveilhier, (*d*) a disease of the blood-vessels. Ruysch (*e*) attributed the formation of the cysts to accumulation of fluid in the cellular tissue which unites the vascular tunics in the fœtal membranes. Nearly all modern authorities agree in regarding them as the results of pathological changes of one kind or other in the villi of the chorion. The single exception, I think, is Ancelet, who in 1868 published a paper in the *Gazette des Hopitaux*, and he there reverts to an old idea that the hydatid mole is a disease of the decidua.

Velpeau (*f*) seems to have been the first to indicate that the cysts were not true or independent vesicles. He regarded them as swollen chorionic villi,—the terminal extremities being enlarged by the accumulation of fluid, as a sponge is distended by water. H. Mickel (*g*) and Gierse (*h*) said there was hypertrophy of the natural structures with œdema of the villi, which they considered secondary. An excellent description of the different stages of this transformation and its mode of growth after Mettenheimer is to be found in Sir James Paget's Surgical Pathology, and Dr. Barnes, (*a*) Dr. Graily Hewitt, (*b*) and Dr. Braxton Hicks (*c*) in this country have further illustrated the various stages of its development in separate papers. In France, C. Robin's observations have attracted much attention, and his views are adopted by M. Cayla, who wrote a well known thesis on the subject. Probably the most lucid and notable contribution to the Pathology of this subject is from the pen of the celebrated Virchow. (*d*) He points out that the many discrepancies in the ideas promulgated concerning the true nature of Cystic Chorion are due to incomplete knowledge of the villous structure in normal conditions. According to him the villi consist of a prolongation of the same mucous tissue which forms the Gelatin of Wharton in the cord, and he regards the cystic chorion as a typical form of Myxoma, and avers that he has found the same productions in other parts of the envelopes.

As long ago as 1858, (*e*) before I knew anything of the researches of Virchow, I had pointed out that the cysts of the chorion were not mere dropsical dilatations of the terminal villi, but that the fluid distending them in the earlier stages at least was formed or secreted in the interior of beautiful thin-walled cells, which had their origin in the centre of the villus.

There is no discrepancy between my view from actual observation, and that taken by Virchow, that the morbid change is a true Myxoma. The only difference is that Virchow seems to look upon the distension of the villi as due to the accumulation of mucus in the inter-cellular tissue, while I found the distension produced during early development at least, in the rapid production of thin-walled nucleated cells. Possibly both may be right; it seems highly probable that in the smaller cysts, large cells with fluid contents constitute the first stage of the disease, and later these cells form themselves into spaces traversed by trabeculæ of connective tissue and containing the fluid. The general relation of the cystic Chorion to the Decidua is sometimes very distinctly seen in the incipient stages of the Morbid change. Many years ago, the late Dr. McClintock showed me in Dublin a preparation which is mentioned by Dr. Montgomery in his "Signs of Pregnancy," and in which a mass of cysts is enclosed between two layers of decidua,—the Decidua vera, and the Decidua reflexa. Dr. Graily Hewitt (*f*) has also figured a specimen in which both deciduæ are well shown, and the relation of the cyst-like structures to the Serotina is delineated. When cystic disease is further advanced the relations of the various membranes become so confused that the vesicles are inextricably mixed up with the hypertrophied decidual structures, and separation of the two is impossible.

There are all possible varieties in the degree and stage of the disease to be met with, and the different appearance of the mass which is expelled from the uterus has given rise to a classification of these "Moles" as they are called. Thus we have the "Vesicular Mole," in which the chief part of the substance passed consists of the pellucid cysts just described, varying in size from a pin's head to the size of a grape. With these cysts, however, is always mixed up a certain amount of a denser envelope, the altered decidua—which either adheres to the cysts, or is loosened from them, and expelled separately. If the thickness of the outer envelope of the mass greatly preponderates over the cystic structures within, we have another modification of the so-called "Carneous Mole," which may with propriety be named "carneo-cystic," to distinguish it from the carneous mole I have described, as a more thickened Decidua.

(*a*) "Mem. de l'Art des Accouch."
(*b*) "De la Faune des Med."
(*c*) "Ancien Jour. de Med., 1792."
(*d*) *Vide* Charpenter, "Maladie du Placent."
(*e*) "Obser. Anat. Chir., 1691."
(*f*) "De l'Art des Accouch."
(*g*) "Handbuch der Mensdl. Anat.—1820."
(*h*) "Verhandl. der Gesells. fur. Geburt, 1847."

(*a*) *British and Foreign Medical Review*, 1855.
(*b*) "Obstet. Trans."—Vol. I.
(*c*) "Guy's Hospital Reports," 1864.
(*d*) "Die Krank. Geschw." t. I.
(*e*) "Lect. on Devel of Gravid Uterus."
(*f*) "Obstet. Trans."

In this the mass is made up of a more or less fleshy substance, granular in appearance, and blood stained, with a small proportion of vesicles. Some time ago I carefully examined a specimen of this kind, which had been expelled from the uterus with all the symptoms of miscarriage. The mass was half the size of a cocoa nut, and when cut into, was seen to be composed of a granular dark red substance, interspersed here and there, at distant intervals, with vesicular bodies. In this case the Chorionic villi had degenerated as in the more marked form of vesicular mole, but the decidua had become proportionately much more morbidly developed than the chorionic villi, and hence the different appearance of the mass. In this, and in other instances, I have repeatedly examined the microscopic structure of the granular matrix in which the cysts were sparingly, or more amply imbedded, and I have rarely failed to find distinct evidences of a definite arrangement of glandular structure, such as exists in the normal decidua. All the elements were however enormously hypertrophied, the glandular particles were infiltrated with fat granules and molecules, and crumbling in degeneration. This fatty degeneration must cause a tendency to separation from the walls of the uterus. The mass then becomes a foreign body, which at length excites uterine contraction, and ends in expulsion.

The crucial question, and one which has been much discussed is, whether the disease of the chorion precedes the death of the embryo and so causes its death, or whether the embryo dies first, and the cystic degeneration takes place subsequently, and is in some sense the consequence. Most modern authors regard the disease of the chorion as first in the order of events, but Mikschik, (*a*) Gierse, and Dr. Graily Hewitt have endeavoured to show that the disease is consequent on the death of the embryo. The reasons advanced for this view are, that in many cases, the embryo has either been arrested in growth or has disappeared altogether, and further, that in some twin conceptions one chorion has degenerated, the other remaining healthy until term. This view is vitiated in the first place by the recorded instances of living fœtuses where the placenta was cystic—notably by Martin of Berlin, (*b*) Villers, (*c*) and Krieger, (*d*) and further by the fact that we may have partial myxomas of the chorion with continued growth of the embryo. Graily Hewitt gives us one of his reasons for regarding the death of the embryo as first in the order of events, its small size in all cases where the chorion has become cystic; the largest he had been able to find was Dr. Granville's example, in which the embryo was only one inch and three quarters in length. In St. Thomas's Hospital, however, is one of from three to four months' growth. I take it therefore that both the direct and indirect evidence is clearly in favour of cystic disease of the chorion preceding the death, and in most cases being the cause of the death of the fœtus. There may be exceptional cases where cystic degeneration takes place after the death of the embryo. This may be the case where one placenta of twins only is affected by disease, but this does not invalidate the main position. It only indicates that cystic change in the villi may take place both before and after the death of the embryo.

The last point in connection with this subject is the question, can cystic or vesicular chorion even occur in women without conception? This question came before a court of inquiry in India some years ago and involved both the character of an unmarried woman, and the reputation of a medical man whose opinion had impugned her chastity. The medical man collected the opinions of all the leading obstetricians in this country, and although the balance of opinion greatly preponderated in favour of vesicular chorion being always the result of impregnation, there was at least one notable dissentient, who believed that the vesicles might be formed in the virgin uterus. We now know so accurately the way in which these vegetations are produced that doubt should no longer exist on the matter. With our present knowledge it would be just as reasonable to suppose that a child might be expelled from an unimpregnated uterus as a true vesicular chorion.

The Amnion or innermost fœtal envelope bears a very close resemblance to a serous membrane. In its earliest development it may be seen raised like a blister over the whole dorsal surface of the embryo, and as it gradually grows away from the fœtus and becomes a more distinct cavity to surround it, it increases in firmness and density, and at length coalesces with the inner surface of the chorion to form the future bag of membranes. In the early stages of pregnancy the amnion does not always escape the effects of extravasation beginning in the decidual structures. The force of the blood extravasation may be such as to break down the resistance both of the chorion and amnion, and if the cavity of the amnion is invaded, the invariable result is the destruction of the embryo, with abortion sooner or later. The earlier in pregnancy this extravasation takes place, the greater the likelihood of the inner envelope giving way, for it is then most fragile and most easily ruptured. There is great variation in the amount of resistance offered by the amnion in different cases. This is notable even to the end of pregnancy, for we sometimes find the bag of membranes, of which the amnion forms an integral part, so thin that the first uterine contractions produce escape of the waters, while in other cases the membranes are so tough as to impede the progress of labour, and require puncture for its acceleration. Dubois (*a*) says the feeble resistance of membranes may be due to natural structure, I suppose as some women may have thinner skins than others, or it may be due to alterations consequent on inflammation. However produced it may by facilitating rupture, and escape of the liquor amnii in early pregnancy and before the child is viable, lead to intra-uterine death, for it is well known that pregnancy cannot continue long after the entire evacuation of the amniotic fluid.

The condition which has received most attention in connection with the pathology of the amnion is what has been termed:—

Hydramnios or superabundance of liquor amnii. The presence of a certain amount of fluid in the cavity of the amnion is necessary to the development of the fœtus, but in some cases it is so abnormally large as to endanger the life of the fœtus, and if it does not necessarily bring peril to the mother, it at any rate places her in very grave discomfort. Dr. Kidd, who wrote on the subject in the "Proceedings of the Dublin Obstetrical Society for 1878," limits the term "hydramnios" to those cases in which more than two quarts of amniotic fluid are present. The quantity of fluid is sometimes very large. Baudelocque gives one case where thirty pints escaped from the uterus. Other authors give thirty or forty pints. Coming on suddenly in some instances, more slowly in others, the fluid so distends the uterus that it acquires a volume entirely disproportioned to the stage of pregnancy. The result to the mother is that she may suffer greatly from the distension. Respiration is impeded, and the patient may not be able to lie down night or day. The digestion is deranged from physical pressure, and the heart's action is disordered, while other secondary symptoms, such as œdema of the lower limbs, and blueness of the countenance, may be superadded.

The effect on the child is to impede its development, and if born alive it is commonly too feeble to survive its birth. Frequently the child is affected with dropsy, hydrocephalus, or other complication. Of thirty-three cases mentioned by McClintock, nineteen children only were born alive, ten of these died a few hours after birth, and nine survived. Often the fœtus dies in utero, and may then be retained a considerable time after its death,

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(*a*) Zeit. der Wien. Aerzte, 1845.
(*b*) Schmidt's Jahrb., B. 39.
(*c*) Monat. f. Geburt, B. 29.
(*d*) Ibid. 1864.

(*a*) Dictionary in 30 vols., Art. Hydrométrite.

thus prolonging the discomfort of the mother. The condition has a tendency to repeat itself in the same woman. I saw a patient some years ago in her tenth pregnancy, who was sent to me by Dr. Matthews Duncan, and who had suffered from hydramnios in nine out of the ten gestations, losing most of her children, the first pregnancy being the only healthy one.

In the case I have alluded to as occurring in my own experience, there was nothing to account for the phenomena beyond a short residence in India, which had impaired the general health, and I found no albumen in the urine. It has been said to be rare before the fifth month, but in going through the museums I find many examples of it in the earlier periods of pregnancy, and both from this and my own experience, I infer that it is far from infrequent in the first half of gestation. In St Mary's Hospital there is a specimen in which the amniotic cavity is from three to four inches long, and the embryo is not larger than a horse bean. In St. Bartholomew's again there is a large amniotic cavity with no embryo at all.

The impression derived from a careful study of all the circumstances is, that hydramnios is not a product of inflammation of the amnion as some have supposed, but that it arises sometimes from constitutional conditions affecting the mother, sometimes from local causes.

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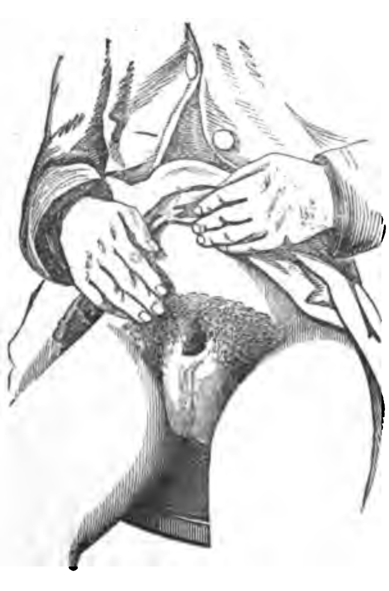
SOME RARE PROFESSIONAL EXPERIENCES.

By Brigade-Surgeon W. CURRAN,
Army Medical Department (Retired).

(Continued from page 218.)

Case VIII.—Such an Entire Absence of the Penis (the Result of a Phagedænic Sore?) as Simulated Hermaphrodism.

The subject of this mutilation was a soldier, æt. 19, whom I met many years ago at Pembroke Dock, South Wales. His stature was that of a lad of his years, but he had a somewhat feminine expression of countenance, and his voice, too, partook of this same shrill or falsetto feature. In contour he was inclined towards corpulence, and as to the source or origin of this deformity he was both contradictory and reticent. It was, indeed, only from his friends or comrades that I elicited the following particulars, and I have never yet heard of or seen any illustration of this kind. It appears from the above that he had contracted a bad syphilitic sore some two years previously at Aldershot, which took on a phagedænic action, or resisted the very energetic treatment that was there enforced. This sloughing process went so far as to destroy, from its root up, the penis, and produce otherwise the appearances that are figured in this sketch.



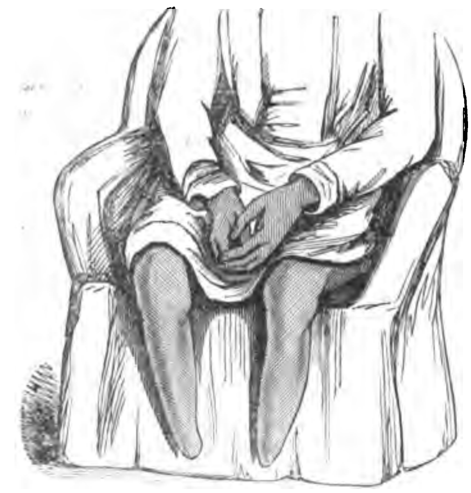
He can now micturate freely, but the stream flows downwards rather than upwards or forwards, through a small rounded tubular aperture, that occupies the place of the natural passage, and is situated in the lower part of his abdomen. This opening is not at first easily seen, for it is covered by hair as well as overlapped by a small fleshy pedicle, like a rudimentary penis. There are also some loose folds of puckered integument near or around it, and altogether, or where the thighs are made to close or overlap, the appearances are those more of a woman than of a man. As to the appearance of this little aperture itself, it resembles a very small fœtal vagina, and to add to this defect he is slightly ruptured on the right side. The left testicle is shrunken or atrophied, and the impression produced on self and *confrères* at the time was that this lesion must have occurred long previously to the date here assigned to it, if it were not, indeed, the result of a congenital arrest or very early surgical procedure.

However that may be, the condition is certainly a rare one, and it is not easy to see how, if this blemish existed at the time of his enlistment he was not summarily rejected by the medical man who examined him. He may, however, have got in under the pressure that was caused by the Indian Mutiny, or under some other crisis of that kind, and in either case our duty was plain. We had, in short, to get rid of him as soon as we could, as, irrespective of the fact that he was ruptured on one side, he bore about him a defect that would incessantly expose him to the taunts and jeers of his rough and unfeeling associates. These were indeed already making ballads about him, and so we had to bring him before an invaliding board, and send him about his business.

Readers of the late Mr. Morgan's "Practical Lessons on Contagious Diseases," will remember that the subject of the frontispiece of his work is a paralytic man whose penis was completely destroyed in this wise by a primary sore of this character. In this case the "original affection became," he intimates, "acutely phagedænic, and carried off the entire penis. It, however, left a large scar behind it, which marked out the seat of the spreading ulcerations." He adds, that "the history of the affection shows that the original sore was not of the 'infecting type,' yet that nothing could exceed the intensity of the constitutional signs, as these are shown in the illustration." And I will only here add that, though I have been, "man and boy together," connected with the art of healing for some thirty-four years or so, I have never yet seen or heard of such a clean sweep as has been made by the ulceration process in both these curious cases.

Case IX.—Double Amputation by Frostbite.

Kheirâtee Khan, a Mahomedan Faqueer, or beggar, of uncertain age, say 50, whom I met at Peshawur, told me, in response to my inquiry as to how he had lost his feet, that "frosbeen se hua, Sahib" (it was all along of a frostbite, Sir), that is to say, he lost them through their being frostbitten. It transpired, on further inquiry, that, though his story was not altogether free from suspicion, he had served as a volunteer (bolumteer, he called it) in the first Caubul Campaign, under Nott or Elphinstone, I now know not which. He told me that while marching in the snow his ankles swelled, while the cuticle over them became hard and indurated, and there was, he alleges, no pain in these parts at any time. The skin turned white soon afterwards, and discharged a considerable quantity of colourless serous fluid. Both feet then fell off spontaneously, he alleges. "Ap se alug hogia, Sahib" (they separated of themselves, Sir) were his own words, on this occasion, and here is the representation of what they left behind them.



The pieces of tibia or fibula that projected subsequently sloughed away in time in the same manner, and no doctor, black or white, ever interfered with either of them at any time. He cannot now straighten his legs or walk on these stumps, in consequence of the altered conditions of the structures or tendons of his patellæ or popliteal spaces, and he walks on his knees instead. His progression is accordingly slow, but he has fortunately not far to go, and his general health is good. Judging by his manner and bearing he seems inclined to make the most of life as well as of this cruel mutilation, and he lives on a pension of three annas a day—about six shillings a month—he receives, he says, from the Government. This is, of course, supplemented by such scraps of charity as he can pick up in the bazaar or among Europeans in the cantonments, and he seemed to me rather to enjoy this loss than otherwise.

As to his stumps, they come to a point, which is more sharply defined on the left than it is on the right side, and though the skin is closely attached to the bone in both, he only complains of pain in either when the weather is very cold. This contracts or shrivels up the cutis, and so, as I assume, causes this pain. And this also is, I think, another illustration of that saving mechanism of our common Mother Nature, whereby she gets rid of useless or damaged members, and so brings about that operation or process that I have elsewhere described under the heading of "Natural Amputation."

Apropos of this "shrinking" of the skin from cold, Cook tells a story of one of his crew that bears upon it. Describing the intense cold they met in Tierra del Fuego, and in allusion to its benumbing or rather stupefying effects on the party that went a short distance into the interior, Hawkesworth says, "Voyages and Discoveries in the Southern Hemisphere," vol. ii., pp. 48-49, that though one of the party, Dr. Solander, had just cautioned his friends against resting or sleeping, "Whoever sits down (says he) will sleep, and whoever sleeps will wake no more," he yet yielded to this overpowering influence himself. The sequel is thus told:—"Mr. Banks then endeavoured to wake Dr. Solander, and happily succeeded; but though he had not slept five minutes he had almost lost the use of his limbs, and (mark this) the *muscles were so shrunk that his shoes fell from his feet.*" He was, however, saved.

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Dr. Conolly Norman, Resident Medical Superintendent of the Richmond District Lunatic Asylum, Dublin, has notified his intention of seeking at the next election, on the first Monday in June, a seat on the Council of the Royal College of Surgeons, as specially representing Psychology in Ireland.

HÆMOGLOBINURIA.

By WILLIAM SQUIRE, M.D., F.R.C.P., &c., &c.

The excellent paper by Dr. Herringham on this subject in the "St. Bartholomew's Hospital Reports" for last year induces me to give some particulars of a case of the kind in a young girl recently under my care, and to mention the occurrence of a similar condition in a young woman who was at the same time liable to attacks of "dead fingers." General hygiene and a little iron soon led to permanent recovery in the latter case.

The first case is that of a pale, thin, light-haired child, æt. 9 yrs. and apparently less. In January last she seemed weak, was tired in the morning, low-spirited, easily fatigued, looked dark under the eyes, had a yellow tinge of skin, with extreme pallor, uncertain appetite, and, as might be expected, constipation. With these symptoms the inevitable domestic diagnosis of "worms" and "liver" lead to grey powders and other dosings until a dark look of the urine, beyond anything usually attributed to bile, caused my advice to be sought.

When the child was brought, in the first week of February, besides the extreme pallor there was a marked anæmic bruit; the urine had a pink deposit without blood corpuscles, with very little albumen, and that chiefly shown as a ring with cold nitric acid; the specific gravity was 1030; no sugar. Rest and warmth, a carefully restricted diet, diluents, and extra milk, with fluid magnesia or phosphate of soda given in it night and morning, brought about some general improvement; but after more than one recurrence of the dark urine gallic acid was given a few times in warm barley water. No febrile disturbance preceded or followed these attacks.

On February 12th it was thought that the passage of blood-stained urine had ceased; the specimen brought me showed only a tawny cloud; there was a slight opacity with cold nitric acid, and some precipitate with heat not cleared with a little acid, but soluble in excess. On having the water examined every subsequent day each time it was passed the paroxysmal recurrences of hæmoglobin became obvious; the pink colour was seen most days, and once only the dark coffee-like deposit; with this, in the last week of February, the specific gravity was 1034; with the pink colour at another time 1025, and often lower, especially in the morning.

In the first week of March the pink colour was found only in the afternoon, or evening after a full meal; the morning water was quite clear. This differs from what was observed in Dr. Herringham's case, where the colour reappeared in the morning. By this time the child looked better, colour had returned to the gums and lips, if not to the cheeks, and she was able to go out. She is now quite well, and continues phosphate of soda in milk night and morning and a little iron after breakfast and dinner. Other children and all the members of this family are well, the general sanitary surroundings excellent.—(April 10.)

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Clinical Records.

ST. MARY'S HOSPITAL.

A Case of Pelvic Tumour.

Under the care of Mr. Edmund Owen.

(From Notes taken by Mr. W. Graham, Dresser.)

During four of the last weeks of 1885, a Cornish fisherman, æt. 37, was under supervision at St. Mary's Hospital, on account of a hard, circumscribed tumour which was immovably connected with the venter of the right ilium. He had first recognised its existence four months previously, on account of its being the seat of a dull, aching pain which came on after hard work; Dr. Aitken, of St. Mawes, had pointed it out to him; it was then the size of a pigeon's egg, and was quite hard. Up to the time of his admission into hospital it had been steadily growing. It extended down to Poupart's ligament, and up above the level of the umbilicus, and deeply across to the linea alba. During his stay in Hospital it was steadily increasing in size, but it continued fixed and hard, and comparatively free both of pain and tenderness. There was neither wasting of the limb nor œdema, and there were no enlarged inguinal glands. The man's health seemed fairly good, but he was content to lie quietly in bed with his trunk bent down to the right iliac fossa. There had been no trouble either with the water or with the bowels. On account of the steady increase in size, of the absolute hardness, and of the immobility of the mass, Mr. Owen diagnosed it as a malignant growth from the iliac fossa, and considered it to be beyond the range of surgical interference. This opinion was confirmed by all those of his colleagues who examined the tumour; so the man was sent home unrelieved.

Nothing more was heard of him until January, 1887, when Dr. Aitken kindly wrote as follows:—"After his arrival home he was in bed for a month or so, during which time he was at death's door. At the end of about three months, he declared he was much better, and he went to work. I examined him every six weeks or so, and found that the tumour was decreasing slowly. At last the softening mass burst and a piece of iron-wire (such as is used for fences) half an inch long was protruded. (The man remembers drinking out of a bucket containing small bits of wire whilst in a great hurry, one hot day in America.) There has been a great flow of pus, and the tumour has gone down remarkably, being now about the size of an orange. The man had seen a legion of medical men, every one of whom considered the tumour to be malignant."

Dr. Aitken suggests that the scrap of iron was probably lodged in the vermiform process, and with this suggestion Mr. Owen agrees. During its quiet and gradual escape from the process, it was prevented entering into the general peritoneal cavity by the occurrence of a firm and consolidated mass of inflammatory adhesions, which increased to such an extent as to give rise to the appearance of a new growth. The comparative absence of pain and tenderness, the great hardness, and the rigidity of the connections of the mass all conspired to obscure the inflammatory nature of the tumour.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

MEETING HELD FRIDAY, FEBRUARY 11.

The President, Dr. WALTER G. SMITH, in the Chair.

SPINDLE-CELLED SARCOMA.

MR. E. HAMILTON exhibited the viscera of a man who had died after the removal of a recurrent spindle-celled sarcoma from the axilla. Secondary growths were found in the lungs, liver, pancreas, intestines, and the interauricular septum of the heart, of which Dr. M'Kee had prepared microscopic slides, which were shown at the meeting. Mr. Hamilton added that during the patient's life no clue was obtained to the vast disorganisation which was discovered after death to have been going on through his entire system. He had neither pulmonary trouble, cough, pain, nor symptoms of dyspepsia, and the diarrhœa was the only sign of intestinal trouble. As he sank lower and lower, however, he manifested a peculiar mental dulness.

Dr. M'KEE remarked that in sarcoma, as a general rule, the secondary growths reproduced the first very faithfully, but there was a departure from that rule here. The melanotic nature of the growth was not determined, on the examination of the first tumour by Dr. Purser, whose report was that it was a spindle-celled sarcoma. No doubt the pigment might have been derived from the axilla, which is normally rich in pigment. He (Dr. M'Kee) did not call it a melanotic sarcoma, because the pigment was really not characteristic of the growth, only portions of the tumour being pigmented. As to the source of the pigment they knew absolutely nothing. It was supposed to be derived from the blood, and probably was, and an attempt had been made to show that in these tumours the pigmentation was due to the occurrence, in the small vessels, of embolisms or thrombi, which caused an effusion of the blood-colouring matter into the surrounding tissues. It was that which directed his attention to the masses in the lungs; but there was no pigmentation of tissue around them. The questions of how the metastasis occurred, and as to the course the malignant embolus took, were interesting. It was probable that the lung was first infected through the perforation of a vein at the axilla. If a malignant embolus were swept through the right heart, and thence carried into the lung, the implication of that and the surrounding organs would be easy to understand.

CONGENITAL STRICTURE OF THE URETHRA IN AN INFANT.

Dr. MACAN submitted a case of congenital stricture of the orifice of the urethra, hypertrophy of the bladder, and cystic degeneration of the kidneys. The specimen was the first of the kind he had met with, and was taken from a full-grown child in the Rotunda Hospital about a fortnight ago. The child was born alive, but shortly afterwards died. It was found to be suffering from imperforate anus. A short time previously there had been a successful operation in the hospital for imperforate anus, the obstruction in that case being found to be little more than a septum. A post-mortem was made of the child, from which the present specimen was taken. On examining the abdomen over the pubis a large tumour was detected, reaching as far as the umbilicus, which could be moved about. From the gristly feel of it he first thought it was malignant disease of the bladder. The penis was very much distorted in shape and œdematous. On opening the tumour it was found to be the bladder, with thick, hypertrophied walls. Fœtal urine, clear and limpid in character, flowed out, and after the gush the bladder seemed to fill again, and another gush took place. He searched for some diverticulum in the bladder that might be filled with urine, but found none; but on cutting down more into the bladder he found that the fresh flows of urine came through the ureters. It was then apparent that there must be a collection of urine in the kidneys. The post-mortem was undertaken by Dr. Horrocks, who found a great contraction in the orifice of the urethra, and the penis distended; there was also a great dilatation of the urethra. The right kidney was also swollen out into a cyst, and contained a considerable quantity of urine. The left kidney was also disorganised, but less swollen out into cysts than the right. The intestine ended in a blind sac at the lower portion of the bladder. He thought the primary source of disease was the occlusion of the orifice of the urethra. When a total occlusion of urine from such a cause occurred in the fœtus the bladder became distended, and a difficulty of labour and delivery often resulted. The accumulation of the liquor amnii during the later stages of pregnancy was a proof that that fluid was in fact the secretion from the kidneys of the fœtus. In the present case it would appear that the extra amount of work which the bladder was called on to do in consequence of the stricture caused the hypertrophy of its walls, and the fœtus must have spent a good deal of its time in making water in order to produce such hypertrophy as was seen in the specimen. That the liquor amnii was fœtal urine was looked on by some as proved, but he was not quite certain about it. The child in question presented another curious anomaly. On one side of the spinal column there was a depression of the skin with a cicatrix on the outside, and the post-mortem showed that this was caused by a spina bifida. There was also a deformity in one of the legs.

The PRESIDENT said the specimen was evidence of a well-known pathological law, in accordance with which several different malformations had a tendency to be associated. Did Dr. Macan satisfy himself that there was complete atresia, or that there was a pinhole aperture? Either would be sufficient to account for the hypertrophy of the bladder and distention of the kidneys. He did not gather from Dr. Macan whether he entirely held the opinion that liquor amnii was to be looked on as so much diluted urine, or that it was a different fluid only contaminated by the fœtal urine. The presence of urea in it was not enough to settle the question.

Professor BENNETT said Dr. Macan had not mentioned what was the condition of the urachus. Urinary fistula at the umbilicus was not uncommonly met with without any other deformity; and imperforate anus also occurred independently of the other things seen in the present specimen. The most important point connected with the specimen in a surgical aspect was that of the limb deformity being associated with an indication of damage to the spinal cord. It would be interesting if an examination of the specimen could be made in order to ascertain the extent of the nervous supply to the muscles of the deformed limb, for at the present day the exact nature of the lesion known as the "club-foot," and of congenital deformity of the hip, were vexed questions. In the present specimen there was club-foot with a distinct lesion, which might involve the nerves that passed into the limb. He moved that the specimen be sent to the Committee of Reference, with a request to report thereon.

Dr. **Wheeler** said he had great pleasure in seconding the motion. An Italian writer, named Molinetti, gave an account of a post-mortem case in which he found five urinary bladders. It was a pity that the intestine in the present case had not been dissected farther up, in order to ascertain where the closure was. Some years ago he brought forward a case of imperforate anus with an opening in the gut at the side of a spina bifida.

Dr. **Thornley Stoker** said the occurrence of cystoid degeneration of the kidneys in the fœtus, though rare, was not altogether unknown. The degenerate kidney sometimes attains a considerable size, pressed up the diaphragm, and displaced the liver into the thorax. It was now a matter of considerable interest to surgeons to arrive at a conclusion as to where the bowel could be best looked for in cases of imperforate anus. The most modern plan was to perform laparotomy, or a lumbar operation, and not to attempt any procedure involving the peritoneum.

Dr. **Macan**, in reply, said a great mass of materials for post-mortems went to waste, he was sorry to say, in the Rotunda Hospital. In the present specimen the end of the gut was at the bottom of the bladder. There was no atresia—only a stricture. A very considerable quantity of the liquor amnii must have been urine, unless the child passed a very small amount of water and drank the fluid. In pregnancies the quantity of the liquor amnii varied very much. Fœtal urine seemed to be the only known source of liquor amnii, and the fact that the quantity of urea in that fluid was known to increase towards the end of pregnancy seemed to show that fœtal urine was at all events a considerable source of it.

The motion that the specimen be sent to the Committee of Reference was agreed to.

CEREBRO-SPINAL MENINGITIS.

Dr. **Quinlan** exhibited a fatal case of cerebro-spinal meningitis. He said P. S., æt. 50, a cabdriver, had for the past two years been of very intemperate habits. On the 1st of January last he was driving his cab, while in a state of partial intoxication, when he fell off the box upon the road. He managed to get home, and took to his bed. Next day he complained of great and increasing numbness, and was admitted into St. Vincent's Hospital on the 6th of January. He was unable to move hand or foot; his pulse was only 44 in the minute; his temperature was under 95° F.; and the surface of his body was cold and numb. The compasses did not produce the sensation of two points unless separated over an inch and a half. He had no control over the urine and fæces, and there was priapism. He died on the 9th of January. His body was well nourished, and at the time of his death there was a yellow discoloration occupying the whole gluteal region, with the beginning of a line of separation surrounding it. The brain and spinal cord were carefully removed by Mr. Coen, the house surgeon, and exhibited general surface congestion of the pia mater, with numerous spots of circumscribed inflammation. These appearances showed pretty uniformly over the whole brain and spinal cord.

ANEURYSM OF THE ABDOMINAL AORTA.

Dr. **Foot** exhibited the preparation and drawings of an aneurysm of the abdominal aorta of a married woman, æt. thirty-five. The aneurysm was a true one, size of a lemon, situated immediately above the origin of the common iliacs, and had ruptured at the posterior aspect of the sac. The rupture occurred forty hours before death. About three pints of blood were extravasated into the retro-peritoneal connective tissue. Up to the date of rupture there had not been a single abdominal symptom, the patient's obvious ailment being regurgitant disease of the aortic valves. Dr. Foot specially referred to the extreme rarity of aneurysm of this vessel in females, verified by post-mortem examination.

The **President** said aneurysm of the abdominal aorta in the female was admittedly of rare occurrence. He saw a case in Baggot Street Hospital of a well-known dance pianist who died from the rupture of aneurysm in the abdominal aorta, and the day before his death he had no symptoms whatever indicating that he suffered from so serious an affection. Cases of it had been known to linger as long as twelve years from the first observance of the symptoms to the final catastrophe.

Dr. **Quinlan** stated that eighteen years ago, while he was physician of the Richmond Prison, he was roused one morning at half-past three o'clock to attend a patient, a prisoner who was under sentence of hard labour, who had suddenly rang his bell for assistance. He went to the man's cell and found him dead. On a post-mortem an aneurysm of the abdominal aorta was found, which had burst and filled the cavity of the peritoneum with blood. It was fortunate for all in the prison that the rupture did not take place while the man was on the treadmill.

Dr. **Cox** mentioned a case of thoracic aneurysm in a man which came under his notice in St. Vincent's Hospital. The aneurysm was between the umbilicus and the ensiform cartilage, and could be seen. The man, who came from Galway, was greatly attenuated, and had been suffering from dyspeptic trouble for a long time. There was a bruit over the aneurysm, but no cardiac bruit. There was marked evidence of atheromatous degeneration of the vessels, and the right femoral artery was smaller than the left. The man suffered from considerable pain and gastric irritability, but the pain was chiefly referable to pylorus. He had never had syphilis, and was of temperate habits, so that the aneurysm must have been caused by a strain. The man was a stonemason. He left the hospital, and had since written to say that he was quite well.

CONGENITAL DEFECT IN THE VENTRICULAR SEPTUM (CORDIS).

Dr. **Foot** exhibited the heart of a man, æt. 21, which presented a perforation, apparently congenital, of the septum ventriculorum in the "undefended space." This passage, which was of the dimensions of a goose quill, had given rise to a murmur, systolic, transverse in direction, heard over the face of the right ventricle, and unaffected by change of posture.

The **President** remarked it was very singular how malformations of this sort ran in families. He knew a family of three children, all of whom had congenital disease of the heart. Two died, and the third, about two years ago, lately came under his care for laryngitis, and on examination of the chest he detected an almost musical murmur above the left clavicle and at the back of the thorax. The child's mother told him that it was very easily got out of breath, and became dusky in the face.

Dr. **Cox** mentioned a case of a child in which cardiac bruit was detected a fortnight after its birth. The heart moved to the right side. It continued extremely delicate, and lived to three or four years of age; was very easily put out of breath, and ultimately sunk under a slight attack of measles. He never doubted that it had congenital communication between the two ventricles. The murmur was distinctly systolic.

Dr. **Foot** said in his case there was no derangement of the heart but the one. The foramen ovale was quite closed, but the two coronary arteries rose behind the same valve of the aorta, and were very unequal in size.

The Section then adjourned.

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BRADFORD MEDICO-CHIRURGICAL SOCIETY.

March Meeting, 1887.

The President, Mr. I. **Mossop**, in the Chair.

In introducing the Yearly General Discussion, Dr. J. **Foster** remarked the subject,

THE CAUSES AND PREVENTION OF PUERPERAL MORTALITY,

was one which afforded a wide range. It would be obviously impossible, in the limited time at disposal, to do more than glance at a few points in the treatment of affections of puerperal women, and that briefly. Many important diseases must of necessity be altogether unnoticed. In looking back over the last thirty years or so, one remembers to have seen certain remedies and certain modes of treatment introduced and abandoned, some of them completely and happily abandoned. Soon after chloroform came into general use as an anæsthetic, it began to be used in midwifery. Its dangers had not yet become known, and medical enthusiasts hailed the remedy with delight as opening up a prospect of abolishing the pains of labour. Those who have ever tried it well know how eagerly women long for it after having once felt the ease it gives. It is useless to point out to them the danger. They are absolutely insensible to everything but the desire to avoid suffering. The use of chloroform in midwifery in full doses survived longer in Scotland than in England. However, one appalling accident after another alarmed medical men, and led to a reaction of opinion, and the use became confined to limited cases of an exceptional character. In ordinary midwifery the use of chloroform is never justifiable even in the diluted form. Its effects are capricious, sometimes a large dose can be taken with impunity, and sometimes a very small dose will produce fatal results; inducing an element of uncertainty of the most anxious character to the prudent accoucheur. The antidotes to chloroform are uncertain and unreliable, and in very many cases when the danger becomes apparent the case is already hopeless. The truth is that a patient under the influence of chloroform is already so very near death that there is very little margin of safety when alarming symptoms set in. I utterly repudiate the theory advocated by Sidney Ringer among others, that there is more danger in a small than in a large dose. There is undoubtedly more danger to one in a small dose than to another in a large dose, but, *cæteris paribus*, the danger is in proportion to the dose. Nor have we any certain data to guide us in forming an opinion as to when chloroform may safely be given. It is, therefore, I think, better to consult the patient's safety rather than her comfort. I have been looking at Playfair's Midwifery, and I must say that I think the chapter on "Anæsthesia in Labour" is utterly objectionable. The effect of chloroform is to remove or lessen Nature's safeguard against the first great danger attendant on parturition or hæmorrhage. Uterine contraction first expels the fœtus and then seals up the uterine veins and sinuses, and on the due performance of this function the woman's safety depends; and chloroform impedes this function, besides inducing dangers of another character. The danger of shock and syncope, never quite absent from the parturient woman, is greatly increased by the use of chloroform. Paralysis of the nervous centres, of the heart, of the vaso-motor nerves, adds undoubtedly a fresh danger to midwifery. Yet Playfair, the guide of the rising generation of practitioners, while recognising these dangers, recommends its use even in ordinary cases. He does more, he adds another to the list of lethal weapons in the accoucheur's terrible armoury. In addition to chloroform, he recommends chloral in these words: "The peculiar value of chloral in labour is that it may be safely administered at a time when chloroform cannot be generally employed. The latter, while it annuls suffering, tends, in a marked degree, to diminish uterine action." Against the dangers which chloroform brings what dangers does it remove? Is there any safety to set off against the risk? I know of none. Pain is not danger; and freedom from pain is not to be purchased at the cost of danger to life. It seems to me that every argument of Dr. Playfair's tells against the practice he recommends. It prevents contraction, it retards coagulation, it depresses the heart's and the brain's action, and it intensifies every condition of danger. There are two great dangers to parturient women, which are too important to be overlooked, hæmorrhage and puerperal fever. Hæmorrhage may occur before labour has set in or after it has been completed. When it occurs before it is owing to detachment of a portion of the placenta, which leaves uncovered some of the uterine vessels or sinuses. Hæmorrhage of this character was divided by the older obstetricians into two classes—one was called accidental hæmorrhage, and the other unavoidable hæmorrhage, and simple rules were given for distinguishing the one from the other. Accidental hæmorrhage was that form that results from the accidental separation of the placenta, or a portion of it, from its normal site, while unavoidable hæmorrhage was due to the detachment of the placenta that takes place in the later months of pregnancy in placenta prævia. According to the theory then held, accidental hæmorrhage took place in the intervals of pain, because the uterine vessels were not closed by contraction; while unavoidable hæmorrhage occurred during the pains, because contraction of the uterus detached portions of the placenta and tore some of the uterine vessels. It seems to be held now that these distinctions are fallacious, and that the main difference is that a placenta attached near the internal os is more likely to be displaced than when attached at the base of the uterus. It follows then that the diagnosis between hæmorrhage from placenta prævia and hæmorrhage from detached placenta when normally situated, is not so easy as, in our student days, we were taught to believe. In both cases the chief loss takes place in the interval. In both the uterine contractions tend to arrest it; the hæmorrhage during pain being merely the squeezing out of the womb of blood that had flowed into it during the interval. Hæmorrhage during pregnancy, and more especially during the last three months is a grave and dangerous symptom, calling for the utmost care in ascertaining its true cause, and the utmost watchfulness in order to avert a fatal issue. But there are other sources of hæmorrhage after labour that must be mentioned. Hæmorrhage from inefficient uterine contraction is the commonest of all forms of hæmorrhage, *and sometimes fatal.* All at once without warning there comes a sudden rush of hæmorrhage, and the patient dies under the hands of her attendant. To protect her from this danger is the attendant's first duty after the birth of the child. Firm pressure on the abdomen is usually very efficacious, and should be maintained until the expulsion of the placenta and for some little time afterwards, but this sometimes fails, the uterus refusing to respond to the stimulus, and ergot or the forceps become a necessity. It would be impossible to pass by the question of puerperal fever altogether, although the time at our disposal forbids me to do more than glance at it. Is it a specific fever due to a specific germ or is it septicæmia? The introduction of septic matters into the blood through the patulous veins is very likely to take place when these are present in the uterus or vagina. Retained portions of placenta, or membranes, or clots, become putrid and infect the system. It is quite clear that these should be removed. When offensive smells are present the uterus and vagina should be washed out. Whether the uterus should be washed out with disinfectants after ordinary uncomplicated cases is quite another thing. We are told that it does no harm and may do good by removing septic matters. But if we consider what is the condition of the uterine walls at this period, we shall have reason to doubt whether we can use intra-uterine injections with impunity. We have seen that coagulated blood plugs the uterine veins. Is there not some risk of disturbing these natural barriers, barriers which prevent the egress of blood and the ingress of septic matters, by the impact of injected fluids. Is there any necessity for running risk in an ordinary case? I think not. The contractions of the uterus are sufficient to squeeze out coagula; and in an uncomplicated case the uterus may be safely left to its own work. There is less risk in washing out the vagina. I think we are sometimes apt to forget that the viscera are not hollow vessels. The walls of the vagina, for instance, lie folded in close apposition, loosely it is true, but closely, and their pressure gradually forces out discharges. The treatment of puerperal fever proper is the treatment of infectious fevers preventive. It has been suggested that a sanitary inspection should be made of every house where a woman is about to be confined. Among the rich this may be practicable, among the poor it is not. But it is among the rich that the dangers of labour are greatest. It has long been the habit to lay this difference to the laxness of tissue induced by habits of luxury and indulgence. May it not in part be attributed to the greater interference with the processes of nature which takes place among the rich.

The **President** said that Dr. Foster's wide experience well qualified him to take the initiative in this discussion. He had taken the negative view as regarded chloroform, in this view he (the President) agreed; he thought chloroform was often given unnecessarily. Out of 780 cases, he had given chloroform 9 times. He had met with postpartum hæmorrhage, but had lost no cases.

Mr. P. **Miall** expressed surprise at the statement that chloroform was so dangerous in midwifery that it had been abandoned, and that its use was never justifiable except for obstetric operations. He had often given it by himself, and felt the saving of pain was as much the business of the medical man as the ultimate welfare of the patient. He admitted that it sometimes checked the pains and even disposed to hæmorrhage, if caution were not used, but its value for saving fatigue made it of the greatest use in preventing hæmorrhage and other consequences of labour. He seldom used ergot till after the birth of a child, when a good dose of ergot and opium was of the greatest value to secure contraction.

Dr. **Bell** agreed with much Dr. Foster had said respecting the uses and abuses of chloroform, ergot, and the forceps. He was of opinion that when medical men had frequent recourse to such aids to delivery in such cases not attended with danger, it might fairly be questioned whether they were the fittest persons to practise midwifery. He did not think that attendance on tedious labours was congenial to gentleman with University degrees, and he was afraid that the practice of surgery, and the making of post-mortem examinations by general practitioners increased the risks of septic infection in their parturient patients. He stated that 25 years ago, the mortality in the Vienna Maternity Hospital was 1 in 36; now, with antiseptic precautions it was 1 in 500. Throughout England the mortality from childbirth and metria was 1 in 200; in Bradford, 1 in 250; in the lying-in charities of London and Birmingham (where midwifes were employed under the supervision of medical men) it was 1 in 460. If this rate could be applied to the whole of England, the lives of 3,000 women would be saved yearly.

Dr. S. **Johnston** could not agree with Dr. Foster's wholesale condemnation of the use of chloroform during labour. He thought it was a great boon to many sensitive and timid patients, and when carefully used—as it ought to be—was not attended with such risk as Dr. Foster would have us to believe. He had used it with benefit in a few cases, but preferred chloral hydrate, which was given easier, and which in his hands had proved very useful in the first stage of labour complicated with rigid and sensitive os and premature escape of the liquor amnii. He disagreed with Dr. Bell that the younger generation of practitioners generally use the forceps to hasten labour and save time. Speaking for himself he only used the forceps when some assistance was absolutely necessary, and when by such means he could save his patient a great deal of pain and anxiety. His experience of midwifery, extending over a period of fifteen years, led him to believe that such a disease as puerperal fever *per se* should not exist. Many patients die after labour of intercurrent diseases, aggravated by the puerperal state, but the so-called puerperal fever which was so often fatal, was due, in his opinion, to the carelessness of doctor or nurse. He had only seen one patient die of this disease. She was attended by a midwife, and was poisoned beyond recovery before he saw her. The removal of all soiled linen and the use of antiseptic lotions for the first two or three days would, he believed, reduce these cases to a minimum.

Dr. **Rabagliati** did not pretend to have had the experience in midwifery that some of the previous speakers had; but he fancied that some of those who had had no deaths in their practice, or only one among some thousands of cases, must be excluding some causes of death which he in his own mind was including. He could recollect some 250 cases of which he had notes more or less full, including duration of pregnancy, length of labour, presentation, interference, sex of child, &c. Among these there were six deaths, but he thought other speakers, who surely must have had similar experiences, must have put most of them out of account in their narration. For instance, one of his deaths occurred when he was assisting the medical officer to the Bradford Workhouse (Dr. Leeson) in a woman who had advanced heart disease, and who died of shock. Another died in a curious way from meningitis, which began some ten days after the birth, when apparently everything was going on quite favourably. A third death was from acute phthisis occurring in a pregnant woman. Premature birth took place, and the mother died on the seventh day. Surely that was neither due to puerperalism nor to the fact that a hospital surgeon attended her. Another death occurred in a case of pelvic deformity, where premature labour was induced antiseptically after consultation, and when he (Dr. R.) had the after-assistance of one of the most experienced men, one of those who had in fact previously spoken, but who did not seem to have included this case among the few deaths he had recounted to the Society. Of course chloroform was given in this case, and he might say he did not hold the views as to chloroform ably urged by Dr. Foster, but agreed rather with those expressed by Mr. Miall. He had had two deaths from puerperal fever proper, or he might call it septicæmia, but in one of these it became evident, when a new tenant took the house, that foulness of the sewers and ventilation of them into the house had been the cause of the previous tenant's death. In the other case the woman had gone through a long course of depressing anxiety before her confinement, and he believed that this was the cause of the untoward event. It could have had no connection whatever with hospitalism, because it occurred before he had the honour of being elected surgeon to the hospital. Dr. R. concluded by repeating that confusion would be avoided if either all deaths within a month of delivery were recounted when dealing with this subject, or if only a certain number were narrated which were certainly due to parturition, and in the latter case recommended that a committee should be appointed to say what cases were and what were not so due.

Dr. **Goyder**, said he would not prolong the discussion considering the lateness of the hour. He thought chloroform should be confined to complicated and instrumental labours, it was his experience that it favoured post-partum hæmorrhage. He had never given it pure, but in those cases in which it was stipulated for, administered the mixture used by Dr. Foster, and then only during the last pains. He agreed with Dr. Bell that the forceps were too frequently and unnecessarily used. Nature was quite adequate to the delivery of most cases, and only impaction of the head for a definite time justified their use; accoucheurs were generally in too great a hurry to get their cases over, and the premature use of forceps engendered danger alike to mother and child. It was not his experience that merely tedious cases were followed by hæmorrhage; out of some four thousand cases, he had had few of post-partum hæmorrhage; he invariably administered a drachm of liq. ergotæ and applied a graduated pad over the uterus and a bandage after labour, the prompt detection of offensive lochia and the use of warm water injections with Condy's fluid would mostly prevent the occurrence of septicæmia and puerperal fever.

Dr. **Foster**, in reply, said that Mr. Miall's experience differed from his. He dissented entirely from Playfair, and consequently from those who used chloroform. As to the forceps Dr. Rabagliati's case answered Dr. Bell, where the uterus was worn out with its efforts, and where there was danger of sloughing, the forceps were essential. In his paper he should have mentioned the use of a little instrument called the fillet, he generally found of no value from slipping. The forceps were thoroughly reliable, and in his opinion had saved more lives than any other instrument. He agreed with speakers as to septicæmia and puerperal fever, he had seen some deplorable cases as a result of accoucheurs previously attending erysipelas. Medical practitioners could not be too careful, and should refuse to attend midwifery when obliged to treat contagious diseases.

The proceedings then terminated.

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SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.

The annual meeting was held on the 5th inst. in the rooms of the Medical Society of London.

The President, Dr. **Norman Kerr**, in the Chair.

The **President** took for the subject of his address,

THE PATHOLOGY OF ALCOHOL.

The study was important, yet difficult, difficult because some diseases, such as certain forms of insanity, left no post-mortem traces. In the disease inebriety there was either structural degradation or functional disturbance, or both. There was a prior morbid state before the outbreak. Every sensation had a physical antecedent or co-incident, normal in health, abnormal in disease. Dr. Kerr classed drinkers as (1) voluntary, (2) involuntary. Moderate drinkers belonged to the former as a rule. The latter comprised inebriates from heredity, traumatic inebriates, and inebriates from the direct or indirect effects of disease. Involuntary drinking was abnormal with a pathological antecedent. The transition from moderate to immoderate drinking was often a pathological process. The pathological antecedent might be exaltation, or depression, or some other obscure morbid state. There was depression, for example, after exhausting hæmorrhage, and in the crises of neurotics. Besides the pathology of the inebriate preparoxysmal physical antecedent, there was the pathology of the inebriate diathesis. Even in many cases of evanescent inebriety there was a diseased condition. The majority of drinkers did not respond to excitation to inebriate excess because they had no inebriate diathesis. Those who did so respond possessed this diathesis, which consisted in brain and nerve atonicity. The brain and higher nerve centres were the seat of inhibition, which was affected by the physical state of the tissues. A brain imperfectly or improperly nourished heavily handicapped the power of control. This defective tone might be (1) inherited, or (2) acquired, as also might special susceptibilities to narcotics, of which the alcoholic was the most delicate. The inebriate diathesis might be (*a*) latent, (*b*) developed. Alcohol was an effective weakener of control, and specially injured the brain and nerve cell, thereby injuring intellect, thought, and moral sense. Besides, pathological changes often accompanied this nervine pathological action. By a pathological process, alcohol begat inebriety. The President described the post-mortem appearances he had seen in the bodies of inebriates on whom inquests had been held. After a fatal paroxysm these appearances were hyperæmic, involving specially the stomach, cerebrum, and meninges. Sometimes this extended to the liver, kidneys, heart, and lungs. In old-standing cases the lesions were more permanent, with neuroglian proliferation and tortuous atheromatous vessels. Dr. Kerr concluded by pointing out that in many cases when there was no post-mortem appearances, there had been dynamical and psychical brain disturbance constituting a true departure from sound health. Only by a recognition of its disease aspect could inebriety be intelligently treated with a fair prospect of cure.

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The *London Gazette* of April 1st, contains an Order in Council, declaring that on and after June 1st, 1887, the second part of the Medical Act shall be deemed to apply to New Zealand.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 26, Bombay 23, Madras 39, Paris 31, Brussels 24, Amsterdam 31, Rotterdam 28, The Hague 23, Copenhagen 20, Stockholm 21, Christiania 12, St. Petersburg 38, Berlin 21, Hamburg 28, Dresden 25, Breslau 28, Munich 29, Vienna 28, Prague 38, Buda-Pesth 33, Trieste 33, Rome 31, Turin 39, Venice 31, Cairo 40, Alexandria 46, New York 26, Brooklyn 20, Philadelphia 24, and Baltimore 19.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·6 per 1,000 of their population, and were—Birkenhead 20, Birmingham 18, Blackburn 33, Bolton 19, Bradford 17, Brighton 14, Bristol 23, Cardiff 20, Derby 19, Dublin 31, Edinburgh 21, Glasgow 25, Halifax 28, Huddersfield 30, Hull 22, Leeds 23, Leicester 20, Liverpool 26, London 19, Manchester 28, Newcastle-on-Tyne 25, Norwich 24, Nottingham 20, Oldham 25, Plymouth 32, Portsmouth 19, Preston 28, Salford 21, Sheffield 23, Sunderland 22, Wolverhampton 23. The highest annual death-rates in these towns last week were—From measles, 2·0 in Sheffield and Cardiff, 2·2 in Liverpool, 2·3 in Newcastle-upon-Tyne, 2·6 in Bristol, 2·7 in Oldham, 3·5 in Manchester, 6·4 in Huddersfield, and 7·6 in Sunderland; and from whooping-cough, 1·6 in Bristol and 3·6 in Blackburn. The 38 deaths from diphtheria included 14 in London, 4 in Liverpool, 3 each in Edinburgh, Glasgow, Oldham, and Bristol, 2 in Birmingham, and 2 in Manchester. Small-pox caused 1 death in Portsmouth, but not one in Greater London or in any of the other large towns.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 13, 1887.

CATALEPSY AND HYPNOTISM.

The case of the sleeping Frenchman, M. Chauffat, has excited an unusual amount of interest in professional and lay circles in the metropolis and elsewhere, owing to the publicity given to it by the press. While such cases are by no means rare in France—a fact interpreted by peculiarity of race and temperament—they very rarely come under the notice of the British physician. The case of M. Chauffat belongs to the class to which we directed professional attention during the past year by the insertion in our columns of those admirable lectures on "Hysteria in the Male," by Professor Charcot, under whom Chauffat had been a patient. Intelligence and cultivated reason are prone to induce scepticism, and in a world in which there is so much humbug and quackery, scientific scepticism is a form of unbelief with which we have much sympathy. Strange phenomena and unlooked-for results are put forward so frequently, for fraudulent purposes, that the promptings of honour and honesty justify caution. Still, it must be confessed that from time to time, the empiric happens, from this very cause, to be in advance of the man of science, and that matters whose associations primarily repel, have to be embraced within the domain of scientific investigation and recognition. Hypnotism, so-called mesmerism, spiritualism, thought-reading, and such phenomena belong to this category. The subjects turn up from time to time, usually through the exhibitions of peripatetic lecturers, create a little interest for the time, and then are lost to sight for an indefinite period. It thus happens that these subjects have really not yet received at the hands of scientific medical men the importance which they deserve. With the peculiar mental and physical phenomena presented by hysteria in the female our readers are familiar. It is correctly designated the Protean malady, as it may assume the characteristics, more or less of every conceivable disease. While the disease is, in this country, in by far the greater proportion of instances, found in the female, yet now and then, it is recognised in the case of males of a highly nervous and excitable temperment. Hypnotism is closely allied to this state:—it is one of the branches of this neurotic stem; and according to our experience epileptics belong to the same category. They are more easily hypnotised than people in their ordinary state of health. The recognition of hypnotism extends to a very remote period, and there can be no doubt this condition supplies a key to many of the strange incidents related in Holy Writ, and to the phenomena of second sight, a belief by no means confined to the Highlands of Scotland. In Chaldea, foreseers were quite common; and it was necessary only to sleep in certain temples for some time to acquire the gift of second sight. At certain of the Egyptian feasts the God Apis inspired females and infants with prophetic enthusiasm. The Witch of Endor called forth the spirits of the dead like a nineteenth century medium, to say nothing of the Delphian oracles and the Greek sybils. The exalted nervous condition, or ecstasy underlying these conditions was of a hypnotic nature, and this, as already remarked is a branch of the hystero-epileptic tree. Certain stages of the hypnotic condition are recognised—the stage *of lethargy*, *the cataleptic*, and *the somnambulistic*. These conditions in susceptible individuals may be spontaneously produced, and Professor Charcot has shown in the instructive lectures referred to, that in certain cases the phenomena are consequent on and directly caused by injury, such as falls, wounds, &c. Up to the present time we have no antecedent history of Chauffat, except that he was a patient at the Salpetrière, and there does not seem to be any physical anomaly or injury, save that he is minus his left arm. The presumption, judging from the condition that excited so much interest in London, is that he formerly suffered in a similar manner, and it is perfectly consonant with such idiosyncrasy that mental irritation or vexation would induce a recurrence of the nervous phenomena. We have seen from M. Charcot's lectures that in the cases where this condition arises from injury, the patients seemed to awake, and the mind reverted as indicated to articulate speech, to the accident or injury from which the condition sprung. Corresponding to this, it appears that Chauffat woke up for a moment during his sleep, and said, "They robbed me of eight hundred francs." We cannot doubt that the robbery of his money had not a little to do with the reproduction of the singular phenomena of which Chauffat had doubtless been previously a victim. In a lecture by Professor Charcot, in our number for July 14th, 1886, the following occurs:—"I would then remind you that in the phase of lethargy of what is called the *grand hypnotism*, the mental inertia is absolutely such, that in general, it is impossible to enter into relation with the hypnotised subject or to communicate with him by any process whatever. It is not thus in the other two phases of hypnotism. . . In the cataleptic it is less profound, less absolute; it has become possible indeed, as in partial sleep to provoke psychical function. Thus, one can call into existence an idea, or a group of ideas, connected together by previous associations. . . The gesture alone, or the attitude in which we put the subject, suggests to him the idea we wish to transmit to him. By shutting, for example, his fists in an aggressive attitude you observe the head carried backwards, and the forehead, the eyebrows, and the root of the nose to be corrugated with a menacing expression." So in the case of Chauffat we are informed that an attitude of menace (closed fist) given to the arm was accompanied with a corresponding expression of the face, amounting to ferocity. The rigidity caused by stroking the arm is capable of being produced in all hypnotised subjects, and, as Charcot points out in the lecture referred to, in the somnambulistic stage of hystero-epilepsy either muscular rigidity or complete paralysis can be produced by suggestion. Chauffat's case is thus a condition well-recognised, and not unfrequent in France. In all probability he will soon recover, and to such as take an interest in his case, and the peculiar phenomena presented by it, we would recommend a perusal of Charcot's interesting and instructive lectures.

DIAGNOSIS OF AND PROGNOSIS IN HEART DISEASE.

One of the first things that the student learns to recognise, when, having surmounted the difficulties of anatomy and physiology, he is allowed to wander round the wards with a stethoscope stuck in his waistcoat, is the presence of abnormal sounds in the cardiac region. Nothing can equal his pride and delight, when, unaided, he has discovered one of these "murmurs." Like the man in the parable who had discovered his lost sheep, he forthwith calls in all his friends to rejoice with him. The ability to hear a murmur marks an epoch in his medical education, and when this begins to pall on his taste, he next proceeds to inquire what may be the precise significance of the bruit. This is a very different matter, and is one which oftentimes taxes the skill and judgment of the master as well as the disciple. It is a notorious fact that if half-a-dozen fairly competent men be set to examine a case of "something wrong with the heart" in which the audible signs are not as clear as usual, the chances are in favour of a difference of opinion as to the very existence of this or that murmur. After a certain amount of discussion this difficulty may be got over, by the dissidents ultimately agreeing that on closer inspection, such and such a sound is perhaps audible. Then comes the question as to its relation to the cardiac beats, and its interpretation. If the examiners be interrogated separately, the widest divergence of opinions will again in all probability be elicited, and this can only be decided by weight of authority, the less experienced giving way before the assertions of their seniors. Under the most favourable circumstances, it is a long time before the student gets to disassociate loudness and intensity of murmurs from gravity of diagnosis. It is so natural and so simple to attach the greatest importance to the loudest murmurs that many men never altogether eradicate the idea. It is essential, therefore, to impress on the student that a loud murmur is not necessarily indicative of serious, that is to say, fatal disorganisation. A little reflection will readily explain why this should be the case. A current of air through a keyhole or a cranny will often make far more noise than a hurricane in the street. Having settled to our satisfaction the existence and nature of the lesion, the not less important duty devolves upon us of making a prognosis. Now prognosis is often only the technical name for a guess, and in no class of malady is this more the case than when we attempt to prophesy the course of a given case of cardiac disease. Cases apparently in which the gravest lesions have been found to exist not unfrequently right themselves, and notwithstanding the most gloomy prognosis, the patient contrives to live the allotted span of life. Further, the very serious heart mischief—serious, that is to say, so far as we are enabled to judge with the ear—occasionally gives rise to no obvious inconvenience, though the patient's moral happiness may have been shattered by the information that his heart was diseased. The prognosis in heart disease is, indeed, a question which can better be decided on purely clinical grounds. We must judge of the gravity of the lesion, not by its signs, but by its symptoms. When the latter do not realise what the former may have led us to anticipate, then we should give an extremely guarded opinion. We are not justified in supposing that the same murmur in two different individuals will prelude the same downward course. There are circumstances beyond our ken which may influence the ultimate effects of the lesion, if lesion there be, and this consideration should make the medical man hesitate before he issues his *fiat* which will condemn the unhappy patient to a life of physical and mental misery. As Dr. Bristowe observed some time ago, it is quite early enough for a man to know that he has heart disease when he is made aware of it by the symptoms. Some interesting statistics have been, and are still being collected, bearing on the prevalence of heart murmurs (other than hæmic) in apparently healthy people. From these it is apparent that, under favourable circumstances, the heart may accommodate itself to a surprising degree to the altered conditions of existence. Since Lænnec's generalisation of the use of the stethoscope far too much attention is paid to one source of information, often to the practical or partial exclusion of other sources, the importance of which it is difficult to over estimate. It is possible to over-rate the value of a scientific diagnosis, especially when this is allowed to usurp a share of the mind. It fosters scepticism in treatment, which is, with all its shortcomings and imperfections, the *raison d'être* of the doctor. What a patient wants is, treatment and prognosis, and although the latter is scarcely possible without some sort of diagnosis, yet experience does enable the intelligent practitioner to forecast results in a way which sometimes puts his more highly scientific *confrère* in the shade.

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THE CONJOINT SCHEME.

There is no alteration in the attitude of the Irish licensing bodies with reference to their Conjoint Scheme. The College of Physicians has declared its *non possumus*, and will not receive the Apothecaries' Hall in the conjunction at any price, but it lives in hope that the Medical Council will refuse to grant to the "Hall" the assistant examiners necessary to their independent existence. The College of Surgeons is willing to combine with the "Hall" for a conjoint examination, distinct from that with the College of Physicians, but it requires that all possible doubts as to the legal power of the "Hall" to grant the "diploma in medicine" shall be set at rest. It does not appear to entertain any such doubt itself, but, in view of the *caveat* entered by the College of Physicians, it is obliged to insist upon the technicality of requiring the "Hall" to prove its title good to grant such a diploma. Lastly, the "Hall" has to consider whether or not it will proceed to comply with this requirement. The time at its disposal to do so is short, because the Medical Council meets on the 10th of May, and the method of raising the question in law is not clear. The Directors met, we understand, a few days since, and their feeling is that it is unnecessary for the "Hall" to prove its title, because no one seriously disputes it, and, furthermore, that it would be unwise and undignified to take any step which could be construed into an admission that its status as a medical licensing body is open to any doubt. The "Hall," therefore, does not propose to take any steps towards obtaining a judicial decision thereon, and it places its dependence upon the Medical Council granting it the assistant examiners essential to separate existence. While we sympathise with the sentiment of the "Hall" that it is an unnecessary humiliation to be called upon to prove its competency already established by several Acts of Parliament, by custom, and by the judgment of those who are the official interpreters of the law, we shall regret if the Directors do not, nevertheless, accept the inevitable and set to work to prove their case, for, should they omit to do so, we think they can have no reasonable hope that the Medical Council or the Privy Council will rescue the "Hall" from extinction. If they ask for assistant examiners they must do so by virtue of the clause of the Act which declares that they shall, to obtain their request, have used all reasonable means to come into the conjunction *and have been refused*, which, in their case, would not be true. They have certainly used all reasonable means, but they have *not* been refused; on the contrary, they have been accepted on a condition which it is open to them to conform to, but which, for reasons easily understood, they have not fulfilled. The Medical Council can scarcely grant them independent licensing powers as long as it is open to them to obtain such powers in combination by a simple legal process. For these reasons we think the Directors will act foolishly if they allow their very proper feeling of self-esteem to prevent them proceeding to establish the legal status of the "Hall," and we prophesy that, if they adopt such a course, the "Hall" will, before the 1st of June, have ceased to exist as a medical licensing body. The deadlock between the London Colleges and the English Apothecaries' Hall continues; there is nothing fresh to report, nor is there likely to be until the meeting of the General Medical Council which is summoned specially to deliberate thereon.

Apropos of the Irish Conjoint Examination Scheme and the relation of the Irish Apothecaries' Hall thereto, we understand that the College of Physicians has last week, without being asked its opinion, sent the Council of the College of Surgeons an ultimatum in a somewhat uncivil form of words, to the effect that if the College of Surgeons carries out its intention to conjoin with the Apothecaries' Hall, they, the College of Physicians, will raise their terms as regards the money distribution of the conjoint diploma fees, and will insist on a half share. As a matter of business, such a claim would be quite untenable, because the diploma fee, as at present fixed, is simply the sum of the diploma fees heretofore paid to the two Colleges, and the agreement arrived at in order to avoid monetary disputes is that each College shall retain its own fee, paying its own expenses. Therefore, whatever the College of Surgeons proposes to do cannot in equity affect the dividend of the College of Physicians, and the claim of one half share simply means that that College requires a part of the fees belonging to the College of Surgeons in addition to its own fee, a demand which is obviously extortionate and unjust. But it is as a matter of diplomacy and intercollegiate courtesy that this proceeding of the College of Physicians assumes its worst appearance. The College has manifestly forgotten the dignity on which it so much plumes itself, or it would not lower itself to threaten where it cannot dictate. Considering the relative positions which the two corporations in medical education in Ireland hold, the College of Surgeons could, if they thought proper, retort in a way which the College of Physicians would find inconvenient; but it has sufficient self-respect to settle its own affairs calmly and without entering into the altercation which that College invites. It certainly seems to us that the College of Physicians has fallen into the hands of advisers who have as little appreciation of the proprieties of intercollegiate negotiation as they have of the need of medical education and licensing in Ireland. Their pretentious dignity blinds them to the reasonable, business-like view of the Conjoint Examination question, while it fails to save them from displays of ill-temper and ridiculous attempts at dictation.

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The Report of the Dublin Hospitals Commission, which has hung fire ever since last July, is expected from day to day to be presented to Parliament. It is reported that the delay in its promulgation has been caused by the necessity for its being almost wholly rewritten. We are not at liberty to make any statement as to its purport.

Notes on Current Topics.

The British Soldier.

Two very important pamphlets have recently been issued under authority of the War Office. In one of these the advantages of the army as a career for active and well-conducted young men are enumerated; in the other, a very faithful picture of life in the army is presented, as it concerns private soldiers and non-commissioned officers, and having perused with care both these reports, it is fair to say of them that in no respect is the impression they convey of these advantages overdrawn. As regards the general conditions of the soldier according to these pamphlets, limits of age for recruits are from eighteen to thirty years, according to the branch of the service they desire to join, minimum height 5 feet 4 inches to 5 feet 8; weight, 115 lbs.; chest measurement, 33 inches. Recruits may engage for periods of three, seven, or twelve years, and non-commissioned officers, and in certain cases private soldiers may extend their period of service to twenty-one years and so become entitled to pension. In the case of men who engage for either of the two shorter periods of service with the colours, they will have to join the Reserve so as to make a total service of twelve years. The pay of a soldier according to his rank and position varies from one shilling to six shillings per day; good conduct pay, extra duty pay, and working pay are granted in addition under certain rules; deferred pay and pensions are also obtainable, the latter varying in amount from 1s. 1d. to 5s. per day. In addition to money wages, a soldier receives a ration of bread and meat, lodgings, fuel, and medical attendance; on first joining he is supplied with a free kit, and is afterwards supplied periodically with the principal articles of clothing without charge. On discharge or transfer to the Army Reserve he receives at the public expense a suit of plain clothing. While serving, he occupies a large and airy barrack-room provided with every essential requisite, his bedding good in quality and sufficient in quantity, according to season; his food, ample when supplemented with a few articles such as he may purchase at a cheap rate at the canteen; his regular work not particularly hard; his means of education and improvement in the regimental school unlimited, those of recreation and amusement abundant. The not unimportant items of foreign service, campaigns, unhealthy climates, and epidemic seasons are not taken into account in this summary; but all these are inseparable from military life, and even they are by no means without their compensations. Generally speaking, however, the army has many excellent situations for soldiers who make up their minds to do the best they can in the service, and set their minds to advance in that service.

Anthrax in Cheshire.

The epidemic of anthrax in Cheshire is exceedingly severe and fatal. Mr. Walter Lewis, the chief veterinary inspector for the county, reports that thirty-two pigs and three sheep died on one farm alone in the space of sixty hours. The disease generally proves fatal within a few hours. The outbreak is believed to have been traced to the fact that some pigs had recently obtained access to the carcases of a horse and several sheep which had died suddenly. Appearances seem to support the view that the malady has for years been more or less endemic at one particular farm. The most stringent precautions are being taken with a view to the destruction and disinfection of the bodies of animals which have died of the disease. It is an open question, however, whether any method of destruction, short of actual consumption by fire, can be relied upon as sufficient.

Acetanilide.

This drug has been introduced for its antipyretic effect, and on account of its calmative influence in excitable conditions of the nervous system. In doses of from five to ten grains it has proved very successful in the treatment of epilepsy, and, in somewhat larger doses, renders great service in acute rheumatism and similar maladies, of which hyperpyrexia is a prominent symptom. In toxic doses it produces profound collapse, with low temperature, anæsthesia, and analgesia followed by coma, convulsions, and death. It is said to advantageously replace the bromides in the treatment of many nervous affections without the peculiarly depressing effects of this drug. It has been exhaustively experimented with by Dr. Weill, of Paris.

Physiological Weight-Loss in Young Children.

During the first few days of extra-uterine life newly-born children become reduced in weight by an amount variously estimated by different observers at from 130 to 280 grammes, but in a certain proportion of cases, about 8 per cent., no such loss is apparent. The causes to which this depreciation is due have been investigated by Dr. C. W. Townsend, who communicates the results of his observations to the *Boston Medical and Surgical Journal*. The experience on which his conclusions are mainly based was gained in connection with the Boston Lying-in Hospital, where during the last eight months of the year 1885 the daily weight of every child born in the institution was carefully recorded. The amount of weight lost as the result of washing following birth, whereby the skin of the infant was divested of casix vernosa, blood, &c., was found to average an ounce and a half. Added to this is the weight of meconium and urine passed by the child soon after birth, an average of another two ounces, and which, strictly speaking, does not come within the meaning of "physiological loss." After deducting this amount there remains to be accounted for a diminution in the weight of the infants, within the first three or four days of independent existence, of about eight ounces, and it is this decrease that it is sought to explain. It is described as being due, first, to the fact that for the first three or four days milk is not secreted in sufficient quantity, or of proper quality, to nourish the child; and secondly, to the fact that the infant is not urged by nature to obtain more than a small quantity of this food, and, if not disturbed, spends most of its time in sleeping. In Dr. Townsend's opinion, also, such physiological loss must be greater in cases outside of hospitals, because in them the infant is not so systematically forced to take the breast, and actually shaken to keep it awake long enough to nurse. The persistence of colostrum corpuscles in the milk, too, is found to have a detrimental effect, those children losing more, and for a longer time, whose food is thus rich in colostrum, than those in which this element of the mother's secretion disappears more quickly. The loss of weight is greater among children of primiparæ than among those of multiparæ, and is ascribed by Dr. Townsend to the tardy secretion of milk on the part of the mothers, his conclusion being that the loss in question, though it does not occur in the lower animals, is, under present conditions of civilisation, purely physiological in the human race. Further, he observes that the employment of artificial food or of the milk of a wet nurse may diminish the loss, though it does not altogether do away with it; but the practice is declared to be objectionable for many reasons.

Certificates of Competency in Vaccination.

Mr. Victor A. Jaynes, Public Vaccinator of the St. Olave's Union, Southwark, has been appointed by the Local Government Board to be a teacher of vaccination for the purposes of the Order in Council of December 1, 1859. This appointment is a step in the right direction, but we fail to see why the ability to grant certificates of competency to perform vaccination should be restricted to one or two of the large number of public vaccinators of London. Under the existing arrangement the student is obliged by the regulations of the Colleges to resort to one or other of, we believe, three gentlemen, two of whom must for years past have been making large incomes from this source. We do not grudge gentlemen their emoluments, but it seems unjust to these other public vaccinators that the power should be limited to one or two of their number to the exclusion of the remainder. The instruction given cannot be considered to be of a character necessitating the possession of teaching abilities of a very high order, seeing that it is generally limited to performing one or two vaccinations and filling one or two tubes, in exchange for which a fee of one guinea is paid. We should gladly see the list extended, proper precautions being of course taken to ensure that the teacher is a punctilious observer of the minute but indispensable precautions which have from time to time been recommended by the medical advisers to the Privy Council.

Transcendental Microscopy.

Some curious discoveries were recently brought before the Odontological Society of Great Britain by Mr. Charters White. He examined some dental tartar removed from the teeth belonging to dolichocephalic skulls found in a "long" barrow near Heytesbury, the original proprietors of which were contemporaneous with the Stone Age. Decalcified and examined under the microscope, he found small, drab-coloured masses composed of altered and disintegrated epithelial scales mixed with the contents of starch cells. Throughout these masses were scattered grains of sand, due to the practice of grinding corn between two gritty stones, the effect of which in wearing down the teeth is very apparent in the teeth themselves. In addition to the above, he was enabled to identify portions of husks of corn, hairs from the outside of the husks, spiral vessels from vegetables, husks of starch, the point of a fish's tooth, a conglomeration of oval cells, probably of fruit, barblets of feathers, portions of wool, and fragments of cartilage. The idea of deriving information as to the gastronomic propensities of our ancestors by such means is certainly remarkably ingenious. The fertile imagination of the archæologists will doubtless suffice to build up, on this somewhat slender foundation, a legend which will be handed down to posterity, and ultimately be hallowed by its own antiquity as well as the antiquity of the material dealt with. In future ages, instead of scratching a Russian to find a Tartar, our descendants will scratch the tartar to find a Russian.

Industrial Dangers.

A very large proportion of the risks and mishaps to which the various categories of the labouring community are exposed are distinctly avoidable, the employment of the most elementary and common sense precautions sufficing, in many instances, to obviate the danger. In spite of this fact, possibly because of it, a large number of fatalities and serious injuries result from the stupidity, foolhardiness or indifference of the victims of this class of accidents. Vainly the law endeavours to constrain the men to employ more care than they care to do, even in their own interests; persistent neglect of the regulations made and provided still makes an appalling number of widows and orphans annually. The law requires the proprietor of lead works to provide sufficient accommodation for efficient ablution so as to lessen the danger of plumbism, but it is powerless to oblige the men to wash. To paraphrase the old adage, one law may bring a man to the water, but twenty cannot make him wash. In Paris, where a comparatively large number of lives are lost annually by men falling from the roofs when engaged in repairs, a stringent regulation makes it incumbent on the employers to provide nets so as to prevent their men falling six storeys on to the heads of inoffensive passers-by. The master can scarcely be expected to fix the nets himself, and the men with touching unanimity, refuse to do it. The consequence is that the regulation is practically a dead letter, and people engaged in nothing more simple than quaffing a *bock* on the spacious *trottoir* adjacent to a *café* are exposed from time to time to the disagreeable emotion of witnessing a distressing "smash-up." Experience and precept are alike thrown away on such men. Even the *employes* of gas companies not unfrequently meet with their death in consequence of searching for leakages with naked lights, and miners are well known to have a predilection for smoking in particularly *fiery* veins. Experienced well-diggers now and again succumb to asphyxia resulting from the neglect of the simple precaution of ascertaining beforehand the condition of the air, and doctors die from carelessly swallowing overdoses of or mistaken drugs. The mortality under these heads is the penalty paid to Nature for the want of a little attention.

The Trustees of St. Bartholomew's Hospital, Rochester, have declined to re-open the lock ward of that institution.

The Tribulations of a Medical Editor.

Would be contributors whose prospects are being blighted by the pertinacious refusal of home editors to give their lucubrations the space which they doubtless merit will find a good opening in the *South African Medical Journal.* Whether it be a rarity of good cases or an indisposition to exertion on the part of the Cape practitioners, we are not able to determine, but the fact remains that the stereotyped "pressure on our space" is decidedly negative. Some time ago the editor had to hold the non-publication of the journal *in terrorem* over the heads of his subscribers, and the menace elicited some angry correspondence which served to fill up the blanks for two or three numbers. Nor are the tribulations of the editor confined to finding "copy;" in a recent number the printer somehow or other got the columns in in the wrong order, and nobody noticed the mishap until it was too near dinner-time to remedy matters. The readers of the journal had thus to pick their way cautiously along. Fortunately, this paper only comprises eight columns of matter of any kind, so that success doubtless rewarded the efforts of the more determined readers. The price of the *S. A. M. J.* is fourpence, so that they pay one half penny per column for their medical pabulum—a price considerably more than English readers are willing to pay.

School Hygiene.

A commendable resolution was recently passed by the Medical Society of New York, in the direction of improving the hygienic arrangements of schools, the occasion being given by the reception of a report from the committee on prize essays. Eight essays had been received for the "Cash" prize in the gift of the Society, and the successful one bore the title of "The Physiological Conditions and Sanitary Requirements of School Life and School Houses." With a view to making the contents of the essay known in the quarters most likely to be benefited by the application of the principles enunciated in it, the Society decided to authorise its secretary to distribute one thousand or fifteen hundred copies of the work among municipal and school authorities throughout the State of New York.

Dr. Emmet is reported in the *Indiana Medical Journal*, as saying that, in five years every man who has spayed a woman will apologise for having done so.

Dr. Clarke, of Philipstown, King's County, has been removed from the Commission of the Peace by the Lord Chancellor for political reasons.

We understand that His Excellency the Lord Lieutenant of Ireland has accepted the invitation of Sir William Stokes, President of the Royal College of Surgeons in Ireland, to a banquet to be given in the College on the 23rd of April, in honour of the Jubilee celebration of Her Majesty's reign. A large number of distinguished guests have been invited to meet His Excellency, and the entertainment is expected to be a very brilliant affair.

The Croonian Trust.

An important decision was arrived at by the Royal College of Physicians of London last week, with regard to the accumulated funds under the Croonian Trust. In future the course of lectures will consist of not less than four annually, these being delivered in June, instead of March as heretofore. The lecturer appointed will receive an honorarium of one hundred guineas, and will be eligible for re-appointment. The balance in hand from the fund is to be employed for the purposes of original investigation by a past or present Croonian lecturer, both lectures and investigations being under the control and sanction of the President and Censors of the College.

The Abuse of Medical Charities.

This subject is one which is continually coming forward for discussion and consideration, not only in London, where the evil is possibly at its maximum, but elsewhere. In our last week's number we gave a report of a meeting held at the Faculty Hall, Glasgow, which resulted in the appointment of a committee to consider the question. The matter is one which concerns the public at least as much as the profession, though for different reasons. A long communication from Dr. Campbell Black in reference to this burning question has appeared in the *Scottish News* dealing with the abuse of medical charities more particularly in Scotland. He appears to attribute the lack of discrimination shown in affording gratuitous treatment to people of the artisan class, not wholly unable to pay for their medical attendance, to the peculiar circumstances of the foundation of these charities. They owe their existence, we are told, without exception to the private initiative of medical men who sought thereby the perfectly legitimate advancement of their private interests. The blame, therefore, would rest on the shoulders of the medical men who, in their anxiety to further the success of their respective institutions, carefully avoided too close a scrutiny of the means and ability to pay of their patients. It is certainly very much better that people who can, should obtain medical advice from dispensaries especially organised on the provident system for their assistance, than that the spirit of independence should be stifled by official and officious charity. Whatever good may accrue to the medical men attached to these institutions in the matter of experience and professional status is at the expense of their less fortunate *confréres*, so long as due care is not taken to eliminate those patients who ought in fairness to contribute toward the expenses of their attendance. We should be pleased to think that something was likely to be done to restore order out of chaos, but though the moment is near when decided action will have to be taken, it is wise not to be too sanguine.

The "Kennedy" Defence Fund.

We print in our advertising columns to-day an appeal by a very influential Committee for funds to recoup Dr. B. Burke Kennedy, the Resident Surgeon of Mercer's Hospital, Dublin, for the trouble, cost, and anxiety to which he was subjected by a recent prosecution. Dr. Kennedy was accused with having caused the death of a hospital patient by removing him from the ward with unnecessary violence. Dr. Kennedy had to endure a police-court prosecution, and afterwards a trial before the Commission, the result of which was a complete and unqualified acquittal, as we have already recorded, confirmed by a very strong expression by the Judge that he was innocent of the act laid to his charge. Any house surgeon is at any moment liable to similar accusations which necessarily involve most serious loss and trouble, and when declared innocent he is entitled to every sympathy which his professional brethren can offer him. We have no doubt that the appeal for a defence fund will receive large support.

The Drinks of the Temperate.

Quoting from a report presented to the Massachusetts Board of Health by the official analyst, and which deals with the purity of drugs and other substances of sanitary importance, the *Boston Medical and Surgical Journal* gives a list of some forty or fifty "tonics" and "bitters," sold to the public either as non-alcoholic or as aids to temperance. In these preparations, which are advertised and vended under numerous names, many of which will be familiar to readers of newspaper advertisements even in this country, the amount of alcohol varies from 6·1 to 47·5 per cent. The dosage is usually from half a wineglassful to one wineglassful three times daily, but occasionally the purchaser is instructed to make still more frequent use of the "remedy." Especially is this the case in the "bitter," containing the highest proportion of spirit in any preparation examined, viz., 47·5 per cent., and which is directed to be taken "a tablespoonful to half a wineglass or more, three time daily, or when there is sensation of weakness or uneasiness at the stomach." If some such report as this could be prepared respecting the multitudinous quack "tonics," "bitters," *et hoc genus omne*, sold in this country also, it would certainly lead to equally striking and instructive results.

Quack Remedies in Germany.

The Berlin police have published a series of analyses in the daily press, from which are the following: "Bauer's Consumption Cure" consists of a decoction of malt and apples; "Volkmann's Drunkard's Cure" is a mixture of gentian and lycopodium; "Baretta's Stomach Powder" is a mixture of bicarbonate of soda with cream of tartar, milk, sugar, sal ammoniac, chalk, and a trace of pepsin; "Harz's Mountain Tea" consists of a mixture of peppermint, lactuca, liquorice, sassafras, lavender and milfoil.

The American Output of Doctors.

In the last nine years 103,598 have matriculated in America as medical students, and one-third of these, or 33,648, have become doctors of medicine. At this rate the total number of doctors for the decade will be nearly 40,000.

The Etiology and Therapeutics of Migraine.

In a contribution to the *Wiener Medizinische Presse*, Professor Eulenburg, of Berlin, discusses etiologically and therapeutically this most interesting and distressing malady. Various peripheral irritations, according to him, gastro-intestinal, nasal, or other irritations, are capable of calling forth an attack of migraine, or, at any rate, an attack bearing resemblance to it, especially in neuropathically disposed individuals. The immediate cause of the occurrence of an attack of either the genuine hemicrania, or the pseudo form, lies in considerable and tolerably acute variations in the amount of intrà-cranial blood, or in varying fulness and dilatation of the meningeal vessels, and in an asymmetrical condition of them, whereby the nerve endings of the trigeminus in the dura and pia mater are painfully irritated. The brain itself may be affected sympathetically, as shown by symptoms sometimes present of cerebral anæmic irritation. It is not necessary that the vascular nerves themselves should be the starting point of the variation of intra-cranial blood pressure, they are more generally caused by general and local disturbances of various kinds, such as losses of blood, anomalies of cardiac function, &c. Such individuals as are disposed to variations of intra-cranial blood pressure, or varying fulness of the meningeal vessels, and asymmetrical distribution of blood in the two hemispheres, or excessive irritability of the nerve terminations are particularly disposed to migraine. Eulenburg has shown the probably correctness of his views by determining the galvanic resistance of the head, resistance being not only heightened in migraine and hysterical hemi-anæsthesia, but asymmetrical in the two halves, the differences being due probably to regional anomalies of blood distribution. As regards treatment the author speaks favourably of massage, particularly in the myopathic form, depending on straining and fatigue of muscles. The process consists in rapid tapping (tapotement) of the affected side and temples, and effleurage, and tapping of the nape of the neck. Antipyrin in gramme doses, repeated in an hour if necessary, is well spoken of, as is also static electricity. We need not recall the use of ammonium chloride, which was much thought of at one time. If this remedy has fallen into disuse it has done so undeservedly, and probably because more was expected of it than was reasonable. It is probably very difficult to cure attacks when once they have commenced, but it is not so difficult to keep them off. This can generally be done for an almost unlimited time by the regular employment of the ammonium chloride in ten grain doses three times a day along with an equal quantity of some form of bromide. For the attack itself, in addition to the remedies named, a mustard plaster to the nape of the neck, or a linseed poultice with a rather large proportion of mustard in it, will probably be found one of the most effective methods of relief, and one of the most speedy in its action.

Electricity during and after Labour.

There are probably very few complaints and infirmities for which electricity in one form or another has not been tried, with varying success it is true, but this uncertainty in its effects is attributable not only to the greater or lesser appropriateness of its employment, but also to the greater or lesser manipulative dexterity of the person using it. A case is reported in a French medical journal in which its application both for the purpose of stimulating labour, and subsequently for cutting short an attack of violent post-partum hæmorrhage, was attended with great success. When the flooding began, the removal of the clots with internal manipulation of the uterus, together with injections of vinegar and hot water were tried, but failed to excite uterine contraction. The medical attendant then took advantage of the proximity of a strong battery to cut short the attack. He placed one pole in the hand of the patient, and took hold of the other himself. With his disengaged hand he grasped the uterus through the abdominal walls. The experiment was a disagreeable one for the doctor, but he had the satisfaction of seeing the uterus contract promptly and firmly, and the hæmorrhage ceased. It is, of course, impossible to affirm that the result in this case was due directly, and only, to the stimulus of the current, but there is every reason to believe that the effect of a strong and interrupted current on the muscular fibres of the uterus would be likely to favour such a result. The experiment is certainly one worth repeating, and we would commend it to the attention more particularly of lying-in institutions where it would not be difficult to arrange for a suitable apparatus being kept ready for immediate use. In private practice too, in cases where flooding for some reason or another is feared, it would be well for the practitioner to provide himself with the necessary paraphernalia, since no agent which offers any resource against such a terrible enemy as post-partum hæmorrhage is to be neglected in these cases.

The Practice of Medicine in France.

For some years past the native practitioners at French watering places and elsewhere have displayed a good deal of irritation at the success of the English and American medical men who practically exclude them from participation in the emoluments derived from attendance on the wealthy and invalid foreign visitors. This feeling has now taken a tangible form in the promulgation of a law which somewhat enhances the difficulty of obtaining the right to practise on French territory unless the doctorate of one or other faculties of medicine in France be first obtained, a proceeding of some time, difficulty and expense, except to one who has lived for some years in the country. Hitherto, the English or American practitioner who desired to practise in France contented himself with obtaining a provisional licence (*permis d'exercer*), which was practically perennial, or at most took the certificate of *officier de santé*, an inferior diploma, but one which enabled its holder to comply with the law. Until within the last few years one or other of these *permis* were obtainable on fairly easy terms. Under the new law, however, no permissions are to be granted other than those conferred by passing one or other of the legal entrances to the profession. Further, in order to prevent undue competition at the hands of men who might take the *officiat de santé*, they are forbidden to practise in the chief towns of departments and arrondissements and in cities of over 10,000 inhabitants. In all important surgical and obstetrical operations they are required to call in the assistance of a doctor of medicine. This provision already existed, but was not enforced, at any rate as far as foreign practitioners were concerned. The French Government have now followed the example set by England

and latterly by Germany, of forbidding the practice of dentistry except to those duly qualified. Instead of establishing a distinct qualification, however, the law simply requires that a dentist shall possess either the *officiat* or the doctorate. It is worthy of note that the simultaneous practice of medicine and pharmacy is forbidden, even to persons holding both diplomas, except in cases where the nearest drug shop is more than four kilometres from the residence of the medical man. In such cases he is authorised to dispense medicines for the exclusive use of his own patients. Nothing, perhaps, contributes more to elevate the status of the profession than this enforced separation of the trade from the profession. The disjunction is a proper and desirable one, but it will be many years before anything of the kind can be hoped in England, if indeed, it ever should come about.

Dust Disposal.

ONE standing nuisance in large towns, at any rate except in the favoured few, is the management and ultimate disposal of domestic and trade refuse. In that abomination, the dust-bin, it is allowed to undergo to preliminary stages of decomposition, and then when this is going on, it is removed in a manner worthy of the Middle Ages, by the surly and blackmailing *employés* of the parish contractor, to the local dustheap, where decomposition is allowed to proceed a few stages further, the process being facilitated by a general overhauling by children and old women, who, it is to be hoped, are proof against the mephitic exhalations from industrial excrement. Under favourable circumstances the nuisance must obviously be a serious one, and no small share in the plague of flies to which London is subject during the summer months is attributable to the admirable nidus which these festering heaps of refuse afford for the propagation and development of these exasperating little insects. We note, therefore, with no small amount of satisfaction, that evidence is forthcoming of a desire on the part of some of our London vestries to dispose in a more effectual and less obnoxious way of the effete material. A Bill empowering the Kensington Vestry to take steps to burn their refuse material has just been read a third time, and the vestry will presumably at once proceed to utilise their powers to provide the necessary apparatus. This is to consist of a "Fryer's destructor," having twenty fireplaces or cells with inclined hearths and reverberatory arches. The dust will be carried in carts up an inclined roadway to the top of the furnace, where it will be precipitated on to the fires below. A flue from each cell will join a common flue, where the products of combustion will be burnt, and will eventually escape through a chimney shaft 180 feet high. The slag will be used for mortar and for road foundations, and the heat for working machinery for washing and screening road sweepings, the grit of which will also be used upon the roads. It is calculated that at a cost of eightpence each cubic yard, material will be furnished of a much greater value while the furnaces would further be capable of working machinery which would illuminate the whole parish with electric light. The fears which are felt as to the scheme proving a nusiance ought not to be realised if due care be taken to secure the proper functioning of this apparatus, which has been successful enough elsewhere. If the experiment prove satisfactory one of the most difficult sanitary problems of London will have been solved.

The Margaret Street Infirmary.

AT a meeting of the Governors of this Institution, held on Wednesday afternoon last, John Beckett, of Brook Street, was elected to the post of Physician in ordinary; Dr. Tuckey, of 14 Green Street, Grosvenor Square, and Dr. Roberson Day, of Netherhall Terrace, Hampstead, were elected as Visiting Physicians (one vacancy remaining), the post of Surgeon being filled by the election of Kenneth W. Millican, of 58 Welbeck Street. These gentlemen have expressed themselves in favour of entire liberty of action on the part of the medical staff in the matter of treatment, and have intimated their intention to work harmoniously with their future colleagues. This institution evidently cannot in future be regarded in any other light than that of a homœopathic hospital. *Avis aux interessés.* The chairman (Mr. Robert Thornton) in answer to a question distinctly stated that the fact of being an avowed homœopath was no disqualification for any of the appointments.

THE Queen has sent a cheque for £100 to the Queen's Hospital, Birmingham.

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Glasgow.

[FROM OUR OWN CORRESPONDENT.]

PROPOSED GLASGOW ROYAL INFIRMARY MEDICAL ASSOCIATION.—A numerously attended meeting of the medical staff, and of the "Residents" of the Glasgow Royal Infirmary was held on the 8th inst. in the Board Room, Dr. Perry presiding, to consider the efficiency of forming a medical association in connection with the Infirmary. Fear was expressed by one or two of the speakers that any such association might interfere with existing ones; on the other hand, Dr. Fleming justly pointed out that at present there was no bond of union between the members of the staff, and that the constitution of the proposed association might be so framed as to obviate the objections urged against it. Small societies are to many more agreeable than large ones. Good work is more frequently done in connection with them, and as there are many other reasons which render the formation of such an association as this one desirable, we cordially wish it all success.

THE "JOHN REID," MEDICAL PRIZE.—The prize founded by Miss Reid in memory of her brother, the late John Reid, Surgeon, Glasgow, is awarded for the best original research bearing on any of the departments of Medical Science conducted in one of the hospitals or laboratories of Glasgow. The prize which is of the annual value of £25 has been awarded for one year to Mr. R. C. Wakefield, for an able paper on "Aneurism."

COMBE LECTURES IN GLASGOW.—On the 5th inst. Dr. Andrew Wilson delivered the first of a series of 15 free Combe lectures to the teaching profession of Glasgow, in the hall of the Free Church Normal School, Cowcaddens. Taking for his subject the general aspect of health-science, Dr.

Wilson gave an exceedingly clear and interesting account of the nature of disease in its relation to the individual and the community. He impressed upon his audience that, in their special relations to the community as teachers, they held in their hands an important power in connection with the instillation into the minds of the young of health precepts and sanitary laws. For the teacher, health knowledge was a priceless acquisition, inasmuch as it enabled the health of the young to be duly conserved while at school, and aided educational work in no mean degree. The lecture, which was illustrated by many apt examples, riveted the attention of an audience which crowded the hall. The lectures are delivered on Tuesdays, Wednesdays and Thursdays as announced in our advertising columns.

Important Appointmemt to a Glasgow Graduate.—We understand that Dr. John Dudgeon, an alumnus of the University of Glasgow, has been appointed physician and private secretary to His Excellency the Marquis Tseng, at Pekin.

Glasgow Southern Medical Society.—Meeting on 7th April; Dr. James Morton, President, in the chair. The report of the Medical Charities Committee was read by the convener, Dr. Macmillan, which detailed the various steps that had been taken to bring the subject of the necessity of reform of these institutions before the profession and the public, and which had culminated in the very influential and successful meeting in the Faculty Hall on the 30th ult. The Southern Medical Society has therefore transferred further action in the matter to the committee of local practitioners appointed on that occasion. Dr. Morton made some remarks on the attention which had been roused among the lay public, as well as among medicals, on the question of the abuse of medical charities, and expressed his conviction that good was not only being done at present by the interest evoked, but that the committee appointed would bring about some definite reform.

Dr. Robert Pollok read a paper on "Empyema and its Treatment," with five illustrative cases. Four of the cases were cured, and all had been treated by puncture. In the discussion which followed, the majority of the speakers were of opinion that in true empyema resection of the ribs was necessary as a rule, and that tapping is only successful in the case of serous pleuritic effusion. Dr. Morton regarded resection as a barbarity, because it was unnecessary if the opening be made near the vertebral column, where no contraction takes place along with the movement of the chest, and there is no interference with drainage. Besides, the chest will not fall in in old persons, although it will do so in the young. By the operation the chest space of the patient is diminished, and even the expansion of the remaining good lung is interfered with. Dr. Morton thought that good drainage could be effected without cutting the ribs, and noted that the only difficulty was keeping the drainage tube from becoming plugged.

Perth.—Infirmary Dispute.—Another Extraordinary Meeting of Subscribers.—On the 4th instant, in accordance with a largely-signed requisition, another extraordinary meeting of the subscribers to the County and City of Perth Infirmary was held in the Commissioners' Hall, Perth, to consider what steps should be taken owing to the resignation of the nine directors who resigned consequent upon the resolution come to at the meeting held a fortnight ago. There was a very large attendance, and the proceedings were of an animated character. Viscount Stormont presided. On the motion of Mr. Watson Cornhill, seconded by Mr. William MacLeish, town-clerk, it was agreed by a majority of 44 to 17 to rescind the resolution come to at the former meeting. A protest was entered by the minority. Mr. Dickson, solicitor, then moved that those directors who had already intimated their resignation should be re-elected on the footing that they were to be left perfectly free to act in such manner as they thought fit for the good of the institution. Mr. John Jamieson, clothier, seconded, and the motion was agreed to.

Rothesay Parochial Board.—Appointment of a Medical Officer.—The monthly meeting of Committee of Management was held in the Parochial Chambers on the 6th inst.—Ex-Provost Macbeth presiding. On the motion of the Chairman, seconded by ex-Provost Mackirdy, it was resolved to draw up a minute expressing regret at the death of Dr. J. C. Maddever, who had been medical officer for the parish during the past 16 years. The number of paupers on the roll at this date was reported to be 157, showing a gradual increase for some years. The meeting having resolved to proceed with the appointment of a medical officer for the parish in room of Dr. Maddever, two applications were submitted—one from Dr. J. B. Lawson, and one from Dr. Norman Macleod Clark, who has succeeded to Dr. Maddever's practice. Ex-Provost Mackirdy moved that Dr. Lawson be elected, and this was seconded by ex-Ballie Mackinlay. Mr. Wm. Duncan, chemist, proposed Dr. Clark, but there being no seconder for this Dr. Lawson was declared elected.

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Correspondence.

THE QUANTITATIVE ESTIMATION OF UREA IN URINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I feel much indebted to Dr. Carey for his letter published in you issue of March 16th, 1887, as it points out an obscurity in my paper on the quantitative estimation of urea, and gives me an opportunity for correcting the same. I shall endeavour to answer Dr. Carey in the order of his observations.

(*a*) Dr. Carey heads his letter thus:—"The accurate determination of urea."

I did not intend to put forward Dr. Esbach's method as accurate in the strict sense of the word. The following sentences in my paper show this:—"It is hardly needful for me to premise that the present communication is not intended to be an exhaustive one, but merely a contribution, *from a clinical point of view*, towards a subject the interest of which daily increases."—("Transactions" of the Academy of Medicine in Ireland, Vol. iv, p. 66.) Again:—"In conclusion, I venture to recommend to all busy practitioners who wish to make fairly accurate, but easy, quantitative analyses of albumen, urea, and sugar in urine, the methods which I have now described, and which I brought under the notice of the Academy of Medicine in Ireland during the present session of 1885-86." (*Op. cit.*, p. 78.)

If scientific accuracy in ureametry is required, the method of Liebig must be adopted, but the time and trouble it involves render it unsuitable for clinical use.

(*b*) Dr. Carey proceeds to quote the following sentence from my paper, and to remark thereon:—"'For example, Dr. Cruise says that, 'having discharged the urine rapidly into the tube and closed it promptly with the thumb, decomposition setting in at once, a considerable froth is developed, which settles quickly in a few large bubbles, &c.' He does not say if the urine with the reagent fill the tube to the top or not, for this the bore of the tube, alone, must determine. If the tube were not so filled it would be likely to burst, and no bubbles or froth could be formed as are shown in the plate. If the fluids do not fill the tube, all the upper part is filled with atmospheric air, which acting as an air spring, prevents bursting, mixes with nitrogen as it separates, and perhaps does not vitiate the calculation."

A glance at Fig. 3, in my paper, will show that the mark indicating 140 millimètres (which is on the level of the operator's eye) corresponds to a little more than one-third of the total length of the tube; and consequently there is ample space to accommodate the nitrogen liberated during the decomposition, and to obviate the possibility of the tube bursting. The mixture of the nitrogen and atmospheric air above the fluids does not materially vitiate the calculation.

(*c*) Dr. Carey proceeds as follows:—"Secondly, Dr. Cruise says: 'If the volume of nitrogen amounts to 50 cubic millimetres, and the baroscope points to 72, we find, at a glance, the amount of urea is 13·9 grammes per litre.' I wish the equations producing these results had been stated. The nearest approach I can make to them is 72 : 60 :: 15,432 = 12·85; that is to say that as 72 (the volume of nitrogen obtained) is to 60 (the atomic composition of urea) so is 15·432 (the gramme of urine employed) to the fourth proportional 12·85."

Here, doubtless owing to an obscurity in my text, Dr. Carey falls into an erroneous interpretation of the method of ureametry under discussion. His figures and equation are not mine. In Esbach's method all the calculations are made beforehand, and embodied in the tables.

When once the operator ascertains the volume of nitrogen liberated, he is enabled by these tables to find the amount of urea corresponding thereto, not by an equation or process of calculation, but at a glance. It is scarcely needful for me to observe that the volume of nitrogen (collected over water) requires correction, according to (1) temperature, (2) barometric pressure, and (3) tension of the vapour of water at the moment of the experiment. All this is accomplished in Esbach's method by an instrument which he terms the baroscope, and which I have described in my paper.

These two figures once obtained, viz., the volume of nitrogen in millimetres, and the number indicated by the baroscope, we have only to look at the tables and we are enabled to read off the quantity of urea at once.

I must again remind my readers that the equation given by Dr. Carey is not of my suggestion. 72 is the baroscopic number, not the volume of nitrogen; 60, the atomic composition of urea given by Dr. Carey, is not alluded to by me at all; and the quantity of urine used is a cubic centimetre, and not a gramme weight.

I feel at this point that I was guilty of a serious omission in not having reproduced a specimen of one of Esbach's tables in order to demonstrate its construction. I do so now in accompanying engraving.

PORTION OF ONE OF ESBACH'S TABLES.

	75	74	73	72	71	70
10	2,90	2,86	2,82	2,78	2,75	2,71
11	3,19	3,15	3,11	3,07	3,02	2,98
12	3,48	3,44	3.39	3.34	3.30	3,25
13	3.77	3.73	3.67	3.62	3,57	3.55
14	4.06	4,02	3.95	3.90	3,84	3,79
15	4.35	4.30	4,23	4,18	4.12	4,06
16	4,64	4,58	4,52	4,46	4.39	4.33

On inspection it will be observed that one series of figures lies horizontally at the top of the table. These represent the baroscopic numbers. A second series is placed vertically at the lefthand side. These latter represent the volume of nitrogen in millimetres. The specimen I give above is only a portion of one of the tables. The complete set give all the needful figures from 10 to 90 millimetres, and from 60 to 75 of the baroscope numbers.

The operator uses the tables as follows: Having carried out the process of decomposition by the hypobromite of sodium solution, as described in my paper, he ascertains the volume of nitrogen in millimetres, then he looks at the baroscope and reads off the number it indicates. Armed with these two factors, he consults the table. For example:—

If the volume of nitrogen is 16, and the baroscopic number 73, he finds at the point of intersection of lines drawn from the two figures (16 and 73) the quantity of urea, namely 4·52 grammes per litre.

If he wishes to obtain the equivalent in grains per oz. he can easily do so. To facilitate this conversion I think that he may, for *clinical* purposes, take the gramme as 15 grains, and the litre as 35 oz. In a word 4·52 may be read as 68 grains, which divided by 35 gives close to 2 grains per oz. This quantity multiplied by the number of ounces, voided in 24 hours gives the total excretion of urea in that time. If the operator wishes for a still closer estimate of the quantity, he can obtain it by working out the sum with all its fractional items, but I think for *clinical* purposes (for which alone I recommend Esbach's method) my mode of proceeding suffices.

(*d*) Dr. Carey proceedes:—"Thirdly, Dr. Cruise says: 'Taking for a working estimate each gramme as 15 grains and the litre as 35 ounces, we find that such a urine contains 205 grains per litre.' I make 13·9 + 15 = 208·5 instead. Lastly, Dr. Cruise says, supposing then, that the patient passes an average of 60 ounces of urine, he is eliminating just 360 grains of urea daily. But I make it amount to only 351·4 grains for 35 : 60 :: 205 = 351·4."

I accept Dr. Carey's correction here, merely observing that I read 13·9 grammes as 14 grammes, in order to get rid of the fractional 9 decigrammes. Even so our results differ only by 9½ grains in the final estimate, which amount I consider unimportant out of a total of 360, especially in a process which I have endeavoured to simplify, merely recommending it as *fairly accurate and easy* and therefore suited for busy practitioners.

Since I wrote my paper last year I have learned that the amount of urea indicated by Esbach's method is a fraction below the reality, probably owing to the escape of a portion of the nitrogen from imperfect closure of the tube by the operaters thumb; nevertheless I believe it gives more accurate results than the various forms of apparatus which ignore the corrections made by the baroscope. In addition it is quicker in use than any other, which is all important to the clinical physician.

Every day I feel better satisfied with the aid it gives in diagnosis and prognosis, and trust it will come into general use with all who desire to watch and treat renal affections with due care.

In conclusion, I beg to thank Dr. Carey for his kindly criticism, which has enabled me to do more justice to Dr. Esbach; also to remind him that the faults he points out are mine, and not appertaining to the method; and to apologise for the delay in replying, which was incidental to the execution of the engraving.

I remain, Sir, yours truly,
F. R. CRUISE, M.D., Univ. Dub.

93 Merrion Square, Dublin.
April 8th, 1887.

P.S.—I am glad to see by Dr. Carey's second letter, in your last issue, that he has taken up the subject of ureametry from a scientific and accurate point of view. I would wish to direct his attention to one source of error, which is common to all the usual methods which depend on the liberation of nitrogen by the decomposition of urea; namely the very small quantity of urine used in each experiment in proportion to the entire amount excreted in 24 hours.—As a consequence any error made is multiplied largely. For example:—The cubic centimetre of urine used in Esbach's process is the 1-1000th part of the litre, and the error is consequently multipied by one-thousand. I am engaged at present in experiments intended to assist in eliminating, more or less completely, this impediment to obtaining an accurate result.—F.R.C.

THE TREATMENT OF SECONDARY SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Milner's practical observations on the treatment of secondary syphilis in your number of March 23rd, have afforded me the greatest satisfaction, his outspoken language is much needed and must tend to overcome the horrors of mercury which in the present day pervade the minds of a respectable minority of the profession, From all I have witnessed from the effects of a thorough mercurial course, both at home and abroad, I am at one with Dr. Milner in his views as to the anti-syphilitic properties of mercury in whatever form it may be used, and it is the more needful to keep this fact before us on account of the way in which syphilis is permitted to run wild by the action of that ignorant and sentimental section of the public which has prevented the administration of the Contagious Diseases Act. On the Continent the evil is recognised and legislated for, and thus not only to a great extent minimised, but also hundreds of cases are treated and experimented upon which would never be seen in this country. In my father's practice I have seen an immense number of secondary cases, the plan adopted is somewhat similar to that which has answered so well at Aix-la-Chapelle, mercurial inunction, injections, fumigation, or internal administration combined with sulphur baths, and the internal exhibition of the sulphur, saline chalybeate, or iron waters. Englishmen as a rule dislike inunctions; the hypodermic, or rather intramuscular injection, which I saw in full operation in Würzburg and Vienna of the albuminate or peptonate of mercury is therefore restored to, and affords the most accurate and certain mode of administering the drug. I have never seen any local or constitutional disturbance arise from this plan. Internally I prefer the tannate (Lustgarten's), and the solution of the bichloride, the latter I invariably use for children mixed with their food, and have never seen it disagree with them; at the same time I think less stress should be laid upon the particular preparation than on the necessity of the drug being administered cautiously, and for a protracted course, anything like violent action should be avoided, and for the most successful results salivation is by no means essential. I select three cases in support of Dr. Milner's statements:—

1.—Mr. A., 35, sent by Dr. G., of Dublin, suffered from phagedænic ulcers on the scalp, arms, and legs, periosteal swellings on shins, ulcerations of throat, general debility, sleeplessness with great depression, almost amounting to melancholia, treated with the tannate in full doses (1½ grains three times a day), ulcers dressed with iodoform, throat with nitrate of silver, aperient doses of the sulphur water every morning, and a sulphur bath, temp. 100°, for fifteen minutes. This case went home well in nine weeks.

No 2.—Mr. X., æt. 57, has suffered since he was 19, bore numerous scars on face, forehead, chest, arms, and legs, had five or six painful, soft, boggy swellings on cranium and over left eye, almost closing it, on both ulna and shins, throat ulcerated and ragged, could not swallow; insomnia, a marked cachectic look, and was so weak could scarcely walk. Ordered inunction daily after immersion for ten minutes in a sulphur bath, chlorate of potash to throat, milk diet; after three inunctions, gums touched so ordered the solution of the bichloride instead. In three weeks much stronger and better in every way, could take solid food, full doses of sod. iod. were added to the bichloride; in six weeks all syphilitic symptoms nearly gone, was put upon the chloride of iron spring, and in nine weeks was stronger and better than he ever remembered.

No. 3.—Mrs. P., æt. 32, wife of a medical man, came suffering from syphilitic rupia (I never saw so bad a case in the hospitals of Paris, Berlin, or Vienna), from the crown of her head to her feet we found enormous specimens of rupia, some half an inch high with ulcerated edges, discharging fœtid matter, new spots constantly appeared, there was great anæmia. Ordered full doses of the tannate, an ointment with hydryg. ammon. chlor., antim and creasote was applied to the spots, and, being too weak to go to the baths, all the affected parts were well soaked once a day in warm sulphur water. After taking 45 grains of the tannate the disease began to yield, no new spots appeared, the old ones shrivelled up, the discharge ceased, and in time the crust fell off, and the skin showed healthy. In six weeks mercury was given up and a course of iron waters given, in ten weeks the patient left cured. In Harrogate we have the great advantage of combining mercurial treatment with our sulphur waters, which, as regards sulphur, are not only much richer than most continental spas, but present a variety in strength not to be met with abroad. In addition, we have springs as rich in iron and salines as those of Hamburg, Kissengen, and Spa, so that our patients can receive a thorough tonic course of treatment without changing their quarters.

I am, yours, &c.,

JAMES A. MYRTLE, M.D., C.M.

Harrogate, April 1, 1887.

Literary Notes and Gossip.

AN *American Journal of Psychology* will shortly be issued under the editorship of Dr. G. Stanly Hall, Professor of Psychology in John Hopkins University.

⁂

WE understand that Dr. Dowse's work on "Syphilis of the Brain and Nervous System" has been translated into the Russian language and published by Ricker, of St. Petersburg.

⁂

IT is said that the late Dr. Paul Bert left a manuscript work on Anam and Tonquin, of a scientific character, dealing with the ethnological affinities of the various races of the Indo-Chinese peninsula, their habits, religious observances and history.

⁂

THE last literary labour of the late Professor Schroeder was a paper on "The Reform of the Condition of Midwives," which appeared in the January number of the *Allgemeine Deutsche Hebammen Zeitung*. This journal is devoted to the interests of midwives, in which the deceased always took a great interest.

⁂

MESSRS. BAILLIERE, TINDALL, and COX have just brought out a third edition of Dr. Thorowgood's Lettsomian Lectures on "Bronchial Asthma," which originally appeared in the columns of this journal. In the second edition a clinical lecture on "Remedies for Asthma" was introduced, and in the third edition before us, a chapter on "Asthma in relation to Gout, Pharyngeal Catarrh, and Rheumatoid Arthritis," has been added.

⁂

A "BIG THING" in medical literature is announced by Mr. Davis, publisher, of Philadelphia. It will consist of an "Annual of the Universal Medical Sciences," under the editorship of Dr. Sajous of that city, with fifty corresponding editors, and sixty-four associate editors resident in every civilised country. Each is to report *annually* on the various branches of medicine, and the whole is to be published in five royal 8vo volumes at 15 dollars the set.

⁂

THE recent loss of his daughter by Professor Max Müller is said to have caused such profound dejection in his emotional nature as to have determined him to abandon all those literary and scientific pursuits which have hitherto engrossed him, and to bury himself in obscurity in his native place, the dreary little town of Dessau. From another source we are told that this distinguished *savant* has consented to stand for the Lord Rectorship of the Glasgow University. *O tempora, O mores!*

⁂

IN a small volume called "Short Contributions to Aural Surgery," Sir William Dalby has republished the papers written by him in the *Lancet* between 1875 and 1886. As the author only writes when he has come to the conclusion that it is time some old superstition was eradicated or when he has some new fact or treatment to communicate, his papers are always profitable and interesting. To those who do not read the weekly journals regularly we can cordially recommend this little book, convenient as it is for reference.

⁂

DR. W. SHORE'S "Elementary Practical Biology, Vegetable," just to hand, is intended solely for students working at practical biology. The directions are told briefly and plainly, and the plants selected for examination are such as are easily obtained. The absence of pictures, we consider, is to be regretted; this absence the author ascribes to his desire to prevent the book being used for "cram" purposes, but we fail to see how illustrations would convert it to such uses, and to the private student their presence would greatly enhance its value.

⁂

In an appendix to "The Prescriber" to hand, by John H. Clarke, M.D. Ed., &c., the author gives a glossary of medical terms, which glossary he tells us in the preface was prepared "for the benefit of those readers who may not have had a medical training." The book is written for homœopaths and for the general public, and follows the usual arrangement of such works as homœopaths delight in, of positive and distinct commands for each illness. Indeed, the poor patient seems never to be considered, and the whole artillery of homœopathy is discharged at the disease. With those who study medicine as a science such books are unlikely to find favour.

⁂

Mr. Frederick W. Lowndes, Surgeon to the Liverpool Police and Lock Hospital, has published an essay, in *brochure* form, on "Prostitution and Venereal Diseases in Liverpool.' The author's object apparently is, *inter alia*, to advocate the maintenance, by the State, of lock hospitals, more especially for female patients. His suggestions will certainly be cordially endorsed by all who have opportunities of estimating the enormous evils wrought by diseased women, who, for want of a place where they can resort to for skilled attendance, are obliged to ply their trade with the knowledge that their embraces are as fatal to health as the bite of a serpent is to life. In the interest of public health, and still more in the interest of public morality, some provision ought to be made for the care of these unfortunate women. The hospital affords the only really useful opportunity of getting at these women for purposes of information; they are smarting under an affliction incidental to their degraded and degrading calling, and with healthier moral surroundings and enforced sobriety, those not utterly abandoned may be approached with some chance of success.

⁂

The picture drawn by Mr. Lowndes is an appalling one, but is, alas, only too faithful a portrait of the evils which appear unavoidable in crowded centres. It is time to view the question apart from prejudice and conventionalities. The condition of the streets in all large towns has long excited the indignation and disgust of intelligent people. As Mr. Lowndes puts it, it is not only the young men who are the victims of this unblushing solicitation but elderly men of unblemished character, whose appearance ought to have been their protection. A prostitute is no respecter of persons, but she ought to be made to respect appearances, if nothing more. So long as syphilis is considered by many to be a necessary and even a desirable evil, so long will life-long disease and foul complaints expiate a moment's want of self-control. If the punishment bore any proportion to the offence we might agree to remain silent, but it is the momentary abandonment of the habitually chaste which usually comes in for the penal clause.

⁂

Dr. Sansom has recently issued a second edition of his Lettsomian Lectures, on "The Treatment of Valvular Diseases of the Heart." Considerable enlargement and revision has been made in these lectures since they made their appearance in the columns of this journal, and they now form a valuable addition to our literature on this important subject. Especial attention has been paid to endocarditis, more particularly to that variety of it which, unconnected with rheumatism, is believed to have its origin in septic micro-organisms. The probability of the truth of this explanation is urged, as is the advisability of directing our treatment with a view to destroy or prevent the development of micrococci. The sulpho-carbolate of sodium is put forth as the drug from which the best results might be hoped for, and its trial is here recommended. In discussing the treatment of mitral regurgitation the subject of drugs is fully entered into. Caffeine receives praise as a tonic and diuretic, but convallaria is spoken of with much more caution. After all, digitalis, it appears, must still be our sheet-anchor. As an hypnotic in cardiac cases urethane is highly and deservedly praised.

Under the title of "Medical Galvanism," Dr. Herbert Tibbits has published a lecture delivered by him to nurses and masseuses at the School of Electricity and Massage in connection with the West End Hospital for Diseases of the Nervous System. It is hoped, we are told, that its publication may serve to direct public attention to a new and altogether suitable vocation for well-nurtured and educated women. The author takes some trouble to justify the foundation of the school where the lecture was delivered, and then proceeds to tell one or two dreadful stories about people who had caught hold of the conductors of electrical machines and *were unable to let them go* (the italics are his own). Then he tells us another little tale about a young patient who was being galvanised with a battery that didn't work, and was getting better notwithstanding. There is a very amusing remark about the readiness with which some men apply painful electrisation to their patients, and their extreme care not to feel anything of it themselves. The author then gives a discursive sketch of the duties and qualifications of a masseuse, who should be a "gentlewoman," and furnishes a few elementary facts about electricity. The book is a tolerable advertisement for the School of Electricity and Massage at which Dr. Tibbits lectures, but it cannot seriously be regarded in any other light.

⁂

From the cheerful style in which Dr. Althaus writes in his monograph on Tinnitus Aurium, one would almost be led to believe that this terrible complaint had at last been successfully coped with. We are told that "electricity, however, is a remedy which, *if properly administered*, is devoid of any risk in this disease, and most efficient in relieving the noise in the head." The italics are ours, and we think their justification lies on p. 38, where we read "that the successful treatment by means of electricity requires so much special knowledge of the physiological effects of that agent, such delicate adjustment of apparatus, and such technical skill," that we only hope for the benefit of suffering humanity that the skill exercised by Dr. Althaus is not entirely personal. That cases are relieved occasionally by the continuous current is an undoubted fact, but, alas! the improvement has rarely been permanent. Dr. Althaus insists that Tinnitus is always produced by irritation of the auditory nerve, but he does not offer any explanation as to how electricity removes the irritant. Miliary aneurisms of the labyrinthine arterioles are surely far from common, whilst Tinnitus is an everyday complaint, and it is in cases like these of purely nervous origin that we are to look for benefit from electricity. Notwithstanding the *extraordinary skill* required for this treatment, we trust that surgeons will give it at least a fair trial and report accordingly.

⁂

New Books and New Editions.—The following have been received for review since the publication of our last list, Feb. 23rd:—Griffiths' Textbook of Materia Medica and Pharmacy, 3rd ed., edited by A. S. Gubb, L.R.C.P. Organic Materia Medica, by W. Southall, F.L.S. La Nevrose, par le Dr. M. Leven. Elementary Practical Biology, by T. N. Shore, M.D. Short Contributions to Aural Surgery, by Sir Wm. Dalby, F.R.C.S. Electrical and Anatomical Demonstrations, by Herbert Tibbits, M.D. Litholapaxy in Males, by Surgeon-Major Keegan, M.D. Dub. Traité de l'Administration Hospitalière, par Gabriel Gros-Mayrevielle. The Yearbook of Pharmacy for 1886. Pilocereus Senilis, and other papers, by Walter Moxon, M.D., F.R.C.P. The Practitioner's Handbook of Treatment, by J. Milner Fothergill, M.D. On Overwork and Premature Mental Decay, 4th ed., by C. H. F. Routh, M.D., M.R.C.P. Lond. Oxygen as a Remedial Agent, by C. J. Smith. Essentials of Histology, by E. A. Schafer, F.R.S. Diseases of the Brain, by C. W. Suckling, M.D. Ligaments: their Nature and Morphology, by J. Bland Sutton, F.R.C.S. Royal London Ophthalmic Hospital Reports. The British Gynæcological Journal, Part viii. School Hygiene, by A. Nenwholme, M.D. Bronchial Asthma, by J. C. Thorowgood, M.D., F.R.C.P. Wear and Tear, by S. Weir Mitchell, M.D. Nervous Diseases and their Diagnosis, by H. C. Wood, M.D. Transactions of the Obstetrical Society of London, Vol. xxxiii. The Treatment and Utilisation of Sewage, 3rd ed., by W. H. Corfield, M.D. Oxon. Text-book of Pharmacology and Therapeutics, by T. Lander Brunton, M.D., F.R.S. (3rd. Edition).

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containiing 29 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

LEANDER.—An American pathologist ascribes the increase of phthisis in the red man and his congeners to the clothing civilisation has forced upon him. "Deprived of the assistance afforded by the skins, the work of the lungs is greatly increased, rendering them peculiarly susceptible to bronchitis and pneumonia, the forerunners of consumption.

DR. MACFIE CAMPBELL (Liverpool).—"Cases Illustrating the Dangers of Routine Vaginal Injections during the Puerperium" received.

DR. DYSON (Sheffield).—Case of "Acute Gastric Dilatation" in a woman, received.

DR. DAY.—The reception of your paper on "Habitual Constipation in Children" was duly notified in our issue for March 30th, p. 310.

DR. COUSINS.—If possible in our next.

DR. DAVIES.—Yours is but another instance of the abominable treatment to which medical officers are subject when dealing with a board of guardians without conscience or feelings of common humanity. We shall take measures to place the matter before the Local Government Board.

PROFESSOR NOTHNAGEL (Vienna).—Clinical lecture on "The Diagnosis of Diseases of the Brain" received.

MR. FILBY.—We have already noticed the subject in another form, and have not space at our disposal to revert to it at present.

MR. CONSIDINE.—You will find your question answered on reference to the Acidity and Urea Tables of Dr. Mortimer Granville, which appeared in our issue for March 23rd, pp. 260-61.

F. E. M.—That is the comic side of the question, which those most zealous over personal interests do not perceive. Write us a short signed letter and we will give space to it.

A CANDIDATE.—Your requests would stand a better chance of being attended to were you to indulge in the luxury of a few postage stamps. Your last two notes to us were unpaid, and this may to some extent explain the cause of your disappointment elsewhere. It is a little irritating to be constantly asked for "double postage," and to be mentally contemplating whether the contents were worth the fine.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—May I inquire what are the prospects of a re-establishment of the Contagious Diseases Acts, and whether there is any intention on the part of the medical profession to make any move in the matter? Leaving aside the vapourings of well-meaning old maids, what were the *real arguments* which influenced the opponents of these valuable and beneficent laws?

I am, Sir, yours, &c.,
SCRUTATOR.

[No move—save what is foreshadowed in the report of a deputation to the English Local Government Board is being made, and the profession (including the British Medical Association) is fast asleep. There are *no* tangible arguments against the Acts, save the liberty of the subject craze.—ED.]

INQUIRER.—Yes; and if you will take the quantity of blood in your body as 1-13th its weight, you may safely assume that if you weigh 75 kilos, the weight of your blood, were it all extracted at the same time, would be about 5,760 grms. Further, if 180 grms. left the ventricle at each beat, a quantity equivalent to the whole blood would pass through the heart in 32 beats, *i.e.*, in less than half a minute. From 200 to 250 cubic inches of air may, under certain conditions, be given out at one forcible expiration.

MONGOL PHYSICIANS.

THESE members of the faculty—who, by the way, are always Lamas—"run their fingers, according to Huc, over the pulse of both wrists simultaneously, as the fingers of a musician run over the strings of an instrument. The Chinese physicians feel both pulses also, but in succession." These same Lama physicians "attach extreme importance to the inspection of the patient's water. They always require various specimens of it, collected at different hours of the day and night. They examine it with the most minute attention, and take the greatest heed to the changes undergone by its colour. They whip it from time to time with a wooden spatula, and then put it up to the ear to ascertain what degree, if any, of noise it makes; for in their view a patient's water is mute or silent according to his state of health. A Lama physician, to attain the character of thorough ability in his profession, must be able to treat and cure a patient without having even seen him, the inspection of the water sufficing as a guide in the preparation of his prescriptions." A similar mode of treatment is practised in Ireland, Wales, and other parts of these islands. We speak from personal experience on this point.

Meetings of the Societies.

WEDNESDAY, APRIL 18TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Dr. Michael Taylor, The Presence of Mould Fungi in connection with Diphtheria.

HUNTERIAN SOCIETY.—At 8 p.m., Mr. T. Mark Hovell, The Treatment of Cystic Goitre (with patient).—Dr. Dundas Grant, (1) Epithelioma of the Larynx relieved by Tracheotomy; (2) Carcinoma of the Œsophagus perforating the Trachea.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens will be shown by Drs. Edis, G. Granville Bantock, Fancourt Barnes, and others.—Dr. William J. Sinclair (Manchester), Missed Abortion.

Vacancies.

City of London Hospital for Diseases of the Chest.—Resident Clinical Assistant. Salary £20. Applications, with testimonials, to the Secretary, not later than April 21st.

The Great Northern Central Hospital.—Aural Surgeon (Hon.). Applications, with testimonials, to the Secretary, on or before April 22nd.

St. Pancras.—Dispenser. Salary £100, with dinner. Applications, with testimonials, to the Clerk, on or before the 18th inst.

The Queen's Hospital, Birmingham.—Obstetric and Ophthalmic House-Surgeon. Board and residence without salary. Applications, testimonials, &c., to the Secretary, on or before April 23rd.

Scarborough Friendly Societies' Medical Association.—Resident Medical Officer. Salary £200. Applications, with testimonials, to the Secretary, not later than April 21st.

Bradford Infirmary and Dispensary.—Dispensary Surgeon. Salary £100, with board, &c. Applications, &c., to the Secretary, on or before April 26th.

Appointments

CHICK-LUCAS, J. R. G., M.R.C.S., L.S.A., Honorary Medical Officer to the Ryde Dispensary, Isle of Wight.

DOWDING, Alex. W. W., M.D.Durh., M.R.C.S., Medical Officer of the Haughley District of the Stow Union

EUSTACE, M., B.A., M.B., B.Ch.Dub., Medical Officer for the Second District of the Alresford Union.

FALKINER, N. M., A.B., M.B., B.Ch.Dub., Visiting Physician to the Convalescent Home, Stillorgan, Dublin.

FLETCHER, R., M.R.C.S., L.S.A., Resident Medical Officer to the Male Lock Hospital, Dean Street, Soho, London.

HALL, A. J., M.A., M.D., C.M.Glas., Medical Officer for the Parish of Rothesay.

HASWELL, J. F., M.B., C.M.Edin., Junior House-Surgeon to the Northern Hospital, Liverpool.

HUTCHESON, J., M.B., C.M.Ed., M.R.C.S., L.R.C.P.Lond., Surgeon to Edinburgh Royal Maternity Hospital.

MACKENZIE, T., M.A.Glas., M.B., C.M.Ed., House-Surgeon to the Edinburgh Royal Maternity Hospital.

OWEN, R. J., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Second District of the Llandovery Union.

PACKER, W. H., M.D., L.R.C.P., Medical Visitor to the Shropshire Private Lunatic Asylums.

ROBERTS, J. B., M.B., C.M.Ed., Medical Officer for the Fourth District of the Nottingham Union.

SEMPLE, H. F., M.R.C.S., L.R.C.P., House-Surgeon to the Bristol Hospital for Sick Children and Women.

STADDON, W. J., M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer to the Workhouse of the Leeds Union.

WARE, G. S., M.R.C.S., L.R.C.P., L.S.A., House-Surgeon to the Middlesex Hospital.

Births.

BOWES.—April 2nd, at the Wilts County Asylum, the wife of Dr. J. I. Bowes, Medical Superintendent, of a daughter.

BEAN.—April 3rd, at 25 Woodland Terrace, Plymouth, the wife of Surgeon-General W. H. Bean, of a son.

WEST.—April 7th, at 118 King Henry's Road, London, N.W., the wife J. Arthur West, M.R.C.S., of a son.

Deaths.

AUSTIN.—April 2nd, at 5 Cullenswood Terrace, Richard Austin, M.D., M.R.C.S.E., Dublin.

COATES.—March 26th, at 1 Westbourne Street, Eaton Square, S.W., Frederick Thomas Coates, M.R.C.S.E., aged 48.

HALLS.—April 5th, at 52 Courtfield Gardens, Kensington, Thos. E. Halls, M.R.C.S., aged 59.

HENSLEY.—April 4th, at Coleherne Road, S.W., Frederick John Hensley, M.D., M.R.C.S., L.S.A., aged 64.

KEDDLE.—March 29th, at The Elms, Beaminster, Samuel Shering Keddle, M.D., J.P. for co. Dorset, in his 90th year.

KING.—April 6th, at Leckford, Hants, George King, M.B. Lond., of 75 Marland Place, Southampton.

PARKER.—April 7th, at Shrivenham, Berks, Chas. G. Parker, F.R.C.S., aged 76.

SHAW.—March 31st, at Bishopsgate Street, London, E.C., after a lingering illness, Henry Shaw, M.R.C.S., in his 74th year.

STIRLING.—March 30th, at Marine Parade, Brighton, Wm. Boughton Stirling, M.D., and of Nottingham Place, London, W.

WANE.—April 5th, at 10 Fitzjohn Avenue, Hampstead, Daniel Wane, M.D., M.R.C.P., aged 73.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, APRIL 20, 1887. [No. 17.

Lumleian Lectures
ON
THE PATHOLOGY OF INTRA-UTERINE DEATH.

By W. O. PRIESTLEY, M.D., LL.D.,
Fellow and Lumleian Lecturer in the Royal College of Physicians, Consulting Physician to King's College Hospital.

(*Continued from page 339.*)

ABSTRACT OF LECTURE III.

DISEASES AND ANOMALIES OF THE PLACENTA.

ONE of the chief difficulties in studying the literature of these diseases as they have been described by various observers, arises from the tendency on the part of authors to regard the particular morbid change which they have had the opportunity of investigating as the chief or only disease with which the organ is affected. All other morbid appearances are for them but consequences or complications of a specific and cardinal lesion upon which the rest depend. To give an example, Charpentier avers that the placenta is attacked by only one morbid change. He accepts the investigations of Robin as illustrating the whole range of placental pathology, and believes that when disease has invaded the placenta it commences always in fibro-fatty change, and consequent on this, blood extravasations, and successive transformations of effused blood, account for all the various pathological appearances, associated with the death or enfeebling of the fœtus.

Verdier and Bustamente take entirely another view of these changes. It seems to me that one cannot long investigate the diseases of the placenta without discovering that they are most complex in their nature, and that they proceed from a variety of causes inextricably intermixed, sometimes one pathological condition having the precedence, sometimes another. The placenta is, in truth, as liable to be affected by a variety of diseases as the liver or the lung, and some of its diseases bear not only a striking resemblance to diseases occurring in those organs, but have affinities with them, and may depend on the same causes. Again, confusion has arisen from investigators describing the same morbid condition under a different name, probably because it was observed only in one stage of progress or with some variations, and some have fallen into the error of ranging affections which are intrinsically different under the same appellations.

Extravasations of blood are very common into the young placenta, and they occur as the result of rupture of some of the vascular maternal loops. If the extravasations be limited in extent, the life of the embryo may not be compromised, but a more extended apoplexy at once stops its nutrition, and the root-like processes of the young villi become so compressed, that the circulation can no longer be carried on through the minute fœtal blood vessels which they contain. It is common enough to see clots in varying stages of change in accordance with the date of their formation, in young placenta which have been expelled as the result of abortion, and if the ovum has been long retained after extravasation has been of such extent as to kill the embryo, the whole placenta is generally found to have been indurated, and in a measure contracted. The clots have been consolidated, decolourised, and contracted, while the villi in other parts of the organ not in the immediate vicinity of the altered blood clots, have become atrophied, and so firmly fused together, that it is almost impossible to separate them for microscopic purposes.

Apoplexy takes place into the substance, and on the uterine surface of the full grown placenta also, very frequently. There is, however, this marked difference from the earlier period, that now the placenta is larger and thicker, and isolated clots may be deeply embedded in its substance, only to be exposed by incision, others may have been formed between the uterine walls and the maternal surface of the placenta, making a deep depression into the centre of a placental cotyledon, and compressing the placental structures. It is further to be remarked as a difference in the results of blood extravasations in the young and more mature placenta, that in the latter several successive effusions of blood may take place, forming apoplexies of varying sizes and dates, without so seriously jeopardising the life of the fœtus as it would do at an earlier period of gestation. The larger size of the placenta, and its more extended surface, affords a better chance of so much of the potential part of it retaining its healthy relations, and so carrying on the placento-fœtal circulation, that embryonic life is sustained. This may be, notwithstanding that the whole amount of intended pabulum is not furnished, for the simple reason that a considerable portion of what may be called absorbing radicles have been destroyed, or their function impaired by the local lesion.

Apoplexy and the various morbid changes associated with it, is perhaps of all others the most frequent pathological condition easily recognisable with the naked eye in the placenta. This being so, it can scarcely be a matter of surprise that some authors have regarded it as the chief of placental diseases, being indeed the prime factor in all placental disease, and the forerunner of all other pathological appearances. To it has been attributed the occurrence of the so-called tubercle, and also the formation of scirrhus in the placenta.

Jacquemier describes three varieties of placental apoplexy in the later months, which I need not give in detail here.

Verdier, who wrote a thesis in 1868, entitled "Researches on Apoplexies and Hæmatoses of the Placenta," goes so far as to say that fibrous changes, scirrhus hardness, fibro-fatty, and those which appear due to inflammation, are due only to extravasated blood, and the changes taking place in it.

In 1848, Bustamente published a Memoir on Placental Disease, which attracted much attention in France and elsewhere. Admitting the accuracy of previous observers as to the frequent presence of so-called apoplexies in the placental tissue, and their influence in producing death of the fœtus, he contends that the masses of blood so found are not due to vascular rupture and extravasation, but are produced by thrombosis in the maternal sinuses of the placenta. He points out that deposits are very frequent in the deeper structures of the placenta, and even near its fœtal surface. The mechanism of their production he believes to be somewhat as follows:—The whole of the villi constituting the fœtal portion of the placenta, and found equally distributed throughout its entire mass, are bathed with maternal blood in the lacunæ in which they are immersed. The maternal circulation through these lacunæ is necessarily slow, because it is poured into the placenta by maternal arteries, and before passing back into the maternal veins it must pass through the dilatations which constitute the placental sinuses or lacunæ. Anything, therefore, which disturbs the utero-placental circulation favours stasis in the placental lacunæ, and more especially in those portions of the placenta which are most distant from the maternal supply. The increase of fibrine observed in the blood of pregnant women, various general pathological conditions which render the blood more readily coagulable, syncope by slowing or arresting the circulation even for a limited period, all favour stasis of the utero-placental circulation, and resulting thrombosis. The villi once embedded in the blood of a thrombosis, although at the moment healthy, speedily degenerate. The loops of fœtal capillaries become granular and eventually disappear. The epithelial covering of the villus, and the proper fibroid structure of the stem become fatty and disorganised, and the whole tissue eventually shrivels. But this is not the only change which takes place, according to Bustamente, when placental thrombosis has occurred. The blood clot itself becomes organised. He quotes Weber in Billroth's Surgery as an authority on the organisation of extravasated blood, and avers that he has himself seen leucocytes in the centre of placental clots, not near living tissue. These leucocytes develop and form a conjunctive tissue, with nuclei readily seen by the addition of acetic acid, and firmly unite the villi to each other, thus producing a dense and resisting tissue, the component elements of which it is difficult to separate.

Other and later authors have expressed the opinion that no apoplexy takes place into the substance of the placenta, either in the early or later periods of gestation, without some previous degeneration of structure. Charpentier quotes from a contribution of M. Bailly, who endeavours to prove that some morbid change invariably takes place prior to blood extravasation, and in this way the morbid condition bears analogy to apoplexies in the brain and elsewhere. Charpentier himself in his elaborate essay on "Diseases of the Placenta," says it is a law that clots are only found in cotyledons of the placenta previously altered by disease. There is a very general consensus of opinion that when effusion of blood takes place into the placenta, it is always, or almost always, from the maternal system, and there are some curious coincidences occasionally noticeable between blood extravasations in the placenta and apoplexies in other parts of the body of the same patient, indicating a feeble resistance in the blood vessels in more than one organ at the same time. Latour (*Rev. Med.*, 1843) has put on record the case of a woman who died of cerebral apoplexy after spontaneous abortion at 28 years. A painful case occurred in my own practice some years ago, illustrating the point. A lady, most anxious to have children, lost three successively in the latter half of gestation. In each pregnancy uterine hæmorrhage came on, apparently without cause, and ended in the expulsion of the child before it was viable. No disease of the child or placenta could be detected beyond the fact that the twisting or spiral arteries in the centre of each maternal lobule were found to be in a state of partial fatty degeneration. In the fourth pregnancy, as the result of great care and absolute rest, gestation was carried on to the eighth month, when uterine hæmorrhage set in as before. The labour being speedy the child was born alive, but within an hour of what seemed a comparatively happy delivery, a sort of convulsive seizure supervened, followed by deep coma, and in two hours later the patient died with all the signs of apoplexy of the base of the brain.

Chas. Robin is one of the chief and explicit exponents of the doctrine that morbid change goes on in the placental tissue preliminary to blood extravasation. He differs *in toto* from Jacquemier, Verdier, Bustamente and others, as to the order of pathological events in the placenta. He insists that no blood extravasations take place in the placenta without previous disease in the tissue, and the morbid change which is the most common forerunner of apoplexy is not mere vascular change, but an alteration of the whole structure of the villus.

According to Robin, extravasations of blood are always consecutive to placental disease of this or a kindred form, and he contends that this prior change is fibrous obliteration of the villi with fatty degeneration of tissue.

I have mentioned these views here because they have a direct bearing on the production of placental apoplexy, and are associated by him, and those who think with him, as cause and effect—the fibro-fatty degenerations being the invariable precursor of hæmorrhage into the placental substance.

Supposing it to be admitted that some pathological change not unfrequently precedes blood extravasation into the deeper structures of the placenta, there can be no doubt that effusion of blood takes place with comparative frequency, on the maternal or decidual surface of the placenta from other causes. The most common of these causes is an accident of some kind, or uterine contraction which tears the utero-placental vessels across and causes the formation of apoplectic clots between the placenta and uterine walls. Such hæmorrhage may go on to separate the membranes from the uterus down to the os uteri, and then it appears as flooding from the genital passages. If, on the other hand, the results remain at the point of extravasation, the amount of clot may be so considerable that it bulges forward the uterine wall, and can be felt as a projection by abdominal examination, constituting the so-called "concealed hæmorrhage." When the clot is small, it remains in the locality of its formation, and if pregnancy is not farther disturbed it undergoes all the changes peculiar to retained clots elsewhere. Large or small, the clots before disappearing go through various phases. If a clot is to become organised through the process originally described by O. Weber, and afterwards confirmed by Virchow, it may eventually form a distinct neoplasm in the placenta. These neoplasms are rare, but cases have been put on record by Virchow and also by Danyau.

The interference with the life of the child or with the course of gestation depends upon the amount of extravasation and the excitability or quiescence of the uterine walls under the provocation to contraction.

Inflammation of the placenta or placentitis has been described by Brachet, Dance, Simpson, Cruveilhier (a) and other authors. Simpson described it as consisting of three stages, the first being one of congestion, in which the tissue is engorged by an unusual accumulation of blood in the vessels. The second characterised by the exudation of coagulable lymph, producing greater density of tissue, and eventual induration. The third stage being that in which purulent matter is formed.

Brachet in the *Revue Medicale de Lyons* gave a very full and precise description of four cases in which the placenta bore a resemblance to the red hepatization of the lungs, was friable, engorged with blood and dense in tissue. In some sections the structure was yellowish, strewn with fatty degeneration analogous to fatty liver. He further states that he has seen circumscribed abscesses in the placenta such as occur in inflammation of other parenchymatous organs. Dance and Brachet both aver that they have seen a deposit of pus covering the entire surface of the placenta—while Jacquemier and Cruveilhier each report the presence of purulent matter as the result of inflammation in the placenta and adjacent uterine veins. Jacquemier teaches that especially when a portion of the placenta has been separated, inflammation may be set up and pus formed.

(a) "Anat. Pathol.'

In later days a good deal of scopticism has been expressed about the existence of placentitis, at least, so far as its parenchyma or fœtal portion is concerned. Bustamente disbelieves in its existence altogether, and says the evidence rests on the supposed presence of pus, which has been shown to be fallacious—the supposed purulent matter according to Robin and other observers being merely pseudo-pus, produced by broken down fibrin.

It has further been argued, that according to modern theories, inflammation of the placenta is impossible, since there are no capillaries in the maternal portion, and there are no nerves to regulate the contractility of vascular walls in the entire structure. This seems to me not conclusive reasoning. There are fœtal capillary loops in all the active villi, and there are also minute capillaries of maternal origin in processes or dissepiments of the decidua which circumscribe the fœtal villi.

It is true, nevertheless, that the presence of purulent matter in the placenta in most of the reported cases is supported by imperfect evidence. There are only some ten cases of abscess in the placenta recorded, and as no account is given of the microscopic examination of the supposed pus, the evidence is plainly unsatisfactory. Purulent matter has, however, been found and duly authenticated on the surface of the placenta and in the uterine sinuses at or near the placental site.

That some morbid change analogous to inflammation does take place in the placenta or its neighbourhood is apparently indicated by the firm adhesions which are occasionally formed between the placenta and the uterine walls, and from the traces of an exudation which agglutinates and compresses the villi of the placenta. The progress of such inflammatory action is moreover often marked by the presence of tenderness over the gravid uterus, with general indications of pyrexia. Braun, Schroeder and Spiegelberg regard this placental inflammation as not a form of true placentitis, but of chronic endometritis affecting the mucous membrane of the uterus primarily, and only extending to the fœtal structures incidentally. Hegar and Mäier describe it as a form of interstitial endometritis in which the villi are agglutinated and compressed by the hypertrophied elements of the serotina, and the development of a new connective tissue.

According to Spiegelberg it is only through the work of Hegar and Mäier that we have got precise knowledge concerning the so-called inflammation of the placenta. This inflammation begins, according to them, in the formation of soft granular exudation, and ends in the production of induration and disorganisation. It is apt to repeat itself in the same individual, and the chronic morbid condition of the mucous membrane upon which it depends, may lead to earlier abortion in other pregnancies. The recognition of the true cause of this placentitis, as Spiegelberg points out, affords a clue for treatment, and also a hope that its recurrence may be prevented on future occasions.

Under the influence of this morbid change the utero-placental vessels and the villi undergo varied modifications, of which the constant result is atrophy and degeneration by compression, in such sort, that passing through various intermediate stages, they become hard, whitish nodules or cords, like old cicatrices, imbedded in the spongy substance of the placenta. This chronic and progressive production of conjunctival tissue, on the surface and in the substance of the placenta, constitutes a work of induration, the net result of which is the obliteration of the double system of fœtal and maternal vessels, and secondary disturbances in the circulation which are evidenced in thrombosis or in apoplexy more or less extended. The whole morbid process, say these authors, bears the closest resemblance to cirrhosis of the liver.

Neumann has described a condition which he also regards as produced by inflammation, and which he terms "sclerosis" of the placenta. In this form of disease the villi develope in such luxuriance as to encroach upon the maternal sinuses and eventually to obliterate them. It may therefore be regarded essentially as an affection of the fœtal part of the placenta.

Neumann recognises the fact that this sclerosis of the placenta, in some cases at least, may be the result of an inflammatory process in the decidua and result in a hyperplasia of its connective tissue.

Meyer of Freyburg, while he says he has never found the condition which Neumann calls "sclerosis of the placenta," describes a morbid process which he has carefully investigated, and which consists of hypertrophic proliferation of the connective tissue in the placenta, with consecutive induration. The more this connective tissue grows, the more the proper parenchyma of the placenta dwindles by pressure and wasting of the vessels; the whole organ shrivels, and the diminution in the size of the organ results as much from the loss of normal as the contraction of the newly formed tissue. In the normal placenta there is, he says, only a small amount of connective tissue, but there is a large amount in these abnormal cases. This author does not agree with Simpson, Rokitansky, Scanzoni, and others who suppose inflammation followed by exudation to be the cause of the formation of connective tissue. There is a sort of general resemblance between the descriptions given by Hegar and Mäier of placentitis originating in the decidual part of the placenta, and Meyer's "Hypertrophic proliferation of the connective tissue in the placenta." The differences are as to the nature of the process, and in the details of microscopic change. Henning has further made an important contribution on the subject of placentitis, and explained how it produces adhesions between the uterus, and placenta and membranes.

Phthisis of the Placenta.—At different times extending over years, I have seen specimens of a disease of the placenta, which does not correspond accurately with any of these descriptions. In some of its stages it bears a close resemblance to morbid changes which have already been described by the authorities I have quoted, and I have endeavoured to trace its connection with these other morbid processes. It may indeed combine more than one of them in the progress of its development. It differs, nevertheless, in some important particulars of its pathological history which I shall endeavour to indicate.

It has so many analogies to phthisis in the lung, that it may with propriety be named "phthisis of the placenta." Sir James Simpson has previously used the term "placental phthisis," but he comprehended under this appellation various forms of disease in the placenta which interfered with intra-uterine respiration and nutrition.

In its earlier stages, repeated investigations have convinced me that it is not primarily at least a mere increase of the cell structure or of the fibrous element in the placenta, as described by Hegar and Mäier, or by Meyer, but that in its first stage it consists of an exudation or deposit, thrown out among the villi, and that it is probably due to some modification of a low inflammatory process.

The disease is not really tubercular in its character, nor have bacteria been found in its substance. Neither is it primarily or essentially a fatty degeneration, for the deposit is not affected by the reagents which show the presence of fat. Its corpuscles, unlike fat granules, are thoroughly coloured by the material used for staining the microscopic sections. It is not due to changed blood clot, for there are neither altered blood corpuscles or crystals in its substance. Its general appearance both before and after section in the earlier phases, is rather that which has been described as fibrinous or other analogous deposit, and it has the chemical characters of protein compounds.

I can scarcely go into the minute pathological anatomy of this so-called placental phthisis to-day. This I propose to do in a paper to be offered to the Obstetrical Society, but I may state broadly that in the specimens I have examined, masses of exudation were found in the substance of the placenta, which rendered its tissue firmer and denser, and produced, so to speak, "hepatisation" of the part affected. The hepatisation was partial or more general in accordance with the amount of disease present, and the localities affected were commonly the centre of a lobule, but the deposit might be more irregularly placed and even diffused. Some of the masses were dense throughout, gradually shading off into the healthy surrounding tissue; others were undergoing a process of crumbling or disintegration in their centre, after the fashion of tubercular masses in the lungs; while in a third form the disintegration of the centre had attacked the blood-vessels; blood was extravasated, and apoplectic clots limited by layers of fibrin were undergoing all the usual changes in accordance with the date of extravasation. The primary exudation, when recent, was amorphous, or finely granular and somewhat striated with round interspersed corpuscles but no fat particles, and it glued the villi together, so as to fuse them into a firm mass. Where the tissue was breaking up and becoming disorganised, the villi were wrinkled and broken, or undergoing fatty degeneration. In places again where exudation was older, and was not undergoing the destructive process seen in the centre of some of the exudative masses, it was being rapidly converted into connective tissue firmly binding the now exsanguine villi into one solid mass, and completely abrogating their functions. In the order of successive changes, therefore, the disease runs in somewhat parallel lines with phthisis in the lungs. First comes solidification, then softening, with breaking up of tissue, and resulting hæmorrhage. In parts of the placenta where the exudation has been more scanty, or endowed with higher vitality it does not break up, but forms fibrous connective tissue, bearing some analogy again to fibroid phthisis, or perhaps to cirrhosis of the liver as remarked by Hegar and Mäier.

A notable feature in many microscopic sections was the great hypertrophy of the contractile coat of the fœtal blood-vessels. This was observable in the larger branches, but was most marked in those of intermediate size before they divide into cappillaries. A similar hypertrophy of the vascular tissues was observed by Frankel in a placenta which he described as syphilitic, and also by Lawson Tait in his description of a form of placental disease. Lawson Tait regarded it as the result of a compensating effort on the part of the arteries to overcome the obstruction found in the extremities of the villi, which eventually ends in their contraction and closure, and he points out its analogy to the hypertrophy of the vessels observed by Dr. George Johnson in renal disease. Hegar and Mäier had previously spoken of this compensatory action as likely to lead to extravasation of blood and apoplexy in sounder portions of the placenta.

There is a marked difference between this affection and primary fatty degeneration of the placenta, which is comparable for example to fatty degeneration of muscle. Here there is an adhesive exudation or infiltration distinctly seen to be thrown in among the villi as the first step of the morbid process. It pushes some villi aside while it crowds others into small space, stopping the circulation both fœtal and maternal. When the deposit degenerates because of its adventitious origin, which it may do as one of the results of the pathological process, it produces also degeneration of the villi, which gradually break up and soften. Thus cavities are formed which become full of blood. Women who lose their children from such placental disease as I have described, are not necessarily phthisical, but have sometimes a strumous family history, and I have seen like cases associated with anæmia and syphilis. In anæmia it is well known there is a deficiency of red globules in the blood, with a larger proportion of fibrine. All these conditions may predispose to a low type of inflammation, as in other organs of the body, and to such deposits as those described.

It is not an uncommon form of disease, and there is some reason to believe, that although commonly it runs a chronic course, yet occasionally its progress is very rapid. Dead children are sometimes born plump and in good condition, with the placenta so largely affected with the first stage of infiltration, that intra-uterine respiration can no longer be maintained. The well nourished condition of the child seems to indicate that in these instances the disease is of recent origin, and has killed the child more speedily than in the chronic form usually observed.

Fatty Degeneration of the placenta as first described by Dr. Barnes (*a*) in this country is, according to the author named, analogous to fatty change attacking other organs, as the heart and arteries for example. In its simplest form it is seen in cases where the death of the child has arisen from some other cause than disease in the placenta. In the case of a child which died near the full time from intra-uterine small-pox, and was retained some time after; all the villi, as well as the maternal portion of the placenta which I examined, were crowded with oil globules and compound granular fat particles. The villi were swollen and œdematous, and their external covering was readily separated. The entire placenta was paler and softer than usual, and contained an abundance of serous fluid in all its meshes. Dr. Barnes is careful to draw a distinction between this sort of passive fatty change following the death of the fœtus, which he calls "fatty transformation," as distinguished from "fatty degeneration," which, according to him, commences previously in the placenta, and if extensive enough kills the child. This he calls "true fatty degeneration," and compares it to the fatty degeneration of the brain, liver, and muscles occurring in the adult. It is characterised by the morbid changes being partial, invading one or more cotyledons, and the diseased masses are often imbedded in the midst of healthy tissue. The child may be living if only limited portions of the placenta are diseased. If the disease is extensive it kills the child, and there is an intermediate stage in which the child lives, but its nutrition is interfered with and it becomes puny and starved Dr. Barnes figures both the decidual cells forming the maternal part of the placenta, and also the fœtal villi studded everywhere with fat globules. The villi are brittle and firmer than natural. Under the microscope they are seen to be thickly covered with oil globules; the proper structures are disorganised, and the blood-vessels which are empty, have their courses marked out by the clusters of oil molecules which follow their tortuous course.

The description of Barnes is certainly accurate so far as some phases of placental change are concerned. The question is whether fatty degeneration of the placenta during the life of the child, really occurs as a primary pathological change, or is invariably preceded by some exudation or other morbid change which initiates the fatty metamorphosis. Adventitious deposits are more liable to fatty degeneration than normal tissues, and it is to be noted that in the majority of examples where fatty degeneration has attacked the placenta, the portions affected are not softer but firmer and denser, than usual, the villi being almost inseparably united together. It is conceivable, nevertheless, that some depraved and impoverished conditions of the maternal blood may lead to such deterioration of vitality in the placenta, that it begins to degenerate and die, and thus kills the fœtus.

The deposit of minute fatty molecules and of larger oil globules is associated with most forms of morbid change in the placenta, in some stages at least. In consonance with the general law that effete and useless parts of the organism undergo degeneration into fat, and so are more amenable to absorption,—the placental struc-

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(*a*) Medico-Chir. Trans., 1851, &c.

tures, when altered by disease so far as to be unfit for the exercise of their normal function, begin to undergo fatty change, and this results in atrophy of the parts affected.

Fatty degeneration, whether it occurs as a primary change or is the secondary effect of some other pathological condition which precedes it, may produce softening and disorganisation of the placental tissue, and so favour extravasation of blood or apoplexy. In other placentæ it leads to atrophy. All the structures shrivel and condense so that the organ seems like a mass of dense fibroid tissue. It undergoes, in fact, the fibrous transformation which I have previously described.

The tendency of modern investigators is evidently to regard fatty degeneration not as a primitive change, but a phase or stage of some other morbid condition which precedes it or is associated with it.

Dr. Druitt (a) regarded fatty degeneration of the placenta as a normal condition towards the end of pregnancy, and as preparatory to detachment at the time of delivery. For him, therefore, fatty degeneration was only the extension to a morbid degree of a condition which exists normally to a certain extent towards the end of pregnancy, in all placentæ. There is, it is true, a certain amount of fatty change towards the end of pregnancy in some portions of the after-birth, which have now no active purpose to serve. This is notable round the margins and in the membranes. The nuclei in the epithelial cells of the amnion are surrounded with a ring of fat particles in nearly all mature placentæ; but normally there is no fatty degeneration in the potential villi as pregnancy advances, and it is obvious that the nutritive and respiratory functions have to be carried on for the well-being of the child, just as actively up to the termination of pregnancy as at any previous period.

Hiffelsein and Laboulbéne, (b) Charpentier, Simpson, (c) Goodell, (d) Whitaker, (e) Cowan, (f) and others have all made contributions to this subject, and all regard it, however it may arise, as intimately associated with the processes which produce destruction of fœtal life.

Ercolani has described as synonymous with fatty degeneration of the placenta what he calls "*cellular hyperplasia and hypertrophy of the parenchyma of the placental villi.*" He agrees with the general accuracy of Robin's observations in regarding the presence of fat granules with fibroid degeneration of the villi as an accidental and not essential complication. The firm and dense placentæ, which have been written upon by Bustamente and Neumann as "sclerosis of the placenta," he considers as essentially due to a hyperplasia, not of the connective tissue but to a cellular hypertrophy of the parenchyma of the villi, either simple or complicated, with obliteration of the contained vessels, and also in some cases with lesion of the glandular organ or decidual covering.

It is obvious, from the description, that the disease described by Ercolani is different from fatty degeneration as described by Barnes, and I have not seen any specimen having the exact characters as those described by Ercolani.

"*Myxoma fibrosum.*"—Virchow has described a very curious morbid transformation of the villi of the placenta, which he terms "myxoma fibrosum." It is quite different from the cellular or fibrous degeneration of the villi described by Ercolani and Robin. It consists of such enlargement of the stems and villi by fibroid hypertrophy that they form in some cases distinct tumours in the placental structure. The cases are somewhat rare, but I saw two excellent examples in Copenhagen, which have been described in Virchow's Archives in 1878 by Storch.

In one the tumours were as large as hazel nuts, attached by pedicles to the deeper seated trunks of the placental villi, and when an incision was made into the substance of the placenta, they projected through the opening like so many adherent hard nodules or, perhaps I may say, digitated radishes Microscopic examination showed that they were composed entirely of fibroid elements formed by a cellular hyperplasia of the central part of the villi, and that they were enlargements or excrescences on the villus trunks with an external arrangement very analogous in appearance to cystic chorion. Virchow regards the disease as a transformation of the mucous element pertaining to the villus structure into fibroid tissue, instead of the soft myxoma which is seen in cystic chorion. The fibroid change is, however, unlike the cystic chorion, more frequently connected with the later period of pregnancy, although indications of it are sometimes seen in the earlier months, and, therefore, it is described as a disease of the fully developed placenta. Hildebrandt has also described a good example in Mon. F. Geburt. Bd. xxxi; and Dr. Sinclair, of Boston, U.S., (a) another. It is probable that the case of sarcoma in the placenta given by Hyrtl is one of the same kind. In Storch's first case the child was born alive but feeble, and died an hour after birth. If the placenta is only partially affected, the child, though emaciated, may live; if the disease is more universal the child dies.

I pass over œdema of the placenta, melanosis, calcareous, or osseous concretions, cysts and tumours, so that I may be enabled to say a few words on the subject of syphilitic placenta.

Syphilitic Placentæ.—It is important if possible to answer the question, Is there a syphilitic placenta? That is a form of disease in the placenta associated with syphilis, which may be recognised by examination. Much diversity of opinion has been expressed concerning this matter, and various descriptions have been given of the syphilitic placenta which do not agree.

That syphilis is a potent cause of placental disease and aobrtion has been recognised by some of the oldest authors. Astruc mentioned it as far back as 1796, but Murat (according to Deschamp) (b) was the first to describe certain appearances as belonging to the syphilitic placenta. To illustrate the diversity of opinions in recent times I may mention that Verdier regards a thickening of the arterial walls produced by a form of arteritis in the fœtal part of the placenta as characteristic of syphilis. After thickening, the vascular walls degenerate, and the vessel becomes obstructed. Rokitansky (c) associated some of the fibrinous deposits found in the placenta with the syphilitic taint. These had a syphilitic aspect on section, whatever that may mean. Lebert (d) before him had observed yellow grandulations having the same structure as tubercles, but he did not regard them as of special importance. Gusserow and Klebs (e) observed a morbid hyperplasia of the decidual cells in a case where the father was syphilitic but Straussman (f) and Madame Kaschewarowa have since shown the same changes in the placenta where there was no suspicion of syphilis. Virchow, (g) who always brings a certain originality into his work made some observations on syphilitic placentæ. Virchow points out that in studying this subject we must remember the envelopes consists of two portions, the fœtal and the maternal. He then proceeds to point out that syphilis may produce two forms of endometritis during pregnancy,—the one attacking that part of the decidua which enters into the formation of the placenta,—the other the parietal decidua, or vera, which is a way from the placental spot. The first form produces thickening and fibrous indurations which may cause atrophy of the villi. In the second form the most marked effects were shown upon the decidua vera.

(a) *Lancet*, 1853
(b) Soc. de Biolog. 1865.
(c) Obstet. Works.
(d) *American Journal of Obstet.*, vol ii.
(e) *American Journal of Obstet.*, 1870.
(f) *Edin. Med. Journ.*, 1854

(a) Journal of the Obstetrical Society of Boston, 1871.
(b) Thèse, 1880.
(c) "Lehrbuch der Path. Anat."
(d) Compte Rendu, 1852,
(e) "Virchow Archiv, B. 27."
(f) "Verhandl, die Berlin Geburts," 1868.
(g) "Path., der Gesch," B. ii.

It was thickened and covered on its uterine side with growths almost polypoid, composed of very vascular proliferating mucous tissue with no trace of fatty degeneration. Virchow considers this change is analogous to mucous papulæ or flat condyloma observed elsewhere on mucous membranes in connection with syphilis. Straussman has thrown some doubt on the supposed specific character of this lesion by finding it in the case of a mother who had not the least symptom of venereal disease. Henning regards these proliferations as simple angiomas. Virchow's observations on this subject seem to me to refer rather to the effects of syphilis on the ovular membranes in early pregnancy, than to the full grown placenta.

Frankel (*a*) is the author whose researches in later days have received most attention in Germany and France, and they bear the impress of great care. Frankel's conclusions, which he says are founded on the examination of over one hundred placentæ, point distinctly in favour of there being a syphilitic placenta, which may be recognised by certain definite characteristics. The placentæ mostly belonged to syphilitic mature or immature children, and he took the indications pointed out by Wagner of Berlin, (Virch. Arch. Bd. p. 305) as peculiar to syphilitic fœtuses, to be unfailing evidence that syphilis was present. Wagner had pointed out that in all syphilitic children there is a peculiar band of tissue between the shaft of the bone and the cartilage of the epiphysis, which is in a state of inflammatory irritation. The microscope as well as the naked eye shows that the changes thus produced are unlike any other changes, and consequently are specific. Taking this test as a basis, Frankel states that the evidences of placental syphilis vary according as to whether the syphilitic virus is derived from the mother or father.

If both mother and father were syphilitic, the lesion was of course a mixed one, and in all there were variations, consisting of changes of colour—dark hyperæmic patches, alternating with paler structure, and frequently smaller or larger blood extravasations.

The late Dr. Angus Macdonald, (*d*) of Edinburgh, wrote a paper confirming these observations of Frankel, and asserted that, although the syphilitic placenta may be mistaken for a fatty placenta, and in fact had been so mistaken by Kilian and Robin; this is easily rectified by microscopic examination. In these cases the death of the fœtus is the result of progressively increasing defective blood supply, owiny to the changes described.

I have on different occasions had the opportunity of examining placentæ in the early months of gestation with certain peculiarities of morbid change, which I considered were undoubtedly due to syphilis, and which bore some resemblance to Frankel's descriptions. For example, I examined the placentæ in two seperate pregnancies of the same individual. She had contracted syphilis immediately after her marriage, and at the same time became pregnant. During the early part of her pregnancy the vulva became the seat of specific sores, mucous tubercles, and warts. Later her body was covered with patches of syphilitic psoriasis. She miscarried in both the first and second pregnancies in the fifth month. Both the placentæ exhibited changes very closely resembling each other.

So far as my observation goes, I do not think we are yet able to say with precision that any one specific lesion of the placenta belongs alone to syphilis, although some morbid appearances are more constant than others in connection with syphilis, as, for example, the changes described by Frankel. In addition to the hypertrophy of the villi described by Frankel, and the morbid changes in the decidua previously described, I have seen fibroid deposits such as those described by Rokitansky—some unchanged—others undergoing fatty transformation. Again, I have seen the yellowish granulations of varying sizes looking like tubercles, as observed by Lebert, but [illegible] have also seen most, if not all, these pathologic[illegible]pearances where no syphilitic history could [illegible] The nearest approach to precision in this [illegible] say that as a general rule when the decidual or maternal portion of the placenta has become so far changed by hyperplasia as to arrest the utero-placental circulation, and the full development of the placental villi, that this is probably due to maternal syphilis. It finds its analogy in the changes which take place in the mucous membranes in the uterus and elsewhere when the blood is undoubtedly poisoned by syphilis, and also in the thickening of the decidua during the early pregnancy of syphilitic women which has been described by Virchow and Dohrn as "endometritis papulosa and tuberosa." When fibrinous and pseudo-tubercular deposits are found in the placentæ in connection with syphilis, they are probably only the expression of a depraved or impoverished condition of the blood, which may be equally associated with anæmia or with some form of dyscrasia.

When there is marked hypertrophy and degeneration of the villi—the maternal portion of the placenta being less affected, the syphilitic taint more probably comes from the male parent, and the mother may show no signs of the disease.

De Sénety, one of the latest writers quoted by Charpentier, did not find placental lesions in all women affected with syphilis, but where lesions were present he was able to demonstrate three important points. (1) Hypertrophy of the placental villi. (2) Fibrous degeneration of them. (3) Islands of granulation belonging to the caseous form of degeneration. This coincidence of the fibrous and caseous forms of degeneration is found in syphilitic gumma, notably in gummata of the liver. De Senéty has not found this combined degeneration except in syphilis. He does not know if any other disease may produce the same combined changes, and does not decide the question as to a specific placental lesion in connection with syphilis.

In reference to all diseases which affect the placenta it is to be noted that the effect on the life of the child bears a direct relation to the amount of damage done to its tissues, and impairing its double function as an organ for respiration and absorption. In cases of separation of the placenta a portion still adherent to the uterine walls may be enough to sustain the life of the child, for a time at least, and in like manner when the placenta has become diseased, if some portions of it only remain sound, vitality may still be maintained in the body of the fœtus. If the morbid process be slow and chronic there will probably be progressive emaciation, and if the child be born alive it will have all the appearances of being starved during its development. If the placental disease is more acute and rapid, and affecting a large area of tissue, the child's movements become at first more restless than usual, and then become less marked and distinct as they subside into absolute quiescence. With the aid of the stethoscope the beats of the fœtal heart have repeatedly been noted in cases of suspected placental disease to become slower and slower, and thus to furnish important indications for the induction of premature labour.

Among the further causes of fœtal death in uteri which I cannot here overtake are the pathological conditions of the umbilical cord, ante-partum hæmorrhage, extra-uterine gestation, and allied conditions; the malformations and diseases of the unborn child; the most fertile cause of the latter probably being syphilis.

Did time permit, I might say something besides concerning the changes taking place in the body of the fœtus when it is long retained in the uterus after its death; of the inferences to be drawn as to the causes of its death from the appearances it presents after long or shorter periods of retention, and other kindred topics.

(*a*) "Arch., f. Gynæcol.," 1873.
(*b*) "Obstet. Jour." 1875-6.

I must, however, hasten to say a few words on the subjects of preventive treatment.

Treatment.—And now it may be asked what are the remedies suggested for the many and varying causes of intra-uterine death? The answer must, I fear, in regard to a large number of them, be considered as eminently unsatisfactory. Notwithstanding all that has been done, we are as yet only on the threshold of those investigations which must reveal to us eventually the best methods of obviating death in unborn children. In the meantime so far as the prevention of some of the forms of intra-uterine death is concerned, we are absolutely in the dark, and the therapeutics of the subject are still as a closed book.

Fortunately this need not be said of all. A careful study of the several pathological conditions in the parents combined with the local expression of the result of those conditions, enables us in some cases to formulate methods of treatment, and lay down rules for guidance, which in practice have been attended with happy results.

Whenever, therefore, a woman has once or more frequently lost the product of conception at an early or later period, a careful inquiry should be made into the health of both parents, and any previous history of illness should be accurately scrutinised. If the constitution of either parent be found at fault, measures must be taken to amend this. The question of syphilis is so important, and the venereal poison is so persistent and all-pervading, that no pains must be spared to ascertain whether this is the root of the misadventures. If a patient has once had syphilis, it is impossible to say when the effects on the constitution have entirely passed away, and many men who have believed themselves to be cured and free from every taint of the disease, find the evidences still remaining in their wives's frequent abortions, or in the indications of syphilis in their living children. When, therefore, either patient has suffered from syphilis in the near or distant past, and the wife has recurring abortion, or has her children die *in utero* at a later period of gestation, the presumption is that syphilis is the cause. Both parents ought at once to be put under anti-syphilitic treatment before a fresh conception is permitted, and this ought to be sufficiently prolonged to give it a fair chance of producing satisfactory results. Diday recommends that the physician should not be content with submitting both parents to anti-syphilitic treatment prior to the occurrence of pregnancy, but that with each successive pregnancy, as it occurs, the mother should at once recommence a mercurial course, even if she has no visible indications of the disease. I can testify that I have repeatedly seen good effects from small doses of bichloride of mercury with bark given during the first three months of gestation, when there has been no opportunity of commencing the treatment before conception began, and under this method with a careful diet and regimen, women who had repeatedly miscarried before, went to the full time.

Similar favourable results have been observed to follow the administration of iodide of potassium. M. Goshkevich, quoted in the *British Medical Journal*, July 1, 1885, advises its use in habitual abortion, even when no syphilitic symptoms have been recognised, and testifies to its utility in saving fœtal life. It must be left for the medical man in charge of a case to determine whether in any given case some of the approved forms of mercurial treatment are most appropriate, or a course of iodide of potassium. Possibly both may be judiciously combined, or one course succeed the other.

In attempting to form a just estimate of the effects of mercurial treatment in syphilitic cases, it is but fair to say that the venereal poison has a natural tendency to attenuate itself and wear out, in such way, that apart from treatment, pregnancy may at length be continued to the normal term, in women who have repeatedly miscarried from this cause before. In these cases each successive pregnancy may have longer duration, until eventually a living child is born.

It is probable that some of the forms of mercury (the bichloride for example) in very small doses over a continued period, and so regulated as not to produce ptyalism, have a beneficial effect in other than syphilitic cases, for more than one reason.

If inquiry shows that the health of either parent is disordered or deranged from some other cause than syphilis, care must be taken to trace out the nature of the deviation from health, and so to define it, that treatment fulfils its purpose. It cannot be too much insisted upon that it is not the mother only, but the father also must be put under supervision. If there is any constitutional peculiarity or diathesis, it must be met by appropriate means; the strumous diathesis by tonics and cod-liver oil, with such improved climatic conditions as may be feasible; the gouty rheumatic by limitations of diet, careful regimen and alkaline medicines. The gouty rheumatic constitution is often associated with congestion of the portal circulation, and this may become so important a factor in bringing on abortion that it deserves special mention. The late Dr. Edward Rigby constantly dwelt on the importance of keeping the bowels unloaded by aperients in women liable to abortion, and he preferred saline aperients to aloes or other drastic purgatives as easier in action and less likely to be injurious during pregnancy. The effect of carefully regulating the bowels is to lessen the tendency to congestion in the pelvic organs, and so aid in averting engorgement of the fœtal membranes and placenta. Care must be taken to choose such laxatives as are not likely to stimulate undue action of the bowels or straining, else the medicines may stir up the very mischief they are given to avoid. Compounds of sulphur, like the compound German liquorice powder, the confection of senna, and saline aperients seem best to fulfil the needful indications. Venesection has been recommended in cases of general plethora, and local depletion, where local congestion seemed to threaten abortion from the pain and sense of engorgement which it entailed. General blood-letting is now rarely employed in these instances. Its advantages are doubtful, and its employment may lead to harm instead of good. Where fainting is produced in the mother the embryo may be destroyed, and abortion follow. Local depletion by leeches is less objectionable, and leeches applied round the anus as the best point for abstracting blood, will readily relieve tension in the hæmorrhoidal vessels. They may require repetition two or three times during the early months of gestation, if indications of congestion recur, and as a rule they are of most use when applied just before the time which corresponds to the catamenial period.

The condition which, next to syphilis, seems to hold the most prominent place as predisposing to abortion is anæmia, and for this it is plain a plan of treatment is called for the very opposite to a depleting one. Preparations of iron must be administered in some form least likely to disturb the digestive organs of the patient, and these should be given not only antecedent to the occurrence of conception, but they should be continued, with such modifications and in such combinations as may be suitable during the progress of pregnancy. It has been thought by some that iron is counterindicated when gestation has once commenced, as it might favour the occurrence of abortion by inducing hæmorrhage. As a general rule there is no ground for such supposition, and iron, if cautiously given, may be taken by anæmic patients throughout pregnancy without harm.

It is probable that some of the forms of degeneration found in the fœtal membranes and placenta are due to defects in the constitution of the blood in one or both parents.

Whether the fault lies with the male or the female parent may not be easily determined. If there is obvious anæmia or deterioration of health in one or other it may be enough to place the one apparently deranged under treatment, but this indication not being forthcoming it will be desirable to put both parents on iron combined perhaps with quinine, arsenic or other tonic remedies, as may seem suitable in each particular case.

Where local conditions have been ascertained or suspected to be the causes of repeated abortion, or of later fœtal death, the treatment must be directed in accordance with the special requirements of the case. Especial care should be taken to remove as far as possible all indications of endometritis, prior to the commencement of pregnancy, as an unhealthy condition of the lining membrane of the uterus is regarded by most authorities as a potent cause of disease in the fœtal membranes and placenta.

In all instances where past experience has proved the proneness to miscarriage, it is an essential part of any plan of treatment that the patient should be habitually at rest in the recumbent position, so that the uterus may be affected as little as possible by the effects of gravitation. It is doubtful in most cases whether the patient should be entirely precluded from taking exercise and fresh air, lest the general health should so suffer as to undo some of the advantages of rest. This point deserves especial consideration so far as anæmic and naturally bilious patients are concerned, both suffering if deprived of fresh air and exercise. A moderate amount of walking out of doors may therefore be permitted, with repose in the recumbent posture at other times. All carriage exercise and other forms of locomotion likely to jar the body should be sedulously avoided, and a carrying chair may be advantageously used to take the patient up and down stairs. While this latitude of movement is permitted ordinarily, absolute rest on the sofa or in bed should be enjoined at the times which correspond to the days of the catamenial period.

To Sir James Simpson we owe the suggestion that in all cases where there is reason to believe the placenta is partially disabled by disease, chlorate of potash should be given with the object of keeping the child alive during its further detention in utero. Simpson's theory was that because chlorate of potash contained 6 atoms of oxygen to one of chlorine and one of potassium, it would sensibly increase the amount of oxygen in the mother's blood, and afford a larger proportion of this element for the placental respiration of the fœtus. The maternal blood current being thus more abundantly charged with oxygen than under ordinary circumstances, a smaller portion of sound placenta could absorb more for the requirements of the fœtus, and so supplement the function of the parts of the organ damaged or destroyed. Whether this theory be true or not, it is certain that many practitioners have testified to its utility as well as to its harmlessness.

It is given in 10 or 15 grain doses three times a day, and may be adminstered at any period of pregnancy, but it is believed to be most useful in the latter half.

The induction of premature labour, also recommended by Simpson as a means of averting the death of the child in utero, is only available in those cases where it dies in successive pregnancies after the expiration of the seventh month: at any period antecedent to this the child would not be viable, or would be so feeble that nothing would be gained by the proceeding. But in a limited number of instances it has been observed that placental disease begins before the seventh month, and gradually and steadily advances until it kills the child, and its movements cease to be felt by the mother. With such experience of past times to guide the practitioner, the induction of labour is perfectly justifiable if the movements of the child continue to be felt after the seventh month is completed, and the operation is the more imperative if the movements grow feebler, and the stethoscope indicates a slow declension of strength in the beating of the fœtal heart. In this way some childrens' lives have been saved which would probably have been sacrificed by further delay.

In patients where intra-uterine death is threatened or feared as the result of some sort of poison, inorganic or organic, to which I have alluded, the treatment must necessarily be prophylactic, and consists of removal of the cause. In those special instances where the progress of zymotic disease or of inflammation in some organ of the patient's body is attended with high temperature, it is possible some attempt may be made to avert the usual consequences so far as the pregnancy is concerned.

As the experiments of Runge and others have shown that peril comes to the child in utero directly the temperature of the mother rises persistently up to 105 deg., while the infant's temperature rises still higher, it may be possible in the progress of science, not only to keep down the maternal hyperpyrexia, but I would throw out the suggestion that, where it is feasible, an attempt should be made to lower also the temperature of the uterus and of the fœtus, either by the application of ice bags to the maternal abdomen, or of those tubular appliances so ingeniously invented for the application of cold, and which may be modified to fit any part of the body.

When all our most ingenious methods of diagnosis and treatment are exhausted in attempting to obviate intra-uterine death, there will still be a large number of cases in which no further clue can be found than an obvious constitutional feebleness, permanent or temporary, in one or both parents. In some of these the organic weakness or degeneration in health may be of such character that it is hopeless to expect a remedy, and perhaps it is well for the race in general, that such constitutional faults or diseases should not be perpetuated in progeny.

But where the constitutional weakness may be but temporary, attempts should be made to resuscitate the health. Everything that science and practice teaches to be useful for the restoration of strength in single organs, and in the entire system should be called into requisition.

Boerhaave is said to have recommended horse riding as a remedy for abortion. In any case where it proved useful it would probably be by improving the general health. Apropos of this, I may mention a case within my own experience, of a lady in India, who, after aborting several times under the most careful system of rest—in some pregnancies amounting to absolute repose for months in the recumbent posture—at length gave up the hope of bearing children, and took to riding horseback, not only before a fresh gestation began, but after she had reason to believe that she was again pregnant. As the result, she went for the first time, to the full period, and was delivered of a living child.

Some of the baths and waters on the Continent have a high reputation for their tonic properties and their favourable influence on pregnancy. Aix-les-Bains is said to be useful in these cases. I have seen courses at Schwalbach and Kissingen followed by happy results. Schwalbach perhaps is more appropriate for patients who are more or less anæmic; Kissingen for those in whom the digestion and portal system are at fault. One successful case is fresh in my memory where a mother who had previously borne healthy children was stricken with severe pleuro-pneumonia, and continued for some time after in comparatively feeble health, although she resumed her place in society again after a brief interval. Not long afterwards she conceived, and at the end of six months lost her child. A little later a fresh pregnancy occurred, and this terminated, apparently without cause, at the end of four months. After this she went to Kissingen, experienced a notable improvement in health, and subsequently bore two healthy children without misadventure.

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Professor Olshausen, of Halle, has received a call to Berlin as successor to the late Professor Schroeder. We understand from private sources that it is doubtful whether he will accept the invitation, as he does not wish to leave Halle.

THE QUESTION OF SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION (a)

By JAS. HURD KEELING, M.D. Ed., F.R.C.S. Eng.,
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In the matter of intestinal obstructions our object is to get rid of impediments. At present we are not very successful; and I wish to ask your opinion this evening as to whether the aperient, so often injurious in the patient's bowels, might not with advantage be transferred to the doctor's head. Formally, I would put the question in this way. Seeing that well attested pathological data now exist which render our power of diagnosis more exact than it formerly was; in view also of the comparative impunity with which operations involving the peritoneum can be undertaken, is it not high time we revised our notions and practice as regards acute obstruction?

The subject has been specially brought under my notice by two or three recent cases (to be related presently) and I should be glad to limit the discussion, as closely as possible, to *acute* obstruction, as distinguished from chronic, and of course excluding external hernia. These distinctions into acute and chronic are I am aware to a certain extent arbitrary. There are midway, subacute cases. Then it often enough happens that acute symptoms appear abruptly in *chronic* obstruction, just as sudden strangulation may supervene on incarceration in an external hernia. As a further objection to the setting up of a distinct class of cases under the name of "acute," and advocating for them a more definite and vigorous line of treatment, it may be contended that, although a good deal is now known of the pathology of intestinal obstructions, in the *living* patient it is often a mere guess as to what is blocking the way. I am afraid it is a sad truth that the diagnosis has too often been first made, or utterly upset, in the dead-house. This reproach attaches to much of our work, to none perhaps with greater frequency than to our dealings with stoppage of the bowels; whilst, however, post-mortem research has been relentessly exposing our errors and shortcomings, it has at the same time been yielding a mass of detail, which is now large and exact enough to admit of the introduction of numerical ratio amongst the causes of obstruction, and this to an extent which renders valuable aid in diagnosis during life. And with respect to acute cases, I contend that such research has repeatedly shown, at times with startling distinctness, how slight and apparently removable was the barrier between the patient and life, what a farce routine treatment had been, how simple and yet how inevitably and rapidly fatal was the dilemma, unless help by knife or hand could be given.

The first case I wish to submit offers an admirable example of internal hernia, and has a short and characteristic history.

A. B., æt. 29, a healthy man, banksman at a colliery, and recently engaged in work which involved heavy lifting, was seized with severe pain in the abdomen on Saturday, January 29th last. He had suffered from slighter colicky attacks during the week, but they had not kept him from work. The bowels had previously been regular, and were moved freely, and for the last time, a few hours before the sudden access of pain on the Saturday. On the next day he was seen by Mr. Fletcher, of Dronfield, who prescribed opiates and an enema. On Monday, the symptoms grew worse; there was constant pain, persistent vomiting, and no action of the bowels; no hernia could be found, neither was there much distention, nor sign of peritonitis; towards evening, the vomiting became feculent. Believing the case to be one of acute intestinal obstruction, Mr. Fletcher sent the patient to the Public Hospital, where he was admitted on the 31st, just before midnight. He was, however, so exhausted and chilled by his journey, that it was thought desirable he should rest a few hours before anything in the way of operation was undertaken. A hypodermic injection of morphia was accordingly given, and procured some ease and sleep. He died suddenly at 8 next morning, 63 hours after the commencement of acute symptoms.

The autopsy showed that Mr. Fletcher was quite right in his diagnosis; I am afraid it is equally clear that I was wrong in delaying an operation. The preparation which I hand round, and which has been so well got out and mounted by Mr. Banham, shows that a large loop of the lower end of the ileum had slipped beneath a tight, cord-like band, stretching between two adjacent points in the bowel. The imprisoned loop lies close to the cæcum, is deeply indented at its neck, and looked, when fresh, for all the world like many a bit of gut as found in our ordinary hernia operations.

The next case is also that of a young and vigorous male adult, æt. 23; by trade, a wholesale fruiterer. An active temperate man, he was about his business, and quite well up to mid-day, on June 29th of last summer. He made a good dinner, partaking rather freely of a favourite dish, bilberry pudding. Between dinner and bedtime his bowels were moved loosely five times. In the course of the evening he took a dose of "Composition," to settle his inside, as he said. The inside however refused to be settled, and next morning he swallowed a dose of castor oil. The bowels however were not moved by this, nor indeed again until the artificial evacuation on the operating table. His habit previously was to have a daily motion, and he had never had any abdominal trouble except a slight attack of colic, three months previously, which passed off in a day or two.

Home remedies having failed, medical aid was summoned, and Dr. Hargreaves took charge. To his kindness I am indebted for the history of the case. The leading symptoms were the usual ones - abdominal pain, vomiting, and constipation, and they were treated in the usual orthodox manner. The patient, however, instead of mending, grew worse, and was therefore sent to the hospital, where he was admitted on July 5. The following points were noted at the time:—Pulse and temperature but little altered, constipation absolute, vomiting slightly fæcal, distension of abdomen moderate and chiefly median, pain mainly in lower part of belly, and there a distinct and rather well defined fulness existed, having a dull note, and a good deal like a distended bladder; urine however was passing in fair quantity, and the catheter soon settled the question as to the bladder. There was no hernia, nor any block in the lower part of the large bowel in so far as the ready entrance and retention of enemata could prove this. Apart from local symptoms, the general condition of this patient was by no means so urgent as in the former case; and so it came to pass that two or three days more were wasted in a vain attempt to relieve by medical expedients.

On the 8th of July, I determined with the approval of my colleagues to open the abdomen. The choice lay between opening in the middle line, with free search; or enterotomy, with certain though temporary relief, and probably less shock. In a vague sort of way, I think the tumour referred to partly influenced the decision, and enterotomy was done on the right side, after the method of Nélaton. Fæcal matter poured out freely as soon as the gut was opened. It was very fluid and not very offensive. The portion of bowel stitched to the skin was deeper in colour and softer than one quite liked, but the stitches held. The abdomen collapsed at once; vomiting did not recur after the operation, suffering was much relieved, and the patient was able to take and retain some light food. He died however on July 11th, having lived 64 hours after the operation—12 days after he was taken ill.

The autopsy offered the following points:—Wound in abdominal wall healthy. Intestine and skin pretty firmly adherent (specimen handed round). No extravasation of fæces. Large intestine empty. Small intestine, above the wound, somewhat distended and peritoneal coat injected. Bowel found to have been opened about the middle of the ileum. *Below* the wound, the condition of the bowel was easily made out, but not so easily explained. There were nearly six feet of it between the opening and the ileo-cæcal valve. Of this six feet, the first eight inches were dusky and inflamed, but quite open. Then followed a length of fifteen inches, collapsed, in part gangrenous, and lying flattened between rectum and bladder, firmly adherent to front of rectum. Though collapsed, it was pervious throughout. Below these gangrenous fifteen inches came the last four feet of the ileum. These were pale, empty, contracted, and crushed up into a little space between the rectum, bladder, and cæcum—a space so small that I should not have thought it could possibly have held so much had I not seen the intestine drawn out and measured. The ileo-cæcal valve was free. What caused the inflammation and gangrene? Did the inflammation cause the block, or the block cause it? Opinions differed. There was no explanatory band or constriction. I was inclined to think that the block had really occurred in the extremely contracted and squeezed terminal part of the ileum, all above becoming distended, then inflamed and partly gangrenous, that portion naturally suffering most which was nearest the obstruction. But this was a mere guess, and there were other guesses. The point where the bowel had been opened was lucky. Low enough to give full relief, and not so low as to reach a part in which stitches would not have held. The operation was as usual too late, nine days after the attack. Was it better than median laparotomy? Under the circumstances (more especially lateness of date) I think so. It was easy to carry out, and produced but little shock. Laparotomy would have had, in the case, to have been supplemented by the opening of the bowel. At an earlier date laparotomy would have been best (supposing I am right as to the cause of the obstruction), for the quasi-volvulus in the lowest part of the ileum might have been detected and remedied.

(a) Read before the Sheffield Medico-Chirurgical Society, March 17th.

I have four other cases, to which, however, I shall only allude very briefly. Details of cases are very profitable for private and leisurely study, but very apt to grow wearisome when dwelt upon in public. One was a case in the country which occurred last summer. The patient was again a young man writhing, when I saw him, in the torments of acute obstruction. A few days previously he had had a sharp attack of hepatic colic. From this he obtained relief, but in a day or two after symptoms of acute obstruction set in. At the time of my visit he was vomiting fæcal matter, and there was a well-defined swelling in the right iliac region. The shrewd surgeon in attendance thought it likely that a gall-stone might have been caught in the ileo-cæcal valve. He also imagined that it might be pushed onwards if we could only get at it, and he wanted to know whether I did not think it was about time we tried. Gall-stones *are* pushed on or extracted nowadays. Fortunately, after a time Nature helped herself, and the obstruction yielded. My colleagues, Mr. Thorpe and Mr. Pye-Smith, have kindly placed at my disposal three other cases in which the abdomen was opened for acute obstruction. In Mr. Thorpe's case a band was found and broken through in the right iliac region. Unfortunately the operation was again too late. After death a loop of gut (ileum) was found, gangrenous, and deeply indented at the point where the band had crossed. This was about an inch from the ileo-cæcal valve.

In Mr. Pye-Smith's cases the mischief was connected with obscure symptoms of hernia, very high up in the inguinal canal. In both laparotomy was performed, and in one the bowel was released from an adhesion which tied it to the inner opening of the canal; in the other, an external incision was subsequently made. One of these cases recovered, the other died; but in both the obstruction was relieved, for the cause of death in the fatal case was diarrhœa.

In reflecting on the symptoms, the rapid course, and the fatal tendency of the class of cases under consideration, we cannot fail to be struck by the close resemblance which they bear to external strangulated hernia. In both we have sudden onset, persistent vomiting, obstinate constipation, profound depression, and early death from an identical cause, viz., acute inflammation of a limited portion of the gut. The morbid agent is often practically the same—a constricting band or aperture. In inguinal and femoral hernias we know pretty well where to look for these, and how to deal with them; but on gazing on the expanse of a blocked and distended belly we are apt, I think, to be invaded by a feeling of helplessness and hopelessness, and to forget how much has been clearly made out as to the locality and nature of the impediments which occur. In a large proportion of cases it is some part of the lower half of the ileum which is compromised; and though we cannot pretend to fix beforehand the precise spot or nature of a constricting band or aperture, nor even to diagnose its existence, I do think there is ground for considerable reliance on what may be termed numerical chances. I believe also that an opinion gained in this way may be so tested and strengthened by observed symptoms as to warrant us in adopting a more decided and promising line of treatment than is often followed. The most recent and careful statistics (chiefly post-mortem, and gathered rather by cold scientific curiosity than by ardent admirers of the knife, therefore all the more reliable) show that in more than *one-fourth* of *all* cases of internal obstruction of the bowels the agent is a constricting band or aperture. This proportion comes out when all ages, both sexes, and every form of obstruction, chronic as well as acute, are counted; the only cases left out being external hernias and disease and malformation of the rectum. Intussusception accounts for a still higher proportion, being responsible for more than *one-third* of all such obstructions.

It follows that, between them, constricting bands and intussusception account for nearly one-half of all intestinal obstructions of whatever nature, barring only those by external hernia or rectal mischief. Thus, before even *seeing* a person who is suffering from intestinal obstruction—in complete ignorance of age, sex, and history, we can say that, if the rectum be found normal and there is no external hernia present, the chance is 1 in 4 that the block is caused by a band or ring, and 1 in 3 that intussusception exists. If, now, we limit our attention to acute cases, using still the numerical method, but adding to it bedside examination, the chances of a correct diagnosis are greatly increased, for two reasons—1st. We can eliminate such causes as stricture, cancer, fæcal accumulations, morbid growths, and tumours outside the gut, all of which cause *chronic* rather than acute symptoms. 2ndly. Because in the now much limited group of causes there are one or two which are at once betrayed, either by a point in their etiology or by a characteristic and easily observed symptom.

The causes of acute obstruction, as verified by careful data, may be almost entirely classed under one of four heads:—

1. Constriction by bands or through apertures.
2. Volvulus of the sigmoid flexure.
3. Obstruction by gall-stones, or by foreign bodies which have been swallowed.
4. Acute intussusception.

The last is a frequent cause; fortunately it is at once betrayed by a symptom which it alone presents. In the three first-named causes there is absolute constipation; in acute intussusception this is extremely rare. On the contrary, some diarrhœa not unfrequently occurs, and there is in 80 per cent. a discharge of blood and mucus *per anum*. Again, intussusception is essentially a disease of the young, more than 50 per cent. occurring under ten years of age. On the other hand, constriction by bands and volvulus are very rare in children. If, therefore, symptoms of obstruction occur in a child who is passing bloody stools, and has a tender tumour in the abdomen, we may almost with certainty set the case down to intussusception. In this way we can practically eliminate that form of obstruction. There remain the three other causes—volvulus of the sigmoid flexure, obstruction by gall-stones or foreign bodies, and constriction by bands. The first two are rare by comparison with the third. Gall-stones usually have a history: foreign bodies *always* have. Both lodge in the small gut or at the ileo-cæcal valve, the large intestine remaining free. As to the distinction between sigmoid volvulus and constriction by band, there is first the great difference in their relative frequency. Amongst all sorts of causes, volvulus occurs only once where band constriction occurs ten times, the disparity being even greater in acute cases. Then sigmoid volvulus (and this is the only form we need consider) is a rarity under 40, and it necessarily blocks the large bowel, whereas constriction by band or aperture very seldom does.

It is useless to weary the Society by dwelling on other differences in the symptoms produced by these various causes of acute obstruction. My object is accomplished if I have shown that, in a very large proportion of cases, constriction by band or ring can be singled out as the cause; excluding intussusception, I believe it to be by far the commonest. Admitting this, the deduction is inevitable—*Operate, and operate early.*

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Therapeutic Notes.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

CALOMEL HYPODERMICALLY.

M. **Balzer** in a communication to the *Société de Biologie*, recommends the following formula for the hypodermic use of calomel in syphilis—

℞ Calomelanos, 0·50 centigrames;
Vaseline, 10·00 centigrames;

The case in which M. Balzer first used this method, had resisted mercurial preparations by rubbing, by lotion, and given internally in the form of pills. He allows eight hours to elapse between each injection. The result in five cases have been most satisfactory.—*La Presse Médicale Belge.*

ARSENICAL ERUPTIONS.

Dr. P. A. **Moroon** (*La France Médicale*, 11th January) has observed the following variety of cutaneous eruptions from the use of arsenic: erythema, papules, urticaria, vesicles, pustules, ulceration, skin bronzing. In each case the discontinuance of the drug caused the disappearance of the rash.

BENZOIN IN TREATMENT OF ULCERS.

In a recent number of the *Russkaia Meditzina*, Dr. A. Voskresensky, surgeon to the Fëodosiïsky Regiment, highly speaks of benzoin as a specific for treating ulcers, especially those which occur in emaciated, cachectic, and old persons. The remedy has been largely used for the purpose by Russian peasants from time immemorial, after a crude fashion. The author employs it in the shape of a salve, prepared *extempore* of two drachms of resina benzoës, half an ounce of yellow wax, and half an ounce of lard. The ointment is spread in a moderately thick layer over a piece of linen, and placed on the ulcer. The latter must be previously irrigated with tepid water, and then dried with hygroscopic cotton-wool. The dressing is to be changed as a rule twice daily, but in cases of very large or old ulcers it is advisable to change it three times a day. A marked improvement becomes visible within a few days; torpidity of the ulcer, callosity of its edges, and its liability to bleed rapidly disappear: granulations assume a more rosy tint, and begin to discharge a thick benign pus; while there appears a whitish-bluish zone of the corium, which gradually spreads from the periphery towards the centre of the ulcer. This favourable action of benzoin on ulcers is ascribed by the author partly to its disinfectant and antifermentative, partly to irritant, properties.

STYES.

Styes are such troublesome little ailments, that the following remedy for their cure recommended by M. Abadil, may be welcome—

℞ Acidi boracicis, 10 grammes;
Aquæ dest., 300 grammes. Dissolve.

With a wetted piece of wadding drop some of this solution on the stye several times a day. It is said not only to effect a cure, but to prevent a return of the annoyance.

SACCHARINE.

From experiments conducted by MM. Aducco and Mosso, with saccharine, the following deductions are drawn by them—1st. In dogs saccharine is eliminated unchanged in the urine, which saccharised urine resists putrefaction for a long time. 2nd. Large doses do not seriously affect the animal. 3rd. It may be found in the urine half an hour after the dose is taken. 4th. The authors consider the drug as absolutely innocuous.—*La Presse Medicale Belge,*

ANTISEPTIC MOUTH WASH.

℞ Sodæ biboratis, 1 gramme;
Thymol, 0·50 grammes;
Aqua destill., 300 grammes. Ft. Sol.

This preparation is said to be an excellent corrective for fœtid breath, when it proceeds from decaying matter in carious teeth, &c.—Magitot in *Gazette Hebdomadaire.*

TEA POISONING.

Dr. **Moton**, in the *Medical Times*, in 1879, drew attention to the effect of tea on tea-tasters, and from time to time the use of the beverage has drawn forth opinions from both friend and foe. The most startling of the adverse opinions being, Dr. J. R. Wolfe's paper on the softening of the vitreous humour from tea drinking, and the following which we copy from a foreign contemporary is enough to alarm even a Johnsonian tea drinker: "Russian tea merchants who, when present on the Chinese frontier for buying the article, are obliged to taste from 150 to 200 specimens of strong tea-infusion daily, they do not swallow the infusion, but all the same a slow intoxication appears in them. The symptoms are loss of appetite, constipation alternating in diarrhœa, failure of general nutrition, periodical epigastric pains, enlargement of the liver with subsequent atrophic cirrhosis, dryness and sallowness of the skin, hypochondriacal frame of mind, marked failure of memory, of sight (weakness of visual acuity, sometimes diplopia), taste and smell."

HYDROBROMATE OF QUININE.

Hydrobromate of quinine is the subject of a long article in the *St. Petersb. Med. Wochenschr.*, by Dr. Maximo Novitch, who has for some time past been engaged in studying the relative merits of the different salts of quinine.

He considers the di-hydrobromate the most useful salt. Its advantages are greater solubility, no tendency to produce irritation of the skin when used hypodermically, its causing less cerebral annoyance, hence, Jaccoud employs it exclusively in typhus. Steinitz and Professor Rosenthal recommend it for whooping-cough, hysteria, nervous vomiting and the pains of ataxy.—*Gazette Hebdomadaire de Montpellier.*

BRONCHITIS.

The following formula of Dr. Horatio Wood appeared in the *Union Médicale du Canada*—

℞ Kalii citratis, 15 grammes;
Lemon juice, 30 grammes;
Syrupi ipecac, 15 grammes;
Syrupi simpl., 90 grammes. Mix.

One teaspoonful for a dose every two hours.

Freshly prepared citrate of ammonia, with the addition of small doses of ipecac. wine was a favourite bronchitic remedy of the late Sir P. Crampton.

CONDURANGO IN GASTRIC DISEASES

Dr. **Enrique Suner** writes to *El Genio Medico* that, having recently employed condurango bark in the treatment of several cases of gastric carcinoma and catarrh, he has found it very beneficial. He gives a tablespoonful of infusion every two hours, and in all cases the pain was decidedly mitigated and the appetite and digestion improved. In most cases of mere gastric catarrh the painful nausea and vomiting ceased, and subsequently the patients recovered from the mental depression which was due to the acute gastric disturbance. In the malignant cases, of course, nothing could be hoped for but alleviation of pain, and some improvement in the ability to take and retain nourishment.

PERITYPHLITIS.

In a lecture delivered at the Hospital of the University of Pennsylvania, Dr. William Pepper lays great stress on the necessity of making a careful rectal examination. He urges on the students the necessity of making an early diagnosis, and says the only way this can be done is by introducing the hand into the rectum, whilst the patient is under the influence of ether, so that it may be carried up and feel the surface of the cæcum, the position of the appendix, and determine whether or not there is any formation of pus. In the subacute stage of the disease he recommends small "flying" blisters, warm flannel clothing, and peptonised milk, soft boiled eggs and oysters. As an aperient, injections, when necessary, of sweet oil.—Summarised from the *Medical Bulletin*, Philadelphia, Nov.

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Clinical Records.

CASE OF HYDROCEPHALUS IN THE ADULT WITH DISTINCT ENLARGEMENT OF THE HEAD AND DROPPING OF CLEAR FLUID FROM THE NOSE.

By J. Toppin, L.R.C.S.I., L. & L.M. K. & Q.C.P.I.,
Bermondsey.

Whilst doing duty for Dr. Johnstone, of Bermondsey, I came across the following case, the notes upon which, although not as complete as I might have wished, I venture to send you, as I believe the case to be unique.

On Monday, March 28th, I went to see Peter W., a dispensary patient, at his own home, in response to a red ticket order. The patient, whom I found in bed, was æt. 69, and had that peculiar ashen hue with puffiness about the face and under the eyes so common in patients suffering from kidney affections. He appeared drowsy and stupid, so that I had to repeat my questions more than once before I could get an answer, and then but an unsatisfactory one; I, however, elicited that he was suffering from "a collection of water," and on examination found that he had double hernia and hydrocele, there was considerable anasarca of the legs, both of which, but especially the right, exhibited a good deal of pigmentation, which the patient's wife ascribed to a former attack of erysipelas, the feet and lower part of the legs were quite numb. I put the patient on iodide of potassium more as a "placebo" than anything else, for dispensary patients, like many in the better educated classes, do not value medical advice unless accompanied by a prescription for medicine. I called again that evening, finding the patient up and dressed, although scarce able to stand. I tapped the hydrocele, drawing off about ¾ pint of fluid. Next day, 29th, when I called I found the patient scarcely at all relieved by the tapping; he seemed if anything more stupid than on the previous day. Observing a drop of clear fluid on his nose, I asked if he had caught cold, whereupon his wife informed me that he had been constantly troubled with this dropping for the last twelvemonth. This attracted my attention, and on inquiry from the wife, for the patient could give no satisfactory account of himself, I ascertained the following facts:—When she married the patient, twenty-three years ago, he was a "very healthy" man, she being his second wife, as he was her second husband. His first wife, by whom he had four children, died of "consumption and dropsy;" of the four children, one, a boy, died, æt. 4, in '54 of cholera, one daughter died of phthisis; the remaining two children, a son and daughter, are alive and healthy. His mother, when at the age of 85, was burnt to death, and she thinks she heard him say that his father "took a fit of coughing and died suddenly." He had two brothers and two sisters; one brother died of English cholera, the other died of bronchitis and dropsy. One sister, she heard, died after having a lot of stones taken from her. Does not know what the other sister died of, but thinks it was dropsy. About ten years after marriage he suffered from an attack of erysipelas in his right leg, "just above the ankle," and about two years ago, while mounting a step ladder, he got a fall "on the flat of his back" from a height of two rungs. "Since then the water has collected in his testicles," for which he was tapped on several occasions at both Guy's and St. Bartholomew's Hospital, the last tapping being in August, '86, at Guy's. For the last twelvemonth or more has noticed a continual dropping of clear fluid from his nose, which was a source of the greatest annoyance to him, never allowing him to have a dry handkerchief. It was worse in the morning, and when the patient drops off to sleep in his chair, a thing he will constantly do, especially after meals, he is dreadfully drowsy. He has often got up in the morning and after dressing himself has dropt off to sleep in his chair before his breakfast. Since the running at his nose commenced she has noticed "a swelling" on his head which she imagines is more prominent at one time than another. He has been bald for a great number of years. On examination I found an oval prominence commencing about the site of the anterior fontanelle, and extending towards the forehead for about two inches; but leaving out of consideration his wife's assurance of its recent appearance it did not strike the eye as being an abnormality. His son, however, who in other respects bears a striking resemblance to his father, has not got the same prominence on his head. Behind this prominence a distinct depression could be felt which followed the course of the coronal suture, and a similar depression over the course of the lambdoid and longitudinal sutures, giving the impression to the touch that the bones of the cranium had separated from each other, leaving a gap nearly a quarter of an inch wide. On inquiring if he complained about the size of his hat, his son informed me that about the time of the snow he took him out into the garden, and to his surprise found that his hat, which before fitted him easily, would not go on his head. I directed the patient to be put to bed (for he could not get from his chair to the bed unaided), and I asked his wife to keep some of his urine for me, and also some of the droppings from his nose if she could manage it. When I called next day (30th) I found that Cheyne-Stokes respiration had set in. The wife informed me that he commenced breathing in this peculiar manner with intervals in which they thought he was "gone" soon after I had left on the previous evening. Out of one minute 42 secs. were taken up by the respiratory efforts, the remaining 18 seconds being the period of cessation. The cardiac pulsations were 110 per minute, viz., 29 beats during cessation of respiration, and 81 beats during respiration. His temperature was 97·6°. He passed his urine under him, so that I could only succeed in obtaining a very small quantity, but quite sufficient to prove that it was highly albuminous and contained a large quantity of mixed urates. I did not succeed in collecting any of the fluid from his nose, as it never dropped when he was lying down.

March 31st.—Patient seems to be gradually sinking, although character of pulse, respiration, &c., remains unchanged, and the anasarca has disappeared from his limbs with the exception of the right foot.

April 1st.—Had intended making some further observations and examining patient's fundus oculi with the ophthalmoscope when I received a message to the effect that he had died early that morning. His friends objected so strongly to my having an autopsy that I was obliged to abandon the idea. In filling up his death certificate I put Bright's disease and hydrocephalus. I should be glad if anyone could suggest a better diagnosis.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Surgical Section.

Meeting held Friday, February 18th.

Mr. Colles in the Chair.

RESECTION OF THE PYLORUS.

Mr. M'Ardle read a paper on this subject, and, as evidence of the importance of the operation, he showed that of 1,342 cases of cancer of the stomach, the disease was confined to the pylorus in 802, and of this number 496 were suitable for operation, as there was no engagement of the neighbouring gland or adhesion to adjoining viscera. He then detailed a case in which he had removed the pylorus for cancer. The patient died of exhaustion four hours after operation. He called attention to the result in 70 cases of pylorectomy which he collected—62 were for cancer, with 35 deaths; 8 for simple stricture, with 3 deaths. The high mortality of the former depended on extensive adhesions delaying the operation. In reference to the question - Where do these adhesions most frequently occur? Mr. M‘Ardle showed that of 289 cases, the tumour adhered to the pancreas in 132, the omentum in 80, the transverse colon in 72, the liver in 4, the small intestine in 1. He mentioned that those points of frequent attachment should be taken as landmarks in digital exploration of the pyloric region. The conditions under which he considered operation justifiable were—1. Irritable and intractable pyloric ulcer, leading to spasmodic stricture. 2. Simple fibrous stricture. 3. Circumscribed cancer, without adhesion to pancreas or transverse colon. He next reviewed the operative procedures for removing the pylorus, and, having described the most rapid method, concluded by stating his belief that the operation would yet rank as one of the greatest surgical triumphs of this or any other age.

Dr. Cox said the case had been under his care for intestinal obstruction a week or fortnight before Mr. M‘Ardle performed the operation, enemata and various medicinal measures being unsuccessfully employed. The lower portion of the intestine was enormously distended. In passing the long tube it got coiled up in the rectum, and was rarely, if at all, passed beyond the rectum. There seemed to be a *cul-de-sac* in the lower portion of the intestine. Persistent cachexia indicated malignant disease, which, however, a most careful examination failed to discover, and he did not venture to locate it. The condition of the stomach was not so marked as that of the intestine, giving rise to the suspicion that there was some form of obstruction. He urged operation, while Mr. M‘Ardle was loath to interfere, the man being wasted. The operation revealed the difficulty of diagnosis—a small, but firm and closely-adhering, band being found below the pylorus, which it would have been impossible to detect through the abdominal walls. Had the operation been done earlier, it might have been successful, vitality more than anything else being essential to recovery. Hence he advocated early operation. He considered it would be a mistake to employ the thermo-cautére, as disintegrating the breaking-down tissue, and producing secondary hæmorrhage or ulceration.

Mr. **Thomson** would not, without modification, accept Mr. M‘Ardle's proposition that exploratory incision of the abdomen was devoid of danger. While he never hesitated where there was a case of intestinal obstruction, or of tumour about which he was not clear, to open the abdomen, he did so with the full consciousness that he was doing a thing, which, no matter how carefully done, might, under certain circumstances, lead to death. With that modification, however, he accepted the proposition, regarding the operation as one of limited danger.

Mr. **Franks** said there was a further difficulty of diagnosis without opening the abdomen—namely, the extent of the disease to determine the suitability of the case for operation. At the same time, he concurred with Mr. Thomson that the opening of the abdomen should not be lightly undertaken, while it ought to be done where the patient's life would otherwise be sacrificed. He had two cases, in which, after opening the abdomen, operative procedure was abandoned. In the first, the tumour seemed suitable for pylorectomy. A hard mass about the size of an orange could be grasped, apparently isolated and moved from side to side. But on opening the abdomen, he found the pyloric end involved, and also a great portion of the colon behind. The unanimous opinion of surgeons present was to close the wound and proceed no further. In the other case, the tumour seemed perfectly movable, but was not well defined, and the abdomen was opened with a view to eradicate it. He found the tumour was a cancer involving the whole thickness and extent of the stomach, and also a large portion of the omentum and duodenum. Accordingly, the abdomen was closed.

Mr. **M‘Ardle** replied. He meant to convey that an exploratory incision of the abdomen was as devoid of danger as most operations, and was not so dangerous as it was generally supposed to be, and he advocated its adoption in all cases where death would ensue without surgical attention. All those varieties of cancer confined to the pylorus, and not spreading to the stomach, would be easily removable even when attached to the pancreas. His comparison with ovariotomy was to show surgeons should not be discouraged. The limits of disease in the case of a movable tumour could only be determined by digital exploration. He thought that early operation was the most likely to lead to a favourable result.

Mr. **Barton** read a paper, entitled

ŒSOPHAGOTOMY FOR THE REMOVAL OF FOREIGN BODIES.

He referred to the removal of a foreign body impacted in the pharynx or œsophagus as a safe or justifiable operation in cases where removal through the mouth was difficult or impossible to effect. He spoke of the reasons which had probably combined to deter surgeons from performing it more frequently, and detailed the case of a child from whom he had removed by pharyngo-œsophagotomy the steel roller of a sewing machine, which had been imbedded in the pharynx, opposite the cornu of the hyoid bone for three months. The foreign body, which was larger in diameter than a sixpence, could be felt in the neck, and was safely and easily removed. The child made a good recovery, the greatest difficulty encountered being the feeding of the patient, which was troublesome owing to the tendency of food to come through the wound, which did not heal for some time. This was overcome by feeding through a stomach-tube introduced through the wound. Mr. Barton called particular attention to this plan of alimentation, which he considered would prove of much value in the after treatment of cases of this class.

Mr. **Wheeler**, adverting to his own operations, said, in his first case, having removed a needle which was across the pharynx, he had, like Mr. Barton, some anxiety with regard to feeding the patient. What he did was to give him a sponge dipped in milk, and let him suck down the food. In other cases he fed with a spoon, the head being thrown well back. He never stitched the pharynx, but allowed it to fall together, and close of its own accord. Instead of making an incision into the pharynx, he dilated it with a forceps, to avoid cutting the nerves, the implication of which might cause hoarseness.

Mr. W. **Thornley Stoker** indicated that the term œsophagotomy applied to the operation was a misnomer, and that the correct designation was pharyngotomy. He would not go the length of undertaking the operation after sundry easy attempts to get a foreign body out of the mouth, for he had attained the object after persistent, and even rough attempts. As a fair instance, Dr. Malone, of Limerick, had sent him a gentleman who had swallowed his false teeth and plate, measuring over two inches in length, and furnished with jagged springs which anchored the teeth in the wall of the pharynx. The gentleman arrived at half-past six o'clock in the morning. Mr. Thomson and himself worked at him till nine o'clock, when they delivered him of the false teeth.

Mr. T. **Myles** mentioned that in Richmond Lunatic Asylum he observed patients suffering from paralysis instinctively put the head out straight to facilitate swallowing.

Mr. **Barton** replied. The feeding of his patient proved a real difficulty, especially as the patient was a child. His experience of passing the tube down through the wound was worthy of note. No doubt, the title of his paper was open to question, and might, perhaps, more correctly be set down as pharyngo-œsophagotomy, having regard to the steps of the operation as described. The main criticism was as to how far primary efforts to remove a foreign body impacted in the pharynx should extend before undertaking an operation. His case, it should be observed, was of three months' standing, whereas Mr. Thornley Stoker's was of recent occurrence. Besides, in his case, the foreign body had almost grown into the membrane of the pharynx, which had accordingly undergone considerable pathological changes, and, moreover, in old cases a sharp spiculated point or other sharp edge of a foreign body might perforate or tear arteries or nerves, producing a worse complication than the risk of an operation.

LIVERPOOL MEDICAL INSTITUTION.

The Eleventh ordinary meeting was held on March 17th.

The President, Dr. Nevins, in the Chair.

Dr. Macalister showed a preparation from a case of

SCARLATINAL ULCERATION OF THE GREAT VESSELS OF THE NECK.

The specimen was taken from a child, æt 2, that had an attack of scarlatina, in which there was a good deal of cellulitis of the neck. Nothing special occurred until the tenth day, when the temperature began to rise; on the thirteenth day fluctuation was felt over part of the cellulitis and a puncture was made giving exit to pus; on the twenty-fourth day an immense gush of bright arterial blood took place, which was temporarily stopped by the nurse in attendance at once pressing her finger over the spouting spot. Dr. Macalister when called tied the carotid immediately below the omohyoid. As, after this, from loss of blood &c., the child appeared on the point of death, he injected a quantity of saline fluid into the cellular tissue of the axilla. This was at once absorbed and the pulse improved. The child then did fairly well for the next six days with the exception that gangrene of the toes set in and progressed in the usual way. On the thirtieth day hæmorrhage returned, this time venous, the vein was now ligatured both above and below the point ulcerated. On the thirty-second day the hæmorrhage again returned, from a point so high up that it was impossible to ligature. Paralysis then commenced, on the thirty-third day purpura made its appearance, and on the thirty-fourth death took place. The autopsy showed that except that the spleen was enlarged, all the organs were healthy, the venous tissue, where the rupture took place was so thin that it could only be compared to tissue paper.

Dr. Alexander Davidson showed an extensive

DISSECTING ANEURISM OF THE THORACIC AND ABDOMINAL AORTA

taken from a patient who was admitted comatose from apoplexy into the Royal Infirmary. No history could be obtained. Autopsy showed besides cerebral changes, an aperture in the thoracic aorta just above the aortic valves, leading to an aneurism that had caused dissection of the inner from the outer coats, but not so extensively as in some cases recorded by Peacock and Hilton Fagge. The lower aperture by which the blood again entereed the aorta, after passing between the coats was about nine inches from the upper one. He remarked that patients could live with such a condition for several months at least as was shown by the development in some cases of an intima lining the false channel.

Dr. Johnston showed a Tubercular Tumour of the Brain.

Dr. J. Wiglesworth related

A CASE OF URÆMIC HEMIPLEGIA.

The bilateral character of the symptoms of uræmia was commented on, and it was remarked that when in this condition a localised paralysis occurred it was usually put down to a focal lesion, such as might be produced by the rupture or occlusion of a degenerated vessel. That one-sided paralysis might however occur in uræmia without any focal lesion being present in the brain, was proved by the narration of the case of a female, æt. 59, who died in Rainhill Asylum, of cirrhosis of the kidneys. This patient just ten days before her death was found one morning to be speechless, and though in the course of a few hours speech was to a great extent regained, there was found to be great weakness, though not complete paralysis, of the right arm; she gradually passed into a semi-comatose condition, and seven days afterwards it was noted that there was absolute paralysis of the right arm, and some deficiency of movement in the right leg, the movements of the left side being retained; there was deviation of the axes of the two eyes. The patient gradually became more comatose, and died ten days after the onset of the attack. At the autopsy, the most careful examination failed to discover any focal lesion in the brain, the vessels of which were in a very atheromatous condition. The kidneys were markedly cirrhotic and granular, the right weighing 1¼ oz., the left 1½ oz. Reference was made to the observations of recent French writers on the subject, and M. Raymond's explanation of the condition was accepted. The serous effusion which is associated with uræmia, itself the result of Bright's disease, compresses the cerebral vessels, which are weakened by degenerative changes; these changes affect some vessels more than others, and those most diseased would be most liable to be affected by the pressure; in consequence "ischæmia" would be produced in certain localised areas of the brain, which might be evidenced clinically by localised paralysis, such as hemiplegia.

Mr. George Stone read a paper on a case of

IVORY EXOSTOSIS REMOVED ENTIRE FROM THE EXTERNAL AUDITORY MEATUS.

The patient, a gentlemen, æt. 34, had scarlatina at the age of 16, and 9 months later measles. Since then the left ear had discharged occasionally. Last summer the ear became very painful, and the deafness had been gradually increasing for some time. An examination of the ear showed a bony tumour of extreme hardness, which was attached superiorly, posteriorly and inferiorly to the walls of the meatus, almost entirely blocking it. Removal of the tumour was advised, and this was done on the 8th February, by means of a chisel and mallet. The tumour (which was removed entire) measured 13 millimètres long, 10 mm. wide, and 7 mm. thick. Mr. Stone remarked that the operation by the chisel, which was but little practised in this country would compare favourably with the one most usually adopted, viz.: Drilling with the American dental engine. The operation was completed within 30 minutes, hours generally being occupied by the drilling.

Mr. Bickerton showed a case of

UNIQUE (?) CORNEAL OPACITY.

The patient was a girl, æt. 10. In December, 1885, the inner part of the right eye became reddened, and the mother noticed that there was a "white speck on the clear part of the eye close to the white." This speck gradually increasing in size until it became a sort of film on the eye, induced her to seek advice. To the observer standing directly in front of the child the left cornea presents two opposite conditions, about three-quarters of it being clear and transparent, the remaining inner quarter being white and opaque. On the child turning the eye well to the right—moving the eye into the nose—the observer sees that the layers of the cornea behind it are clear and transparent, and from the depth of the clear portion of the cornea, the impression is given that the opacity is limited to the superficial layer of the corneal tissue. The corneal epithelium covering the opacity is of normal character. The opacity itself is greyish white and dense, with fine blood vessels ramifying in it. Its base is continuous with the sclerotic at the cornea scleral junction, this position being marked by a slightly bluish line, as if thinning of the sclerotic had gone on there. It extends forward towards the centre of the cornea, its anterior margin being on a level with the inner papillary border. The advancing margins of the opacity, upper, lower, and anterior are not sharply defined, but are nebulous, the zone of cornea immediately adjacent to the opacity being slightly hazy. Its blood supply is derived from the conjunctival and the deeper vessels. The iris is not implicated. The case has been seen by many specialists, among others Little, Bell Taylor, Wolfe, Browne, Grossman, McHardy, Von Solomon, Frost, Benson, Snell, Argyll Robertson, Hutchinson and Nettleship, and all expressed themselves as unable to say anything definite about the nature of the condition. Sir William Bowman also wrote saying that the description of it did not recall any quite similar case to his mind.

Mr. George Walker was of opinion that it was of syphilitic origin. The family history is antagonistic to this theory. The increase in size of the opacity is very slow, its anterior margin is now just beyond the centre of the cornea, and a very slight increase now, will by mechanically shutting off the entrance of light to the pupil, cause blindness.

The President was much interested by this very unusual case. He suggested the possibility of passing a hot wire through the whole length of the base of the opacity, and thus severing its arterial supply.

Dr. Grossmann was glad to have the opportunity of again seeing the case, he thought it looked somewhat more defined than when he saw it some months previously, and he also thought it looked thicker than it did then.

Mr. Shears mentioned the possibility of its being a dermoid tumour, and Dr. T. Wiglesworth said that it brought to mind a condition which he had once seen in the capsule of a spleen.

Mr. **BICKERTON** then replied.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD MARCH 17TH.

The President, Dr. **CLEAVER**, in the chair.

CONICAL CORNEA.

MR. **SIMEON SNELL** showed an extreme case, and therefore most interesting, of this deformity, in the person of a young woman. Both eyes were affected, but the left most so. When the eyelids were closed the projection of the lid on the left side, over the cone, was most remarkable. He proposes to remove a flap from the cornea, and so attempt to restore shapeliness to the eye.

REPORT OF THE PATHOLOGICAL COMMITTEE.

The Pathological Committee brought up their reports upon Dr. Law's and Mr. Coombe's specimens. In Dr. Law's case, the growth was distinctly fibroid; in Mr. Coombe's the disease was encephaloid; there was no sarcoma.

Dr. **KEELING** then read a paper on the question of

SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION,

which will be found at page 367.

In the discussion that followed,

Dr. **MARTIN** asked Dr. Keeling what length of time he would feel justified in allowing to elapse in which to try other measures before resorting to operation? He also asked if Dr. Keeling had any experience of inflatory enemata by means of a soda water syphon discharged into the bowel through tubeing and nozzle, as practised by Hunter?

Mr. **GARRARD** mentioned the case of a patient of his, in which five drops of liquor atropiæ gave relief, when the patient seemed moribund. He thinks consent to an early operation will not always be easily obtained. If consent is given, he thinks operation is the best course to pursue. He strongly recommends surgeons to cultivate the sense of touch by going through the various steps of the necessary operation, and handling the bowels in a healthy condition; this may be done in the post-mortem room, and would enable operators to recognise more readily any departure from the healthy standard.

Mr. **ARTHUR JACKSON** congratulated Dr. Keeling on the able and exhaustive paper which he had read on so difficult a question. He differed from him as to the large proportion of acute cases being due to bands and openings in the omentum, and was of opinion that many cases of chronic disease in and about the bowel gave no sign of their existence, till symptoms of an acute character came on. He urged as a reason against early operation the fact that many cases of acute and apparently hopeless obstruction got well without interference. And the extreme mortality of such operations, even when the obstruction was easily found, and relieved, and the operation easily and quickly performed, the results seemed to him to be eminently unsatisfactory.

Dr. **PORTER** mentioned particulars of a case in which there was complete obstruction for four days with urgent symptoms, in which, however, the obstruction yielded to general treatment. He thinks in this case operation would have been mischievous, and that operation must be very carefully considered before resorting to it.

Mr. **BROWNING** thinks the question is altogether one of diagnosis. If a band is present operation must be performed. He gave some very interesting particulars of a case in which there was prolonged obstruction with severe symptoms, and almost a fatal result. When death seemed imminent, a stone was discharged from the urethra, and a perfect recovery took place. He thought operation here, though apparently justifiable, would be somewhat out of place.

After a few remarks from Mr. Hargraves and Mr. Pye-Smith,

Dr. **KEELING** replied, and the Society adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 20, 1887.

THE PATHOLOGY OF INTRA-UTERINE DEATH.

THE series of lectures delivered by Dr. Priestley at the Royal College of Physicians on the pathology of intra-uterine death are interesting both from a practical and a scientific point of view; not only as influencing the law of population, but on account of the importance of the question to the pathologist and the medical practitioner. The proportion of abortions to births at term, though variable according to circumstances of environment, is very great, and though this result is one which may not be unwelcome to the holders of Malthusian views, it is one which has an important bearing on social and individual happiness and health. The subject is, therefore, well worthy of careful and conscientious study. The peculiar and wonderful evolutionary changes which take place during the development of the ovum and its membranes lend themselves apparently with comparative facility to morbid changes, and if once these processes are misdirected the development subsequently takes place under these altered circumstances to the detriment and often to the death, of the fœtus. The various means by which the death or expulsion of the fœtus may be caused constitute the basis upon which Dr. Priestley has drawn up the valuable *recueil* of observations, experiments, and deductions which make his lectures a notable addition to obstetrical science.

The causes of this premature decay of the fœtus may be inherent, as when the father is debilitated or diseased; it may depend upon the inability of the mother, from local or constitutional conditions, to contribute properly to the nutrition and development of the ovum; or it may be accidental. The conditions on the part of the father which may conduce to this result are more numerous than might at first sight be supposed. Syphilis necessarily stands first as a causative agent, and its effects in this particular direction are too well known at present to call for any elaborate arguments. Debility from ill-health or sexual excesses undoubtedly lessen the vitality of the resulting impregnation, in some cases to such an extent that it may become exhausted before development has proceeded very far. In women, apart from specific diseases and local pathological causes, the tendency to abort is attributable to a very large extent to derangement of function consequent on faulty conditions of life, habits, or environment. Immaturity, advanced age, and disparity of age, are all credited with a deleterious influence in this respect, though, from the nature of the investigation, it is difficult to apportion with accuracy and certainty the share of responsibility of these different factors in the production of abortion. Certain diseases, such as small-pox, pneumonia, &c., occurring in pregnant women, lead, in a very large proportion of cases, to abortion. The influence of the disease seems to depend greatly on its intensity *per se*, the proximate cause of the abortion being the death of the fœtus, which results from violent constitutional disturbance on the maternal side. The liability to abort as the result of accident, shock, &c., varies to an extraordinary degree in different women. In some the slightest injury, a slip on the stairs, or a false step will promptly lead to separation of the placenta and abortion, while in others the most violent physical commotion will fail to provoke the morbid sequence. Anecdotes on this head abound: women have jumped one or even two storeys, and have fallen considerable distances, intentionally or accidentally, without the injuries determining abortion.

In a very large number of cases, however, it is difficult and even impossible to specify the real cause. All that we can do is to ascertain that disease of the placenta or ovum is present, but the reason why particular women should exhibit this constantly recurring tendency to degeneration or disease of these structures is often a mystery. The observations recorded and collected by Dr. Priestley bearing on the influence of high temperature on gestation are numerous and interesting. They tend to show that the temperature of the fœtus is habitually higher than that of the mother, and keeps higher when the mother's heat becomes abnormal. The fœtus, therefore, suffers from the effects of the heightened temperature before a corresponding effect is produced on the mother, a maternal temperature of 41·5° C., even for a short period of time, proving fatal to the fœtus. Moreover, the danger to the fœtus, in all probability, does not cease on the reduction of the maternal temperature, for Claude Bernard has seen animals submitted to experiment die several days after being removed safe from a heated stove. With reference to the advisability or otherwise of performing surgical operations during pregnancy, it is obvious that it is well to abstain from them unless urgently required. It is a fact worth noting that abortion is frequent as a termination of pregnancies, beginning while the mother is suckling a previous child, the immediate cause being extravasation of blood into the placenta. Apoplexy of the ovum appears to be a common cause of embryonic death, and for that reason deserves special attention. Dr. Priestley recalls the curious error which obtained some years since of regarding the vesicles in hydatidiform degeneration of the chorion as being each the product of a separate ovum. Paré narrates that a certain lady, in the year 1276, gave birth to 365 children at one labour, of which 182 were males, 182 females, and one hermaphrodite. Even in quite recent times the pathology of this peculiar growth was but imperfectly understood, and men were found some years ago, in a case which occurred in India, where the character of an unmarried woman and the reputation of a medical man, who had impugned her chastity, were at stake, to maintain that the vesicles might be formed in the virgin uterus. As the lecturer observes, with our present knowledge on the subject, it would be just as reasonable to suppose that a child might be expelled from an unimpregnated uterus as a true vesicular chorion. The minute morbid anatomy and pathology of the various changes are very exhaustively and carefully gone into in these lectures, and those of our readers who may desire to be made acquainted with the present state of our knowledge on this recondite subject cannot do better than refer to the lecture which appears elsewhere in our columns. The matter has a practical interest to the practitioner, since it is only by a thorough comprehension of the phenomena so carefully investigated by Dr. Priestley and others that he can hope to intervene with some prospect of success.

THE ABUSE OF MEDICAL CHARITIES.

In the columns of this journal for April 6th, our Glasgow correspondent drew attention to the interest which the subject of "the abuse of medical charities" was exciting in that city, and to a meeting held by practitioners in protest of the indiscriminate relief afforded at the hospitals. The question has now assumed another phase, and is occasioning quite a *furore* in medical circles in Glasgow, and the newspapers are full of letters which are not distinguished, we regret to say, by a comprehensive grasp of the subject. On the contrary, side issues are indulged in and commented upon, and every one seems eager to defend his own position, and defame and traduce that of his neighbour. There is no gainsaying the fact that all the medical institutions serve the same purpose so far as the medical profession is concerned, and that a connection with them is sought after, not primarily from irrepressible philanthropy, but to further personal and private ends. It is an affectation to contend otherwise. At a time when the "disinterestedness" of the Western Infirmary, which is nothing else than an appanage of the University, has been ostentatiously paraded before the profession and the public, an incident has arisen in connection with it which is a striking commentary on the "disinterested" sons of science at Gilmorehill. The professor of surgery at the University, who is one of the surgeons to "the Western," is alleged to have charged one guinea at the infirmary, and to have received the sum from the wife of a gardener from the Highlands, who went to the institution with a subscriber's line, seeking advice in the case of her boy. This is a violation, it is said, of the rules of the institution, as we should have surmised, and the fact that the charge was made is admitted by Professor Macleod, who tries to justify his conduct as follows:—He holds that his time has been seriously encroached upon at the Western Infirmary by people well able to pay for his services, necessitating as this often does, the writing of numerous letters to their medical attendant, and that in this case he demanded "half the fee usually paid for a written consultation," in order to raise a question on a practice which had become grievous to him. Professor Macleod admits "the directors of the Western Infirmary, as I fully expected, do not agree with me in the action I took." One of our Glasgow contemporaries, in referring to this incident, says:—"The gentleman who had given the line for admission, being apprised of the charge made, complained to the directors, *after which* the Professor deposited the guinea with the superintendent to be applied to the wants of the infirmary." Now it appears to us that if Professor Macleod simply wished to raise the question above referred to with the directors of the institution, and he had at once handed the fee charged to the superintendent, the position which he now takes up would be less open to other construction, and it is unfortunate, we think, for him, that he did not act thus. From what we have heard in connection with the Western Infirmary, we believe that this is by no means a solitary instance of charges being made at it by professors, either at the institution, or by drafting poor people to their houses, and as this matter is not likely to end here, we hope that the ventilation of it in the public prints will put an end to transactions which can only have the effect of discrediting medical charities in the eyes of a thinking and generous public.

THE IRISH CONJOINT SCHEME.

Dr. Atthill's letter which we publish to-day contains much speculation as to the opinions held by individual members of the Council of the College of Surgeons and Fellows of the College of Physicians; it also contains some statements of fact which it is necessary for us to explain. When the division of fees between the Colleges into five-eighths and three-eighths was agreed upon, the conjoint diploma fee was proposed to be thirty guineas, and the division of that sum in this proportion was agreed to because it roughly represented the relation of the existing College of Surgeons fee to that of the College of Physicians, and, moreover, represented the larger share to which the College of Surgeons is equitably entitled by reason of its larger expenditure on museums, libraries, &c. The College of Physicians thus acknowledged the equity of the division, but on the occasion of a subsequent negotiation, a minority of the Fellows demanded an equal share of the thirty guineas, and, as the College of Surgeons could not listen to such a proposition, the scheme fell through. It was precisely to avoid this contention as to shares of the money that, on the inception of the scheme which is now on the anvil, it was agreed that each College should charge what it was accustomed to charge, and pay out what it was accustomed to pay out, so that neither institution should interfere with the earnings or outlay of the other, and this treaty was duly sealed, signed, and delivered by the College of Physicians. We certainly cannot understand that an apprehension of loss to the College by the formation of a rival conjunction between the "Surgeons" and "the Hall" can in any respect justify the "Physicians" in breaking this clause of their treaty, especially when it is recollected that they are now claiming an additional share, *not* of the fee of thirty guineas which originally was fixed for the double diploma, but of the twenty-five guineas which is, and always has been, the special *honorarium* of the College of Surgeons. It seems scarcely necessary, however, to discuss this detail, because we believe that the claim of the College of Physicians to a part of the College of Surgeons' fee is simply an excuse for breaking up the conjunction with that College. Those who make that claim well know that there is not a man on the Council of the College of Surgeons, and scarcely one amongst the Fellows of that College, who would even consider so arrogant a demand, which may perhaps be dismissed as a *ruse* to throw upon that College the responsibility of breaking up a conjunction to which it is, and has all along been, loyal. With reference to the 2nd proviso of the conjoint treaty (*i.e.*, "the Colleges reserve their right of conferring their diplomas on such registered medical practitioners as they may deem fit"), Dr. Atthill is altogether mistaken in his supposition that it was "understood by the College of Physicians, and also by the Council of the College of Surgeons, to prohibit either body from granting its diploma to anyone who had not been previously on the Register excepting those who passed" the Conjoint Board. Whatever individual Fellows of the College of Physicians may have understood to this effect was certainly not expressed in any document which passed between the Colleges, and we can answer for it that, so far from any such understanding being aimed at by the Council of the College of Surgeons, the exact reverse was both expressed and implied. We must remind Dr. Atthill that this proviso as it originally stood prohibited the Colleges from granting, outside the conjunction, any save honorary Diplomas and Fellowships, and that it was advisedly altered by the Council to its present form. This was done upon the urgent representations made to the Council that the effect of the proviso, as originally worded, would be to prohibit the College from giving its Diploma to Licentiate Apothecaries, that no such proviso existed in the Scotch scheme, and that its effect would be to drive away to Scotland every man who desired to combine the practice of surgery with that of apothecary in Ireland. The "understanding" of certain Fellows of the College of Physicians is, we submit, a flimsy reason for tearing up a contract deliberately made by their College and confirmed by the Medical Council. Understandings are of no greater force in such a matter than the admissions of individual members of the Council, and all such imaginings can be at once dissipated if the College of Physicians can show a single line written by either College to justify such speculations. Dr. Atthill is also under a mistaken impression in supposing that the legal adviser of the College of Surgeons "expressed grave doubts as to the power of the Apothecaries' Hall to give a licence in medicine." As a fact, the Council did not ask its adviser any question on the subject, and did not brief him with any of the material which might enable him to form a judgment on the subject, and the total amount of his "grave doubts," of which the College of Physicians has made so much, is expressed in the words, "assuming that the Apothecaries' Hall has" such power, he is of opinion that the College of Surgeons may lawfully conjoin with them. It was not, as we believe this suggestion, but rather the apprehension that the College of Physicians would raise legal obstructions which caused the College af Surgeons to require from the Apothecaries' Hall a proof of their title. It is necessary to make these corrections of Dr. Atthill's statements, lest an erroneous impression respecting the action of the College of Surgeons may arise, but from a public point of view these inter-Collegiate squabbles are contemptible, and only serve to illustrate how completely the public and the student may escape consideration in the monetary or sentimental contentions of Licensing bodies. The last consideration which seems to influence these bodies is the improvement of medical education, or the production of a thoroughly competent practitioner—objects which will be very slightly advanced by the good opinion of themselves which the Fellows of the College of Physicians seem to cherish. We adhere to the opinion that that College has not improved its position by its precipitate and uncalled for display of pettishness, a feeling which is forcibly illustrated by Dr. Atthill's accusation against the College of Surgeons of trying to "evade" its engagements.

Notes on Current Topics.

The Vitality of Seeds.

An interesting discussion on this point has recently taken place in *Nature*, in connection with Prof. Judd's alleged ascription of life to these as well as to crystals, &c. One of the parties to this discussion holds that "no seeds retains their vitality for much more than forty years," while M. A. de Candolle asserts that, "no grain taken from an ancient Egyptian sarcophagus and sown by agriculturists has ever been known to germinate." Others, however, maintain that mummy wheat as it is called, does sometimes germinate, and they quote in support of their theory the case recorded by Dr. Lindley of some raspberries raised in the garden of the Horticultural Society, from seeds taken from the stomach of a man whose skeleton was found thirty feet below the surface of the earth, at the bottom barrow, which was opened near Dorchester. He had been buried with some coins of the Emperor Hædrian, and it is, therefore, probable that the seeds were sixteen or seventeen hundred years old.

A Knotty Point.

The stipendiary magistrate at Birkenhead was recently called upon to decide a somewhat delicate question in reference to the right of a workman to carry a spade in such a way, according to the police, who had instituted proceedings, that danger was incurred by the public. The coalheaver in question seems to have been carrying the spade in the usual way over his shoulder, but not so high but that, had he turned round or stopped suddenly, serious injury might have been inflicted on anybody who was unlucky enough to be in the immediate vicinity. In this particular case the prosecution failed to satisfy the magistrate that the facts were such as to justify interference, but the question is nevertheless one to which the police of other towns besides Birkenhead might well give their attention. The careless way in which men carry edged tools, saws, &c., on the public footpath is the subject of daily comment and the cause of numerous accidents, happily, for the most part of a minor description. It is not advisable, of course, to be too dogmatic, nor to interfere unnecessarily with the freedom of the streets, but the public are certainly entitled to claim protection from risk of injury when of so distinctly avoidable a nature. The numberless exasperating little accidents consequent on children spinning tops or playing rounders or leap-frog in the streets, belong to the same category, and should be pitilessly repressed. Now that the dog campaign is ended, let us hope for ever, our police might be directed to enforce the observance of the various police regulations which have been made from time to time for the express purpose of reducing the number of street accidents. It is an invidious and ungrateful task to confiscate tops and "tip-cats," but policemen must not be wanting in moral any more than physical courage. A poke in the eye with a sharp stick is proverbially disagreeable, yet it is a contingency which has to be faced so long as the youths and maidens of our slums are permitted to adjourn to the more roomy thoroughfares for the purpose of what would, in any other spot, be a legitimate and commendable amusement.

The Prophylaxis of Crime.

An enthusiastic sociologist has brought forward a suggestion of a practical nature with the professed object of limiting crime. Starting with the generally admitted hypothesis that criminal tendencies run in families and are transmissible from parent to offspring, like other physical and mental qualities or characteristics, he proposes to put a check to such transmission by castrating convicted members of the criminal classes. He urges his views on the ground that no offspring with inherited tendencies to crime would be allowed to come into existence to the detriment of the harmony of civilised life, and an additional terror would thus be added to the punishment of crime. He is sanguine enough to hope that in course of time, the result would be to effect a gradual improvement of the morals of the public at large, and particularly in the disposition of the person operated upon. To be consistent, the author of the suggestion should also have advocated the performance of Battey's operation on prostitutes, from whose ranks criminals are, directly or indirectly, so largely recruited. Mr. Tait's operations would at once acquire a scope and a popularity which at present they lack, and the utility of the operations would at once become more apparent than all Mr. Tait's eloquence has as yet made them to be. It must be admitted, however, that there are certain difficulties, both practical and sentimental, in the way of the execution of this project, so much so in fact that for the present we need not do more than register the bare fact of the suggestion having been made.

Ambidexterity.

Dr. Daniel Wilson, of Toronto, who appears to have studied this question from the standpoint of his own possession of left-handedness arrives at the conclusion that the preferential use of the right hand is natural and instinctive with some persons; that with a smaller number an equally strong impulse is felt prompting to the use of the left hand; but that with the great majority right-handedness is mainly the result of education. He holds that left-handedness is due to an exceptional development of the right hemisphere of the brain, and suggests that as his own brain has now been in use for more than three-score years and ten, he should be glad when the time comes when he shall be done with it, if it were turned to account for settling this physiological puzzle. We commend this Benthamite mode of settlement to others, especially to such of our *savants* as labour under any peculiarity of this kind.

Leprosy in Norway.

The Norwegian Government has taken another step towards discovering the origin and nature of the terrible disease, leprosy, which is so common on the West Coast of Norway, by dispatching Dr. G. A. Hansen, director of the Leprosy Hospital at Bergen, to North America, for the purpose of inquiring into the heredity of the disease among Scandinavian emigrants to the United States.

Artistic Horrors.

Everyone who has frequented the French *Salon* year by year must have remarked a growing taste for pictures representing the more ghastly and uncouth scenes incidental to the study and practice of medicine. Many of this class of pictures are more or less feeble imitations of Rembrandt's well-known *Leçon d'Anatomie.* The dismal features of the dissecting-room and the operating theatre are reproduced with a fidelity which, while it may testify to the skill of the draughtsman, does not militate in favour of his good taste. It is bad enough in all conscience to have historical paintings, which instead of the nymphs and Cupids of the art of past centuries, treat us to sanguinary episodes of the most realistic description. They are, however, less lugubrious than the anatomical plates to which some artists devote their attention without an attempt at sentiment. The sensation at the forthcoming *Salon* is expected to be a large canvas by Brouillet, representing Professor Charcot giving a lesson at the Salpêtrière to his pupils. The Professor is standing at a table facing the audience. His assistant is at hand holding in his arms a woman in a hysterical attack. The *mise en scène* is very complete, but the effect is described as extremely disagreeable, at any rate to minds not addicted to the morbid in art. Another painting of a similar character by Gervex represents Dr. Péau giving a lesson in surgery. A female patient, under chloroform, lies on the table before him, an assistant surgeon kneeling beside her counting the pulse, while a sister of charity waits for the operation to begin. If this morbid taste continue to develope, we shall, in a few years, be favoured with pictures of operations before which even the *blasé* Parisians will stand aghast. 'Tis but a step, and the effect would be even more *saisissant.*

Dr. Lauder Brunton and Homœopathy.

Faithful to his promise, Dr. Brunton has taken advantage of the opportunity afforded him by the appearance of the third edition of his work on Pharmacology, Therapeutics, and Materia Medica, to repudiate the charge which interested parties have brought against him of having appropriated homœopathic remedies (?) without so much as a word of acknowledgment. He points out that homœopathy consists, not in the possession of this or that medicinal agent, but in the principle upon which it is used. The mere fact that certain drugs were or were not first employed by men professing to practise on homœopathic principles is altogether irrelevant, and beside the point. Just as homœopaths can prescribe mercury or opium in homœopathic doses and in accordance with Hahnemann's formula, so an ordinary practitioner can employ actæa racemosa or any other drug upon which homœopaths pride themselves without rendering himself amenable to the charge of trespassing on reserved ground. The essence of homœopathy as established by Hahnemann, says Dr. Brunton, lies in the infinitesimal dosage and the universal application of the rule *similia similibus curantur.* It is the falsity of the claim which homœopathy makes, to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery. It is to be hoped that in face of this emphatic disclaimer, those persons who have for some time past striven to claim Dr. Brunton as "one of theirs" will cease their machinations, which can serve no useful purpose, and are at most a source of annoyance. This very question was exhaustively discussed in our columns some few months since, on substantially the same grounds as have now been authoritatively put forward by the eminent therapeutist.

Medical Attendance on the Sick Poor.

Dr. F. H. Alderson, in a reprint of his article in the *Provincial Medical Journal,* ventures to take up the much vexed question of the medical attendance of the sick poor. It is delicate question when one considers the damage which provident dispensaries have inflicted on the financial prospects of a large section of the profession. The difficulty of excluding persons able to pay a more adequate tariff for their attendance renders them scarcely less hurtful to the general practitioner than the out-patient departments of hospitals. Dr. Alderson's suggestion is that the present system should be overhauled and revised, provision being made for the payment of contributions bearing some sort of proportion to the means of the member, varying from 6d. to 2s. 6d. per month for single persons, and from 2s. 6d. to 10s. a month for families. It is surprising, and not by any means reassuring, to learn from him that such an institution is to be found as the Hammersmith Sick Club, the terms of which are twopence per week per family. The idea of affiliating the newly arranged provident dispensaries to the nearest hospital is one which would do much to raise their status and relieve the latter of the pressure on the time and attention of their out-patient staff.

The Examination for the M.D. (Brussels).

At the recent examinations at the University of Brussels for the Doctorate in Medicine, one candidate out of ten was rejected for the first doctorate, and four out of ten for the second. The remaining candidates all succeeded in passing the third and final examination. From the list of names published it would appear that there were no candidates, at any rate no successful candidates, from this country. In the two preliminary examinations in anatomy, physiology, chemistry, materia medica, &c., six candidates out of sixteen were rejected.

The Treatment of Whooping-cough.

It would be difficult to mention many drugs of any standing in the therapeutical world which have not been preconised at one time or another for the treatment of pertussis. The change is rapid and continuous. Belladonna and the bromides, carbolic acid, quinine, opium, mercury, &c., &c., have danced a saraband round the cradle bedstead with no other effect apparently than that of eliciting hopes doomed to disappointment. This particular department of therapeutics is based on empiricism of the worst description. Disregarding the natural course of the malady, the least accidental remission is ascribed to the influence of the particular drug which happens to have been employed at the time. In the present state of our knowledge, or rather ignorance, on the subject of the etiology and pathology of whooping-cough, it is not surprising if our treatment is hopelessly in arrear. Even the legendary *microbe*, whose presence in most other complaints affords some small satisfaction to the enthusiastic inquirer, has not, so far as we are aware, been discovered in this. Our powerlessness before the march of this troublesome and, in the aggregate, fatal disease, ought to stimulate some of our distinguished pathologists to undertake more searching investigations with a view to its prophylaxis or cure. It is almost certainly parasitic in its nature, and one attack is protective. It stands, therefore, on a much better footing than cholera, and probably than hydrophobia, though whether immunity be conferred by an attack of the latter malady has, for obvious reason, not yet been ascertained. Whatever overcrowding may take place in the more practical walks of the profession, it is certain that ample crops of laurels remain to be gathered in the more exalted sphere of pathological research. Mere suggestions and guesses without any substratum of fact or observation are worse than useless, and should bring discredit on the practitioner who is bold or silly enough to make them.

Asphyxia by Sewer Gas.

The porter of a house in the Rue du Temple, Paris, together with his wife and son, were partially asphyxiated a few days since by an escape of sewer gas into their *loge*. Alarm having been excited by their non-appearance, the door was broken in, and the three persons were found insensible in their beds. Under appropriate treatment they ultimately recovered consciousness, but were seriously ill for some days in consequence of the inhalation of the mephitic vapours. The construction of the older houses in Paris leaves very much to be desired from a sanitary point of view, and the mortality tables of that city will probably never be even moderately satisfactory until the old, unhealthy buildings have given place to houses more suited to the times.

The late Dr. John Brady, M.P.

A friend who writes from abroad, kindly sends us a few particulars of his acquaintance with this gentleman, which we willingly reproduce. They run as follows:—"I knew Brady well when he was in his prime, some 32 years ago or so. He lived then in Denbigh Street, Warwick Square, and was a fine specimen of healthy manhood. He frequently gave me orders or tickets for the Strangers' Gallery, and I remember as 'twere yesterday, my first entry into this compartment of the House: the late Frederick Lucas was addressing it, and I particularly remember that the subject of his address was some proselytising tracts that were distributed, he alleged by some ladies or clergymen, to the Catholic inmates of the St. Pancras Union. As to Dr. Brady himself I believe I am justified in saying that he made no concealment at any time of his early trials or struggles in this city. He used to say, quite composedly that when he first came to London to join, I think, his brother the late Charles Brady, who kept a small open surgery in the 'New Cut' or, was it Stamford Street, Blackfriars Road? he and Charles had only one diploma, and at first, only one decent coat between them. They so economised or utilised this practice, that it served a double duty, as alternately required, and long before the brother died—he died I think, of acute laryngitis, after an operation by Mr. Cock—John had become, through his marriage with a Miss Ball of Ely, Cambridgeshire, a rich man. This change of fortune made, however, no change in him, for he remained still the same, kindly, open-handed, open-hearted man he has ever been, true to his principles and convictions. He often advised me to go into practice as he did, with an open surgery, in some populous neighbourhood, and I now bitterly regret I did not do so. I took to scarlet instead, and am still an exile or worse."

An interesting discussion has recently been started in the Paris Academy of Medicine, concerning the bad results of mental straining in young persons. Attention has especially been called to the fact that many French girls, under the pressure of competition, are injuring their health by overwork at school. About 12,000 of these are trying to get the superior diploma which would confer upon them the right of getting an appointment in government schools, only 2,000 of whom will be able to get these appointments.

The Medical Arrangements at the Easter Manœuvres.

The medical arrangements this year were more advanced than hitherto. Three small companies of the Volunteer Medical Staff Corps, under Surgeon-Major Norton, and the Adjutant, Surgeon Lees Hall, accompanied the marching columns to Dover. On the Friday they established a field hospital in a meadow behind the village of Bridge, and then sent out the detachments under Surgeons Willett, Raw, and Lake, to a distance behind the fighting line, where they did excellent practice, bringing in the wounded through the village to the field hospital. On the Monday a P.M.O. of the Army Medical Staff was attached to the attacking and defending force. A field hospital with a staff of surgeons was stationed at Maydensole Farm and Archer's Court, a central spot for each of the forces. The dressing stations of the Corps, which, as the advance of the armies was so rapid, and as they were not hampered by wounded, were able to be advanced into suitable positions correspondingly with the advance of the fighting line, were markedly distinguishable by a lofty red flag. Everything was prepared for any emergency. And now at the latest part of the day an accident occurred which shows that no regiment should be without its surgeon, and that, if unaccompanied by such, one should be told off for the duty if possible, especially in the case of artillery, where the severer injuries are liable to occur. A battery of the East Kent Artillery was located in the extreme rear and right of the attacking force, about a mile from Maydensole Farm, and half a mile from the dressing station of the V.M.S.C. One of the gunners was in the act of screwing up the breech after inserting the charge, when the charge exploded, blowing out the breech, smashing the gunner's hand with the exception of the thumb, breaking the bones of the forearm, and destroying one eyeball; two other men were somewhat injured. Mounted men galloped off in two directions, one to the field hospital and the other in the direction of the bearer company. Acting-Surgeon Pearce, of the Artists' Corps, on duty at the field hospital at Maydensole Farm, speedily provided himself with a surgical haversack, and rode across country at once to the scene of the accident, and the Commandant of the V.M.S.C. despatched Surgeon Raw and Quartermaster Webb, with a detachment of men, students from St. Bartholomew's, London, Guy's, and St. Mary's Hospitals, with an ambulance waggon, completely equipped with surgical appliances and medical comforts. The unfortunate man, after proper attention as a first aid, was placed in the ambulance waggon, and conveyed to Dover Castle Station Hospital. The limb was amputated below the elbow by Surgeon-Major Greenhill, S.M.O., Surgeon-Major Slaughter, and Surgeon Bigg, with the assistance of Surgeon Raw and Acting Surgeon Pearce. The other injured men, who were much scorched about the face, were conveyed to the field hospital, and received attention from the surgeons in charge.

The Toxteth Park Poisoning Case.

At the adjourned inquest on the body of a child who had died with symptoms of irritant poisoning, Mr. Samuel Brighouse, the coroner, made some curious observations bearing on the conduct of the medical man who had attended the case. Dr. Shaw, the gentleman in question, had declined to give a certificate of death, and had, with the consent of the father, performed a post-mortem examination. When the police applied to him for information, he very properly, in our opinion, declined to anticipate the evidence which he would be called upon, in the ordinary course of events, to give before the coroner. The refusal evidently angered the inspector, who, in his turn, ruffled the coroner, and this functionary animadverted thereupon with such severity, that the jury ventured to qualify his remarks by expressing their sense of the propriety of Dr. Shaw's conduct. In the meantime the coroner, to show his impartiality, had commissioned another medical man, quite foreign to the affair, to make a second post-mortem examination. The proper course is undoubtedly to afford the police such information as they may require to set to work, but this has nothing in common with the technical details, which a jury alone will be called upon to appreciate. It is always better to await the coroner's instructions before proceeding to make a post-mortem examination, but, with the circumstances of the case before us, we have no hesitation in saying that the strictures of the coroner were not warranted by the facts, and merited the quasi-rebuke afforded by the rider to the verdict.

The Proposed Amalgamation of Dublin Schools.

We hear that the Council of the Irish College of Surgeons has negatived, by a majority of 11 to 7, the proposition already referred to in our columns, to effect an amalgamation between the Carmichael School and the School of the College. This decision is, we think, greatly to be regretted in the interest of medical education in Ireland, and we are confident it will be reversed before very long, because the influences which are forcing the consolidation of schools in Ireland cannot long be resisted. At present the matter is being fought out on the narrow ground of the money interests of lecturers, the public and the student being apparently little thought of. Of course no one advocates the adoption of any course which will do injustice to any individual, and there would be, we believe, no difficulty in providing for all vested interests, but, on the other hand, we do not see why the sentiment or the unfounded apprehensions of lecturers should avail to restrain the College or its Council if the move seems to be likely to benefit its school, or to advance medical education. We have every reason to believe that if the matter is brought to the notice of the Fellows at the coming general meeting the amalgamation will take place.

We understand that invitations to the banquet which Sir William Stokes, President of the Royal College of Surgeons in Ireland, is to give, on Saturday, in honour of Her Majesty's Jubilee, have been accepted by His Excellency the Lord Lieut., His Serene Highness the Prince of Saxe Weimar, the Master of the Rolls, the Provost of Trinity College, many of the judges, heads of departments, and other distinguished persons; the Presidents of the College of Physicians and of the Academy of Medicine.

At the Societies.

MEDICAL SOCIETY OF LONDON.

ON Monday last (April 18) Mr. C. B. Lockwood showed forceps which he had devised for the purpose of compressing the lingual artery at the place where it lies upon the side of the pharynx, near the greater cornu of the hyoid bone. He alluded to a case of removal of half the tongue in which he had used it with success, and expressed the hope that surgeons would give his instrument a trial.

Mr. H. H. Clutton narrated the interesting case of a man in whom a catheter, which had been tied in for rupture of the urethra, somehow or other rose into the bladder and was left there. It gave rise to calculous symptoms, and was ultimately removed by means of the lithotrite.

Dr. Angel Money read a paper on the advisability of surgical interference in sarcoma of the kidney in infants, and read notes of several cases under his care.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the last meeting of the Royal Medical and Chirurgica Society Dr. Pringle read the notes of a case of aneurysm of the abdominal aorta, in which Mr. Henry Morris sought to obtain consolidation of the contents by means of steel wire introduced within the sac. The attempt proved unsuccessful, the length of wire passed into the aneurysm being only about one foot when the occurrence of a kink rendered further passage impossible. Death occurred within the week, and on examination the tumour was found filled with clot, more than a third part of which was laminated, the supposition being that was due to the presence of the wire. In this connection Mr. Morris raised the question how much wire may be regarded as a minimum quantity equal to bringing about the result held in view.

Prior to discussion on the paper a second communication on the treatment of aneurysm by introducing steel wire into the sac was made by Dr. W. H. White and Mr. Pearce Gould. The patient in this instance died eight days after the operation, and the length of wire passed into the sac reached thirty-two feet. In both the cases cited operative treatment had been preceded by a lengthy trial of the plan usually adopted, viz., restricted diet and iodide of potassium; but as the disease was uncontrolled thereby the radical measures had ultimately to be adopted. The conclusions arrived at by Dr. White and Mr. Gould as the result of their experience point to a further trial of the mode of treatment adopted by them and by Mr. Morris, but they urge its performance before rupture of the sac has occurred, the absence of a definable wall in their own case being put down as an important factor in the failure of the operation.

Mr. Hulke next described a case in which he had passed thirty-three feet of steel wire into an aneurysm of the innominate and aorta in a sailor, who had formerly been successfully treated for aneurysm at the root of the neck. Death occurred thirteen days after the operation. The introduction of the wire in this case would, Mr. Hulke explained, be facilitated by the employment of a tubular needle furnished with a couple of wheels for paying in, and a model of which was exhibited to the Society.

Mr. Howard Marsh and Mr. Bryant, commenting on the papers, both expressed the opinion that too great a length of wire was often employed in these cases, and Mr. Bryant gave a decided preference to fishing gut, wire, he considered, being more injurious and liable to irritate when cut close to the skin.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

FOLLOWING the wake of some of the older bodies, this young and prosperous Society has instituted clinical evenings, its last (April 1st) being such. Much interest was manifested in the proceedings, and there was a good attendance. Dr. Scanes Spicer related the case of a woman under his care suffering from malignant polypus of the nose.——Mr. Bruce Clarke said that he had lately been watching a similar case to that described by Dr. Spicer. The polypus was removed by the forceps; ultimately the patient died, and at the post-mortem examination an abscess at the base of the brain was found.——Dr. Thudichum referred to the advantages of removing nasal polypi by means of electrolysis.——Mr. Keetley showed the case of transplanted molar, the notes of which were recently fully reported in the medical journals.——Dr. Colcott Fox exhibited a case of fatty tumours with linear atrophy. The tumours were symmetrical, those in the middle line being bilobar. The pathology of the atrophic lines was uncertain, though they were probably due to pressure.——Mr. Jonathan Hutchinson, jun., brought forward a case of xanthelasma palpebrarum in a man of 60. The disease was symmetrical upon both upper and lower lids.——Mr. Bland Sutton showed a case of adenoma of the external ear, upon which he had operated removing successfully the whole of the disease. The patient was a professional violinist, who, in consequence of the deafness caused by the growth, was unable to follow his occupation. The disease at first presented signs of malignancy, but after its removal microscopical examination showed it to have all the characteristics of an adenomatous growth. The patient made an excellent recovery, and his hearing had so far improved that, after first being able to distinguish the harmonics of, he was gradually acquiring the power of appreciating primary, notes. This was a point, Mr. Sutton observed, of great interest, of which, however, he could offer no explanation.——Mr. Weiss exhibited a rhinolith which he had lately removed from a young girl who came under treatment with symptoms of polypus nasi. Mr. Bland Sutton referred to the fact that such concretions usually owed their origin to some foreign body which had previously been inserted into the nostril.——Dr. Alderson briefly described and showed the specimen of a case of transverse fracture of the patella which occurred twenty-three years ago, when he was house-surgeon at the West London Hospital. The treatment followed at the time was mechanical.——Dr. W. E. Steavenson and Mr. Bruce Clarke gave a demonstration upon the living subject of the treatment of stricture of the urethra by electrolysis.——Mr. H. Percy Dunn showed the following card specimens: 1. Epitheliomatous growth of the back of the pharynx. 2. The rectum of a child six months after operation for the cure of imperforate anus. 3. Scirrhus of the breast, showing several hæmorrhagic cysts.——Brigade Surgeon W. Curran showed several drawings, and "some slugs and fragments of bullets illustrative of the behaviour of lead in the presence of bone."

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Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

THE LATE DR. DANIEL RUTHERFORD HALDANE.—Edinburgh has sustained a serious loss through the lamented death of this gentleman, who was one of the most widely respected members of the profession. His high medical attainments made him a distinguished ornament of the Royal College of Physicians, while his broad, general culture and happy social manner gave him an honoured place among his fellow citizens. Dr. Haldane came of a good stock, being the son of James Alexander Haldane, whose lasting monument is the religious denomination known as Congregationalists, of which he was the founder. After an undergraduate career of marked distinction, Daniel Rutherford Haldane received the degree of M.D. from the University of Edinburgh in 1848. He then acted as Resident Physician to the Royal Infirmary, and prosecuted his studies further by continued residence at the Universities of Paris and Vienna. Later, he successively held the posts of Lecturer on Medical Jurisprudence, Pathologist to the Royal Infirmary, Lecturer on Pathology, and finally, Lecturer on Practice of Physic, in the Extra-Academical School, his reputation as a lecturer being very great. As a Fellow of the Royal College of Physicians he rendered the College most valuable service. He was an active promoter of the reforms which have lately been effected, whereby the Edinburgh and Glasgow Corporations have a conjoint system of examination for the Double Qualification. Dr. Haldane was long Secretary of the College, and, more recently, he held the President's chair. For a number of years he has acted as representative of the College on the Medical Council. In return for his many services the Fellows of the Royal College of Physicians made him a handsome presentation of plate. In addition to his College functions, he took an active interest in the University, and, for several years, sat as Assessor of the General Council at the University Court. Dr. Haldane was one of the distinguished list who received the honorary degree of LL.D. at the time of the University Tercentenary. In private life Dr. Haldane was much beloved. His simple, genial manner will not soon be forgotten, while his breadth of sentiment and opinion made him a pleasing link between the laity and those of his professional brethren who moved in a narrower groove. Dr. Haldane has been a prisoner since Christmas Day, when, close to his own door, he slipped and fractured his right leg. For a time he seemed to be doing well, and it was hoped that long ere this he would have been moving about amongst us again. But, latterly, œdema and a low form of gangrene supervened, and after much suffering, manfully borne, he passed away on the 12th inst.

Edinburgh University.—Chair of Physiology.—The Edinburgh University Court has confirmed the arrangement suggested by the Senatus Academicus, to the effect that Professor Haycraft, of the Sir Josiah Mason College, Birmingham, should take charge of the department of Physiology during the summer session, in lieu of Professor Rutherford. Dr. Haycraft will superintend the practical classes. He receives £200 from Professor Rutherford for his services.

Edinburgh University.—Graduation Ceremonial.—The annual Spring Graduation Ceremonial of the University of Edinburgh takes place to-day. In addition to the names we have already mentioned as about to receive honorary academic distinction, it is announced that the degree of LL.D. will be conferred on Professor von Kölliker, of Würzburg, *in absentia*. The learned Professor is unable, owing to the state of his health, to attend in person.

Edinburgh University—Lord Rectorship. — The Edinburgh University Conservative Association has selected the new Scotch Secretary, the Marquis of Lothian, as their candidate for the Rectorship of Edinburgh University, which has been vacant for some months, since the death of Lord Iddesleigh. The next election cannot take place till November.

Royal College of Physicians of Edinburgh.—Experimental Laboratory.—The Council of the Royal College of Physicians has chosen Dr. G. Sims Woodhead to be Director of the new experimental laboratory, which the College has just inaugurated. The laboratory has still to be equipped, but a most suitable building has been acquired, in close proximity to the Royal Infirmary. In consequence o his appointment, Dr. Woodhead resigns the post of Pathologist to the Royal Infirmary.

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Glasgow.

[FROM OUR OWN CORRESPONDENT.]

The Glasgow Medico-Chirurgical Society met in the Faculty Hall on the 15th inst., Dr. Alexander Patterson in the chair. Dr. J. Crawford Renton made remarks on a case of excision of the os calcis, and also on a case of club-foot treated by removal of a wedge of bone from the tarsus. He also showed a vesical calculus weighing six and three-quarter ounces, which he had removed by the supra-pubic operation, the patient having died about thirty-six hours afterwards from shock. Mr. Clark discussed shortly the merits of the perineal as compared with the supra-pubic operation. Dr. Newman described an experiment he had recently made on the cadaver with regard to the latter operation with a view to raising the calculus to the anterior part of the bladder and preventing anything escaping into the abdomen. He first introduced a little balloon, and then poured mercury into the bladder. The balloon was afterwards distended with water and the calculus thereby raised upwards and easily made accessible. Dr. Fleming remarked on the danger of injuring the peritoneum in the supra-pubic operation, and thought it advisable to drain in that operation from below by opening the membranous portion of the urethra. Mr. Maylard showed a man with infantile paralysis of the right arm and upper part of body which had set in at the age of one year. The whole brachial plexus seemed involved, although the serratus magnus was intact. The condition was owing to absence of muscular development, and not to absence of blood-supply: pulse-tracings demonstrated the pulse uniform at both wrists. Dr. Newman described two recent pathological specimens: (1) Part of the bowel from a case of obstruction owing to stricture at the sigmoid flexure; (2) aneurism of transverse portion of aorta and adjacent parts. Dr. John Macintyre read a very interesting paper on cases of tumours of the pharynx and larynx, and described the treatment adopted. He also showed various forms of batteries and cauteries used in treating such cases. Dr. Macintyre was thanked for his valuable paper and his exhibition of electrical apparatus, and regret was expressed that, owing to the late hour, they could not be adequately discussed.

Glasgow Ear Hospital.—At the annual meeting of patrons and subscribers held on the 13th inst., Dr. James Erskine, formerly assistant-surgeon to the hospital, was elected a member of the Board of Directors of that institution. Dr. Erskine's appointment gives much satisfaction in the profession, and augurs well for the better management of this institution in future.

University of Glasgow.—The following candidates passed the final examinations for the degrees of M.B. and C.M. of this University during the April meetings of the Court:—Robert Banks, Gilbert A. Bannatyne, Thomas L. Blackburn, Alexander Blair, Matthew H. Bland, Robert M. Buchanan, John Charles, Andrew Copland, Herbert O. Cowen, William Gemmell, J. Paterson Gillespie, Arthur H. Jago, John S. M'Conville, M.A., James M'Glashan, John Melville, Thomas K. Monro, M.A., Charles R. Niven, Frederick L. Norris, William R. Paton, Robert L. Pinkerton, M.A., John S. Rankin, William Robb, John Sandilands, M.A., James Wallace, James P. Wilson, Richard J. Wylie, and James Young.

Correspondence.

THE IRISH CONJOINT SCHEME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your last issue you refer to a letter addressed by the President and Fellows of the College of Physicians in relation to the course proposed to be adopted by the Council of the College of Surgeons with respect to the Apothecaries' Hall, but as there is evidently a misapprehension as to the position taken up by the College of Physicians, I must ask you to permit me to state the facts. I feel that I am the more entitled to do so because I have for more than twenty years laboured to bring about a combination between the two Colleges, and in every way in my power to promote perfect harmony between them. On three different occasions I moved a resolution in the College of Physicians with a view of establishing a joint examination on the basis of the existing scale of fees, and on each occasion I was defeated on this very point, the College adhering to the opinion always advocated by the late Sir Dominic Corrigan that under such circumstances the fee should be equally divided. It is therefore evident that, far from being hostile to the College of Surgeons, I advocated a course most favourable to them; this I did because I believed it just, their expenses being greater than those of my College.

In order that your readers should understand the question, it is necessary to refer to the past. The fee for the Licence of the College of Surgeons was always twenty-five guineas, so also previous to 1860 the fee for the Licence of the College of Physicians was twenty-five guineas, in addition to which there was a stamp duty of £20. About that date the stamp duty was removed, and subsequently the fee was fixed at £15 15s., for the double qualification not being then required by the Army, Navy, or Poor-law Board, comparatively few sought for a licence in medicine, and though this soon became absolutely necessary, the College made no change. This reduction of the fee was the origin of the difficulty of effecting a junction between the Colleges, for on each occasion of the attempt being made, the College of Surgeons demanded five-eighths of the fee, the College of Physicians, on the other hand, requiring an equal division. On the passing of the Medical Act last year, both Colleges recognised the necessity of a junction, and both yielded something; the College of Surgeons did not press for the admission of the Apothecaries to a share in it, as they had always previously done, knowing well that it would be useless to do so, while the College of Physicians abandoned their claim to an equal division of the fee; but to lessen the objection which would certainly have arisen if the clause regulating the fee had been worded as it had been on the previous occasions, namely, that "the fee be divided in the proportions of three-eighths to the College of Physicians and five-eighths to the College of Surgeons," it was suggested that it should be worded as follows: "The fees for the licences in medicine and surgery of the two Colleges shall remain as at present;" but as it was subsequently arranged that "the fee" should be paid in four annual instalments, as these instalments will be paid into a common fund, and will be divided in the proportion of 3-8ths and 5-8ths. respectively, in point of fact, the candidate pays but one fee of forty guineas, which is to be divided in these proportions. There are but two other fundamental clauses in the agreement—

1st, "that a Board of Examiners be appointed in this division of the United Kingdom by the co-operation of the King and Queen's College of Physicians, and the Royal College of Surgeons, Ireland, &c., and 2nd, "that the Colleges reserve the right of conferring their diplomas on such registered medical practitioners as they may deem fit."

The last clause was at the time understood by the College of Physicians and also Council of the College of Surgeons, to prohibit either of the Colleges from granting its diploma to any one who had not been previously on the Register, excepting of course those who passed the examination conducted by the joint Board of Examiners, and it is admitted by members of the Council of the College of Surgeons, who now say it can be otherwise interpreted, that had the College of Physicians believed it could have borne any other meaning, that College would have insisted on its wording being altered.

On the basis of these fundamental resolutions, "A Scheme for constituting an Examining Board for Ireland" was drawn up, which at the present moment is very nearly perfected, and everything promised to work harmoniously till, on the scheme being referred back by the General Medical Council to the Colleges for reconsideration, the College of Physicians again resolved not to permit the Apothecaries to participate in the joint examination. This gave umbrage to a section of the Council of the College of Surgeons, who, finding that they could not induce the College of Physicians to accede to their wish that the Apothecaries should be admitted to a share in the examination, resolved to try and carry out a separate scheme for examinations with the Apothecaries' Hall as well as the one with the College of Physicians.

Their first step was to take counsel's opinion as to the legality of such a double junction.

His opinion was to the effect that it would be legal, but he expressed grave doubts as to the power of the Apothecaries' Hall to give a licence in medicine within the meaning of the Act of 1886.

This was a great surprise to the advocates of the double scheme, and in the dilemma in which they found themselves, deemed it wiser to pass a resolution to the effect that, on being assured of the power of the Apothecaries' Hall to grant a licence in medicine within the meaning of the Act of 1886, the College of Surgeons would be willing to take into consideration the advisability of carrying on a scheme for a joint examination with this body, quite independent of the one proposed to be carried on with the College of Physicians.

This resolution of course implies the willingness of the College of Surgeons to carry out the proposed scheme, should the Hall be able to establish their right to grant a licence in medicine, though I am happy to say an influential section of the Council are opposed to a step so calculated to lower the status of their College, and which they feel would, even if not illegal, be a violation of their agreement with the College of Physicians, for Rule 2 already quoted, though loosely worded, was intended to prohibit either of the Colleges from granting their diplomas to any person not previously Registered, and this would of course exclude persons examined by the College of Surgeons in conjunction with any licensing body other than the College of Physicians.

On the resolution of the Council of the College of Surgeons being notified to the College of Physicians, the latter body felt that the position was completely altered; had the Apothecaries been granted the additional examiners they have applied for, the College believed it would not make any essential difference to them, for the certificate of the Hall would be sought for by only a limited number of persons, and those who obtained it would have been registered as Licentiates of the Apothecaries' Hall and nothing more, but if the College of Surgeons joined with them it would be a different matter. The fee for the licence of the College of Surgeons and the certificate of the Hall would be much less than that charged by the two Colleges, for the Apothecaries are bound by their Act to charge but 9s. 6d. for their certificate, and could in addition add merely the cost of the examination. The College of Physicians believe that under such circumstances a considerable number of pupils would go in for the cheaper qualifications, and that their income would be proportionately reduced, while that of the College of Surgeons would be further augmented by those who desired the certificate of the Hall with the view of keeping open shop.

The College of Physicians, therefore, have intimated to the Council of the College of Surgeons that, should such a junction as that proposed with the Apothecaries be carried out by them, the agreement between the two Colleges will be at an end, and that they will require a reconsideration of the whole scheme, especially with reference to the division of the fee. I fail to see that in this the College of Physicians "displays ill temper and ridiculous attempts at dictation;" on the contrary, I hold that it merely asks an equitable readjustment which the unexpected proposal of the establishment of a competing body demands, and I must further add that in my opinion the majority of the Council of the College of Surgeons has been in this matter forgetful of its dignity and unmindful of the honour of the profession, in proposing to evade a clause in the agreement, the meaning of which till now no one thought of questioning.

I regret more deeply than words can express that the representatives of the College of Surgeons, of which I am a Licentiate, should have even entertained the idea of carrying out such a course as that proposed by them, and for myself, should it ever be adopted, I shall use all the influence I possess to induce the College of Physicians to sever the connection which the joint Examining Board forms, even though the result that its diplomas would be no longer registrable; better far that they be sought for by only a few, as an additional qualification, than be obtained by a number, through an alliance which would have been thus so discredited.

I am, Sir,
Lombe Atthill,
Fellow King and Queen's College of Physicians.

94 Merrion Square, April 16th.

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THE QUANTITATIVE ESTIMATION OF UREA IN URINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is my pleasing duty to thank Dr. Cruise for having called attention by his friendly criticism (in your last issue) of my paper on the Quantitative Estimation of Urea published by you on March 16th. He says, "I again remind my readers that the equation given by Dr. Carey is not my suggestion, 72 is the baroscopic number not the volume, 60 the atomic composition of urea given by Dr. Carey is not alluded to by me at all, and the quantity of urine is a cubic centimetre and not a gramme weight." This is a remarkable sentence because, firstly, I had myself made precisely the same remarks in relation to this equation, and published in your journal on the 23rd March, a fortnight before Dr. Cruise, and in the very same words as he uses, but I did more than this, for I explained at the time mentioned *how* this mistake occurred, and apologised for having made it. This, it was doubtless, which induced Dr. Cruise to call the attention of your readers *twice* to this mistake of mine, previously publicly confessed and atoned for, and for paying me the compliment of using the words I employed in my own condemnation. But, secondly, the other mistake into which Dr. Cruise accuses me of having fallen, by calling *his* cubic centimetre a gramme, I had not, until he pointed it out, detected, corrected or atoned for, and the only excuse I can now offer, is that the metrical tables in use very many years must have been faulty, they stated that such was the case that "a gramme was equal to the weight of a cubic centimetre of water," and even the last edition of the British Pharmacopœia has unaccountably fallen into this mistake—in its table of metrical measures we find "one cubic centimetre = 15·432 grain measures, but I hope in the next edition Dr. Cruise will not forget to point out this error, and cause it to be corrected.

I am very sorry to have to trouble you again to correct some strange oversights made by me in my anxious hurry to have my papers in time, and which, if uncorrected afterwards, must necessarily lead astray any one following in the footsteps of the formulæ I gave. For example, be kind enough to say for me, I should have made *all* my calculations on the basis of Turner's estimate of the weight of nitrogen. He makes 100 cubic inches of nitrogen to weigh 30·116 (not 31·246 the figures I used), and his 2 atoms of nitrogen weigh 28·30 (not 28 grains only), and future operators should adopt his figures.

I find, moreover, that near the end of my calculations in my paper of April 6th, I made a clerical error when subtracting the loss of volume (by the law of Mariotte) of 33·1284 from 993·726 volumes, I made it 860·726 instead of 960·726 volumes. All the calculations which follow on this mistake are consequently vitiated by it. The equation which next follows should be 1000 : 960·726 : : 19·0685 = 18·3196 grains, and, subsequently, where we multiply the weight of the nitrogen we have in 1,000 cubic centimetres (or litre) by 5, 5 × 18·3196, should be 91·5980 grains, which is the weight of all the nitrogen in the litre of urine. Then as each atom of urea weighs 60 grains, the equation 28 : 91·5980 : : 60 gives the weight of the urea, = 196·281, which would be the (approximately) correct answer, provided only that we started with Turner's estimate of the weight of nitrogen, &c., and afterwards worked the figures correctly, applying sufficient time to the process.

In thanking Dr. Cruise for his friendly criticism, I derive much satisfaction from discovering how very nearly our views approach, and how little difference can be found between our views on this interesting subject, he working by the automatic self-calculating boroscope, which my calculations plainly show is an easier and safer mode than by figures.

I am happy to find, by Dr. Cruise's postcript, that he is engaged at present in experiments intended to assist in eliminating more or less completely this impediment to obtaining an accurate result, and I hope I have convinced your readers that these experiments must prove of great value indeed.

I am, yours, &c.,
J. Carey, M.D. Lond.

Hamdon Villa, Taunton,
April 14th, 1887.

◆

HOMŒOPATHY AT THE MARGARET STREET INFIRMARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—When you mention the names of the gentlemen elected to fill the posts vacated by the former medical officers of this Institution, you say: "These gentlemen have expressed themselves in favour of entire liberty of action on the part of the medical staff in the matter of treatment, and have intimated their intention to work harmoniously with their future colleagues. This institution evidently cannot in future be regarded in any other light than that of a homœopathic hospital." This seems a very curious conclusion to have arrived at, as complimentary to the members of the homœopathic school as it is the reverse to the partisans of old physic. Is it indeed true that the latter are opposed to liberty of action in the matter of treatment and working harmoniously with their colleagues, and that these virtues are only possessed by the practitioners of homœopathy? I think somehow you must be mistaken, and that liberty of action in the matter of treatment and harmonious working of the various members of a medical staff are practised in other institutions not distinctively homœopathic. I have not heard that any attempt has yet been made in University College and Bartholomew Hospital to curtail the liberty of action in the matter of treatment of Dr. Sidney Ringer or Dr. Lauder Brunton; though to judge from their books, at least one half of their practice is indubitably and undeniably homœopathic, as has been stated over and over again and never denied.

The fact is, the recent proceedings at the Margaret Street Infirmary were of a purely conservative character. A certain number of the medical staff endeavoured to introduce an innovation, giving the executive committee—consisting mostly of laymen—the power to dictate to members of the medical staff what medical treatment they were to adopt or refrain from adopting under pain of expulsion. All the governors at this special meeting did was to declare such dictatorial power contrary to the laws and constitution of the Infirmary, and thus to keep the Institution on the old lines on which all the hospitals of London are constituted except perhaps the London Homœopathic Hospital, which requires its medical staff to practise according to the homœopathic method. So that the declaration of liberty of action of the medical staff in the matter of treatment, solemnly voted by the Governors of the Infirmary, keeps that Institution in accord, as to constitution, with the chief hospitals of Great Britain. It was certainly stated at the meeting for the election of medical officers that the practice of homœopathy by a candidate was no bar to his election, but neither is it in any other of our subscription-supported hospitals, provided the candidate has the necessary qualifications, and obtains the votes of the governors. The governors of the Margaret Street Infirmary were free to elect any candidates who had been certified by the medical committee appointed *ad hoc* to possess the required qualifications, but it never occurred to them, nor had they any right, to inquire what were the medical tenets or the therapeutic views of the candidates, and certainly all those elected are not addicted to homœopathic treatment.

I am, Sir, yours, &c.,
R. E. Dudgeon.

London, 13th April.

[Dr. Dudgeon's argument appears to us to be based on a mere verbal quibble. His constant assertions as to the homœopathic principles of Drs. Brunton and Ringer are altogether incorrect, although they have now been repeated *ad nauseam*.—Ed.]

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Westminster Hospital Medical School.—At a meeting of the school authorities which took place on Friday last, Dr. Donkin, Physician to the Westminster Hospital, was appointed Dean of the School, *vice* Dr. F. de Havilland Hall, resigned.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 29 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Mr. Hy. Watson.—The Association was organised in 1846, under the title of the National Medical Convention. The following year it was reorganised under its present name, delegates being appointed from the various State Medical Societies. Both in its management and procedure it is unlike the British Medical Association.

Dr. Clark.—We hope shortly.

Dr. Strong.—The question has been settled so conclusively on more than one recent occasion, that we are a little surprised it is necessary again to ask it. Undoubtedly your claim is morally and legally just.

Victim.—We fail to see the necessity for your *nom de plume*. You were not justified in expecting the official *Register* in January; it is perhaps a little late this year, but it cannot appear before the end of March, as it contains much later registrations than the Directory.

Dr. Poore is thanked for his note.

J. R. P. (Holyrood).—The journal in which the article appeared is an American monthly, published at Philadelphia, and edited by Dr Shoemaker. Mr. Lewis, Gower Street, London, is the agent for the United Kingdom. You would probably be able to get the number in question on application.

THE MAGISTRACY AND LUNACY CERTIFICATES.

To the Editor of the Medical Press and Circular.

Sir,—I would thank you for your observations on the following, viz.:—A patient is admitted to the workhouse hospital indicating a derangement of mind. The nursing establishment being almost *nil*, the medical officer, at the request of the master, gives his opinion in writing that the person is dangerous, and liable to commit an indictable offence. This the master, after making informations, shows to two magistrates, who, after examining the patient, decide that he is not a lunatic (?). I shall make no comment, but should like to know where the functions of magistrates begin and where they end.

Skap.

[By the 10th sec. of 30 and 31 Vict. cap. 118, the magistrates must take the evidence of the dispensary, not the workhouse, doctor, but, in any case, are not bound to commit the patient to the asylum unless his dangerous insanity is proved "to their satisfaction."—Ed.]

Mr. Morris.—1. The *Allgemeine Wiener Medizinische Zeitung* of Vienna. 2. The *Deutsche Medizinal Zeitung* of Berlin. 3. *El Siglo Medico* of Madrid. Your other question is one which the conductors of a medical journal could hardly be expected to answer, and would have been more suitable if addressed to one of the financial organs.

Mr. G.—We understand the gentleman concerned has gone on a cruise in the Mediterranean.

Inquirer.—Quite right; the respiratory act is repeated about seventeen times a minute, and the duration of the inspiration, as compared with that of the expiration, is about as ten to twelve. This relationship, which you can verify for yourself, constitutes normal breathing. 2. Right again; and birds have been kept alive for months after apparently complete removal of the hemispheres of their brains They look or behave, after this deprivation, like sleepy or stupid birds, no worse and no better.

Dr. McKendrick—It is not our rule to publish lists of candidates who pass the preliminary examinations at any of the Colleges. We are always glad to receive and to give space to all as they pass into the ranks of the profession. You will find list of those who obtained their degrees at the Glasgow University in our present number under the head of "Glasgow."

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Births.

Carpenter.—April 12th, at Albemarle Road, Beckenham, the wife of E. Carpenter, M.R.C S., of a son.

Chillingworth.—April 14th, at 4 Tavistock Street, Bedford, the wife of Andrew Chillingworth, M.R.C.S., of a son.

Jackson.—April 12th, at Grange Road, Darlington, the wife of Ed. Jackson, L.R.C.P., M.R.C.S., prematurely, of a daughter, stillborn.

Marriages.

Awdry—Thring.—April 13th, at Wimborne, Dorset, W. R. Awdry, M.B., M.R.C.S.E., of Berkeley, to Mabel Lucy, eldest daughter of Major-General J. E. Thring, late R.A., of Wimborne, Dorset.

Cresswell—Williams.—April 14th, at St. Tydfil's Church, Merthyr Tydfil, P. R. Cresswell, F.R.C.S., to Edith, only child of the late Thos. Williams, of Merthyr.

Frazer—Warriner.—April 12th, at St. Paul's Church, Upper Norwood, S.E., Kenneth Frazer, B.A., M.D, son of Wm. Frazer, F.R.C.S, of Dublin, to Bertha, only daughter of the late W. H. Warriner, of Cheltenham.

Wray—Welch.—April 13th, at St. Thomas's Church, Lancaster, Charles Wray, F.R.C.S., of South Croydon, to Henrietta, daughter of Hy. W. Welch, of Quebec, Canada.

Deaths.

Eberle.—On April 8th, at Thirsk, Yorkshire, John James Eberle L.R.C.S., L.R.C.P.Ed., aged 40.

Glasse.—On April 1st, at his residence, Guernsey, Henry Dunn Glasse, Deputy Inspector-General of Hospitals, retired, aged 73.

Gostling.—On April 13th, at Naples, on his way home from Bombay, Henry Walter Gostling, M.R.C.S., L.R.C.P.E., aged 43.

Grenfell.—On April 10th, at Penzance (from ear disease and purulent meningitis), Henry Grenfell, M.R.C.S., L.S.A.

Jackson.—On March 31st, at Brighton, John Jackson, M.D.Cantab., F.R.C.P., late of the Bengal Medical Service, aged 82.

Vacancies.

Bristol Royal Infirmary.—Assistant Resident Medical Officer and Pathologist. Salary £80 per annum, with board, &c. Applications, with testimonials, to the Secretary, on or before Tuesday, May 3rd.

Carmarthen Infirmary.—House-Surgeon. Salary £100 per annum, with board, &c. Applications to the Secretary, on or before 12th May.

Chester General Infirmary.—Visiting Surgeon. Salary £80 per annum, with residence and maintenance. Testimonials to the Chairman, on or before the 29th inst.

City of Liverpool-Infectious Diseases Hospital.—Resident Medical Officer. Salary £85 per annum, with board, &c. Applications, with testimonials, to the Chairman, not later than April 26th.

Kidderminster Infirmary,—House-Surgeon. Salary £140 per annum, with rooms and attendance. Applications to the Secretary, on or before April 25th.

Holborn Union.—Assistant Medical Officer. Salary £100 per annum, with board, &c. Applications, with testimonials, to the office of the Union, on or before the 21st inst.

Evelina Hospital for Sick Children.—House-Surgeon. Salary £70 per annum, with board, &c. Applications, with testimonials, to the Committee of Management, on or before the 25th inst.

Wigan Royal Albert Edward Infirmary and Dispensary.—Junior House-Surgeon. Salary £90 per annum, with apartments and rations. Applications, with testimonials, to the Secretary, not later than April 26th.

Liverpool Infirmary for Children.—House-Surgeon. Salary £35 per annum, with board and lodging. Applications, with testimonials, to be sent in on or before the 30th inst.

Appointments

Flower, F. I., M.R.C.S., L.S.A., Medical Officer of Health for the Warminster Urban Sanitary District.

Fowler, J., M.R.C.S., L.S.A., Consulting Surgeon to the Clayton Hospital, Wakefield.

Gault, A. H., L.R.C P.Lond., M.R.C.S., House-Surgeon to the Ashton-under-Lyne District Infirmary.

Hirst, H., M.B., C.M.Edin., Assistant House-Surgeon to the Huddersfield Infirmary.

Menzies, W. F., M.B., C.M.Edin., Assistant Medical Officer to the Lancashire County Asylum, Rainhill.

Mudge, T H. T., M.R.C S., L.R.C P.Lond., Medical Officer of Health for the Paignton Urban Sanitary District.

O'Connor, J., M.B.Dub., Assistant House-Surgeon to the Portsmouth Hospital.

Stanger, W., F.R.C.S.E., L.S.A., Honorary Surgeon to the Clayton Hospital, Wakefield.

Walker, J W., M.R.C.S., L.R.C.P.Lond., Honorary Surgeon to the Clayton Hospital, Wakefield.

Woodhead, G. S., M.D., F.R.C.P.Ed., F.R S.Ed., Superintendent of the New Laboratory, Royal College of Physicians, Edinburgh.

Young, J. M., M.B., C.M.Aber., Resident Surgeon to the Birmingham and Midland Eye Hospital.

Meetings of the Societies.

THURSDAY, APRIL 21ST.

Parkes Museum of Hygiene.—At 5 p.m., Mr. Alfred Fryer, on Dust and Ashes, How to deal with them.

Royal Institution.—At 3 p.m., Prof. Dewar, The Chemistry of the Organic World.

Harveian Society of London.—At 8.30 p.m., Mr. F. Treves, The Treatment of Wounds. Dr. W. B. Hadden, Demonstration on Pathological Changes in the Brain and Spinal Cord.

FRIDAY, APRIL 22ND.

Clinical Society of London.—At 8.30 p.m., Mr. Bilton Pollard Three Cases illustrating the Difficulties in establishing Natural Respiration after Tracheotomy, and their Treatment by Tracheal Catheterisation. Mr. Meredith, A Case of Large Omental Lipoma successfully treated by Abdominal Section. Mr. Godlee, Some Cases of Abdominal Cyst following Injury. Mr. B. Pitts, Abdominal Exploration for Chronic Intestinal Obstruction, Relief of Symptoms by Artificial Anus, subsequent Removal of a Growth involving Splenic Flexure of Colon, Recovery.

Royal Institution.—At 9 p.m., Sir Frederick Abel, The Work of the Imperial Institute.

SATURDAY, APRIL 23RD.

Royal Institution.—At 3 p.m., Mr. R. Von Lendenfeld, The New Zealand Alps.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, APRIL 27, 1887. [No. 18.

Original Communications.

TURPENTINE IN SPECIFIC IRITIS.

By JABEZ HOGG,

Consulting Surgeon of the Royal Westminster Ophthalmic Hospital, &c.

SPECIFIC, parenchymatous iritis is at the best, of a somewhat intractable nature. The duration of the disease may extend to weeks, months, and even years; stubbornly resisting all well recognised methods of treatment. In a protracted case that I had under treatment for very many months, and for which one remedy after another failed to permanently benefit the patient, I determined to make trial of an old one, spirits of turpentine. This proved of very great service, as the following brief record of the case will show.

J. W., a commercial traveller, just past the middle period of life, while pursuing his usual avocation in a Midland county town, and during the severe weather of the winter of 1885 and 1886, was suddenly seized with pain in the right eye. On the following morning a considerable increase in severity took place, and he was obliged to consult a local practitioner. A week passed over without any mitigation, the unfavourable nature of the symptoms had, on the contrary, rather increased, vision in the meantime having sensibly diminished. Dreading the consequences of further delay he came up to London. When he called upon me his eye was much congested, photophobia was accompanied by a continuous lachrymation which produced great irritation of the surrounding parts. The stabbing pain before confined to the eyeball had extended over the orbital region, and so far as corneal opacity permitted me to judge of the state of the pupil, a pathological condition, by the way indicative of the acute processes which gave rise to it—this was much contracted, and the iris appeared to be of a dull green colour. Calomel and opium, together with hot fomentations of belladonna were prescribed. Finding on my patient's next visit, no amelioration of the pain or of the other symptoms, I substituted potassium iodide and bromide for the calomel, and an inunction of a ten per cent. oleate of mercury. This change in treatment was certainly attended with very considerable benefit, but unfortunately, before the expiration of the following week he was urged to resume his duty long before he ought to have done so.

A few days' exposure, and the worry of business sufficed to bring about not only a relapse but also an inflammatory attack in the left eye. Not wishing to incur the expense of coming to town to see me he consulted a provincial ophthalmic surgeon, who prescribed blue pill and opium three times a day, together with the inunction of strong mercurial ointment, and a frequent instillation of liquor atropia. The pain and lachrymation seeming to increase, on the third day became intolerable, and he resolved at all hazards to return home. I saw him the same day. The lids were œdematous, and the eye-ball very tender to the touch. The superficial vessels were much congested, this I attributed in great measure to the constant use of the atropine, as I have seen œdema of the lids and conjunctival irritation produced in a number of cases by this drug. The blue pill and atropine were stopped, and ammonium iodide in decoction of bark given in full doses. In the course of the week, as no improvement had taken place, and as the catarrhal discharge from the conjunctiva was the cause of serious discomfort, I substituted perchloride of mercury and iron in full doses for the iodide and bark, and an alum collyrium to wash away the discharge. A marked improvement followed this change in treatment, and in a couple of weeks, as my patient was doing well, he, at the request of his employers, resumed duty. A week or two passed in comparative comfort, and then a smart relapse occurred; on this occasion it partook of even a more severe character, and was accompanied by a considerable amount of bodily prostration. This condition of things lasted month after month; rarely a week passing over without a recurrence of a painful inflammatory attack. The iritis had now arrived at a stage when, it may be said to have exhausted the healing art; I was therefore by no means surprised to find a provincial surgeon proposing to have recourse to an iridectomy, but this the patient refused to assent to. Mercurials by the mouth, or by inunction or fumigation proved useless. Atropine, belladonna, and other mydriatics were the cause of much painful irritation, their use being always followed by an aggravation of the symptoms. The inflammatory nature of the disease showed no disposition whatever to wear itself out, and the serous exudations in the pupils, together with the corneal opacities had already reduced vision to a quantitative amount.

It was at this critical period in the history of the case, and after eight months of almost continuous suffering, that I resolved to give spirits of turpentine. The late Mr. Carmichael, of Dublin, was the first to employ turpentine in syphilitic iritis, as well as in deep seated inflammations of the eye, and he found it of unquestionable value. My old friend and teacher the late Mr. G. J. Guthrie, F.R.S., introduced this remedy into the Pharmacopœia of the Royal Westminster Ophthalmic Hospital, after having satisfied himself of its utility, and while I was connected with the hospital it was largely prescribed by me, but in the multiplicity of new remedies continually being brought into notice old ones are apt to be thrown aside, and then pass quite out of mind.

With regard to the physiological and therapeutical action of turpentine there appears to be a considerable discrepancy of opinion. Some writers affirm that when taken internally it exercises an important deoxidising effect on the blood; others, that it acts simply as a disinfectant, a vascular stimulant, and a sedative to local nerves; that when given internally in full doses, it produces depression, its depressant effects following closely on the reflex stimulating effects, especially on the nerves and vessels of the stomach. I do not think either view explains its therapeutic action, and I must say I have not seen any of the disagreeable effects after its persistent use noted by others, such as languor, debility, eruption of the skin, and irritation of the urinary organs.

In this case the turpentine was prescribed in half drachm doses, suspended in acacia emulsion, to be taken three times a day after meals. For the first week the inunction of a twenty per cent. oleate of mercury was freely employed, but this was laid aside, and for four months the turpentine alone steadily persevered in, and with the happiest and most unlooked for results, for not only has my patient's general health greatly improved under its use, but the corneal opacities as well as the iritis have gradually disappeared. The serous exudations thrown out during the progress of the disease are in the course of absorption, and vision is very nearly equal (he reads No. 2 test-types, pearl, without glasses) to what it was before the first inflammatory attack occurred, now nearly fourteen months ago.

"DEATH'S COUNTERFEIT,"

By THOS. MORE MADDEN, M.D., F.R.C.S.Ed.,

Obstetric Physician Mater Misericordiæ Hospital; Physician St. Joseph's Hospital for Sick Children, Dublin; formerly Examiner in Obstetrics and Gynæcology, Queen's University, Ireland; Consultant National Lying-in Hospital.

From time to time the subject of trance is brought into special prominence by cases such as that of M. Chauffat, the hero of the latest Leicester Square sensation—the so-called "sleeping man" with the details of which almost every British newspaper has delectated the public day after day, for several weeks. The case of Chauffat, if correctly reported, is obviously merely an instance of hysterical trance, a condition of which, I have myself narrated several instances in the "Transactions" of the Medical Society of the Dublin College of Physicians. Still the widespread notice it has attracted may make the present a suitable time for reviewing *de novo*, some of the many points of interest connected with this topic, on which I have commented in my former communications.

The protracted suspension of physical power and mental activity by Trance, or in other words by a morbid state of dormant vitality, in some instances hardly distinguishable from death, was long discussed by contending metaphysicians and rival physicians. Nor is the popular less than the scientific interest of this topic as evinced by the countless fictions of which it has furnished the theme. Thus from the history of Epimenides the Cretan narrated by Pliny (Lib. vii, c. 52) down to that of the familiar friend of our youth, Rip van Winkle, the most charming of "those airy nothings" to which the pen of Washington Irving has given "a local habitation and a name," every age has its favorite legend of this kind.

The possibility of premature burial in cases of trance, and the fallaciousness of all tests, save one, between actual and apparent death in such cases has always made this subject delectable to those who would sup full of horrors. For, although the majority of reported instances in which persons in a state of trance, have been consigned to a living tomb, have probably even less *vraisemblance* than the tale which Edgar Poe founded on this topic, there can be no doubt whatever, of the actual occurrence of this fearful calamity in many well authenticated cases.

Hence, a few observations first on ordinary lethargy and secondly on that more profound degree of stupor known as "death-trance," may not be devoid of some interest.

I. Lethargy.

A brief account of several instances of lethargy that have come within my experience will perhaps best serve to illustrate the general course of these somewhat rare cases. Fuller details may be found in two papers of mine on this subject, in the "Dublin Medical Transactions."

The first of the following cases is an instance of so-called hysteric trance:—A young lady, Miss R,, apparently in perfect health, went into her room after luncheon to make some change of dress. A few minutes afterwards she was found lying on her bed in a profound sleep, from which she could not be awakened. When I first saw her, twenty-four hours later, she was then still sleeping tranquilly, the decubitus being dorsal, respiration scarcely perceptible, pulse 70, and extremely small; her face was pallid, lips motionless and the extremities very cold. At this moment, so death-like was her aspect that a casual observer might have doubted the possibility of the vital spark still lingering in that apparently inanimate frame on which no external stimulus seemed to produce any sensorial impression, with the exception that the pupils were normal and responded to light. Sinapisms were applied over the heart and to the legs where they were left on until vesication was occasioned without causing any evidence of pain. Faradisation was also resorted to without effect.

In this state she remained from the evening of the 31st of December until the afternoon of the 3rd of January, when the pulse became completely imperceptible, the surface of the body was icy cold, the respiratory movements apparently ceased, and her condition was to all outward appearance undistinguishable from death. Under the influence of repeated hypodermic injections of sulphuric ether and other remedies, however, she rallied somewhat, and her pulse and temperature again improved. But she still slept on until the morning of the 9th, when she suddenly woke up, and to the great astonishment of those about her called for her clothes, which had been removed from their ordinary place, and wanted to come down to breakfast, without the least consciousness of what had occurred. Her recovery, I may add, was rapid and complete.

The next case of lethargy that came under my notice was that of a boy, who, after an attack of fever, fell into a state of complete lethargic coma, in which he lay insensible between life and death for forty-seven days. In this case, as in the last, the patient ultimately recovered perfectly.

In a third instance of the same kind in a lady under my care, the patient, after a lethargic sleep of twenty-seven days, recovered consciousness for a few hours, and then relapsed into her former comatose condition, in which she died.

The fourth case of lethargy which I have seen was like the first, a case of trance which lasted for seventy hours, during which the flickering vital spark was only preserved from extinction by the involuntary action of the spinal and nervous centres. In this instance the patient finally recovered.

The fifth and last instance of profound lethargy that has come within my own observation occurred last autumn in the Mater Misericordiæ Hospital, in the case of a young woman under the care of my colleague Dr. Boyd. In that instance, despite all that medical skill could suggest or unremitting attention could do, it was found impossible to arouse the patient from the apparently hysterical lethargic sleep in which she ultimately sank and died.

I have referred to the foregoing cases, occurring in one physician's experience, as disproving the general opinion that lethargy or trance are so rarely met with as to be of little medical importance. For my own part I have no doubt that these conditions are of far more frequent occurrence than is generally supposed. Moreover, I have had reason to know that death is occasionally so exactly thus counterfeited that there is good cause for fearing the probability of living interment in some cases of hasty burial.

Trance was a favourite topic with several of the older medical writers, who have recorded instances of this kind far exceeding in duration most of the recently observed cases of lethargy. In the "Philosophical Transactions," for 1694, the case is related of a man, æt. 25, who slept for nearly a month. Two years later he again fell into lethargy, and first ate, drank, &c., though unconsciously; but at length he ceased doing so altogether, and continued to hybernate for seventeen weeks. "It so happened," says the narrator, "the barley was being sown when he fell asleep, and when he awoke it was being reaped. In August he fell asleep again, and did not awake until November."

Dr. Binns, in his "Anatomy of Sleep," quotes a case recorded in the eighth volume of the "Transactions of the Royal Society of Edinburgh," in which a girl is stated to have slept uninterruptedly from the 1st of July until the 8th of August.

Dr. Cooke, in his "Treatise on Nervous Diseases," vol. i, p. 372, records the history of a young lady, who for some time was subject to repeated attacks of lethargy, varying in duration from thirty to sixty-three hours, without seeming to have suffered from want of food or otherwise. In the early part of the disease various means were employed without the smallest advantage, save that whilst under the influence of mercury, which produced a very severe salivation that lasted more than a month, she was free from the complaint. For a considerable length of time these paroxysms recurred, but at last they left her, and shortly afterwards she became deranged.

Another instance of the same is narrated by Dr. Mason Good, in his now too seldom consulted "Study of Medicine" (vol. iv, p. 622). The patient was a young lady, in her eighteenth year when first attacked by lethargy, which continued to affect her, with irregular intervals of waking, for five years. These intervals continued two or three times a week, and seldom exceeded an hour or two. In this state she sighed, eat reluctantly what was offered to her, had occasional ejections, and then relapsed into sleep. Her recovery was sudden, for she seemed to awake, as if from a night's rest, by a more perfect termination of the paroxysm, which was not followed by a relapse.

The ancient medical writers evidently attached more importance to lethargy than their successors now do. Thus, we might contrast the meagre notices of this subject in Professor Nothnagei's memoir on "Cerebral Anæmia," with the account of lethargy left by Aretæus, the Cappadocian, in his treatise, Θεροπεια Ληδαργικων.

It would be misplaced here to attempt any account of the general pathology of lethargy. Comatose affections are not only most complex in their character, but also assume widely different aspects in accordance with the different physical conditions with which they are associated. Most frequently such cases occur in females, and in a large proportion of instances they occur in patients of a hysterical temperament. Even hysterical catalepsy, or trance, is by no means devoid of danger, but may eventuate in death; as in two cases narrated by Elliotson. "Two sisters," he says, "were affected in the same way, one of whom died before I saw her; and I went to see the other. Although she was well supported every hour as she lay apparently a corpse yet I believe she sank at last. The other was a case of regular hysteria, and I concluded she would do well under ordinary treatment; but all at once she sank. Swelling of the hands came on, the pulse became weak, and she died."

Lethargy has been described as an exaggerated sleep; but I do not see how this definition can improve our knowledge of the subject until we have first agreed as to the normal duration of sleep. In every case the length of sleep required by the individual must be determined by the person's age, temperament, and preceding expenditure of cerebro-nervous and physical force, as well as by after circumstances. Thus, for instance, the infant whose rest is interrupted only by brief intervals of wakefulness for food, sleeps as naturally as the healthy adult who takes his seven hours' rest, or as the old man who is well satisfied if he has obtained three or four hours of light and perhaps broken slumber.

These typical conditions of somnolency at different periods of life may in some exceptional cases be reversed without apparent immediate ill result. Thus, I have attended a family in which infantile insomnia was the rule in four or five successive instances, the infants referred to being, despite all treatment, obstinately sleepless for eighteen out of the twenty-four hours, until after the period of dentition, without apparent cause or immediate tangible injury.

The ordinarily light sleep of the old is sometimes, however, replaced by an increasing torpidity of mind and body until at last "life passes into sleep, and sleep into death."

Nor is age the only factor to be taken into account in considering the natural period of rest; for individual temperament and habit have their share in the problem. I know of an instance where a young officer, otherwise in perfect health, was of so sleepy a disposition that he could not do with less than fourteen hours' daily sleep, an indulgence which cost him his commission, as he could never rise in time for parade.

The influence of climate and weather on sleep is unquestionable; the "sleepy hollow" of fiction being but a popular explication of the well-grounded belief in the sedative action of a condensed atmosphere. In common parlance, sudden increasement of atmospheric pressure is described as "heavy," or "drowsy weather," and most people sleep better in low-lying situations, and when at sea, or in its vicinity, than in the more rarefied atmosphere of higher districts.

No sleep is healthy from which we cannot be easily aroused; and its duration as a rule should correspond, in adults, with the preceding expenditure of sensorial and volitional nerve force. In the cases of lethargy which have been just described, however, there was no history of any previous undue waste of nervous energy. Hence in such cases we must seek the cause of the prolonged somnolency in some arrested development of sensorial power, rather than in its exhaustion, which is the proximate cause of natural sleep.

II. Condition of the Mind during Lethargy.

The condition of the mind during lethargy must be essentially the same as during sleep, from which the only tangible difference is one of degree or duration. Most of the older writers and some of the more modern authorities on this subject, namely, Reid, Brougham, M'Nish, Carpenter, Winslow, and Charcot, appear to incline to Lock's opinion, that "we do not dream always when asleep; for we cannot think at any time, sleeping or waking, without being sensible of it."

On the other hand, however, the opposite opinion, which is supported by as many psychologists, rests on a still better foundation of reason and experience. Mental activity seems inseparable from existence. The functions of the cerebral hemispheres are therefore probably never completely interrupted, even in the most profound trance; and the mind then continues to operate incessantly, however abnormally, or imperfectly, or however unconscious we may subsequently be of its operations during sleep, or dreams.

Everyone who has had occasion to watch often by the bedside of the sleeping has seen and heard the changing phases of dreams expressed in motions and words, of the cause of which the sleeper, on awakening, has no recollection whatever. For many years I have myself been subject from the exigencies of my profession, to very frequent interruptions of rest, and can hardly call to mind a single occasion in which I was thus suddenly aroused from dreamless sleep.

During sound sleep, and still more so in lethargy, all impressions from the external world may possibly be entirely shut out from the mind. More frequently, however, these impressions are conveyed to the sensorium in so faint or imperfect a manner as to produce effects different from those they would have occasioned in the waking mind. Moreover, such impressions may originate within the cerebrum as well as be conveyed to it from without.

We have abundant proofs of the possibility of manifestations of active intellectual operations during sleep. In one of my earliest essays published in the *Medical Press* some twenty years ago, I entered fully into the subject, and proved by numerous illustrations that, although the faculties most commonly exercised in our dreams are memory and imagination unbridled by judgment, nevertheless, in some exceptional instances the activity of all the mental powers may continue unsuspended by sleep. Amongst cases of this kind one of the best known is that of Coleridge's composition of Kubla Kahn during sleep; Lord Jeffrey's sleeping judgments, and Condorcet's dreaming solution of a mathematical calculation. Similar instances are recorded in the works of Sir Thos. Brown, Brindley, the engineer, Dr. Gregory and Cabanis. A much earlier case of the same kind is related in the life of an ancient Anglo-Saxon saint, St. Caedmon, of Whitby, who on first entering monastic life was mortified at being unable to play the harp and sing with the other monks. One night a stranger appeared to him, says the old legend, in his sleep and commanded him to sing a hymn in favour of the Creation. This he at once did, the verses flowing spontaneously, and being remembered on waking were by him, although before untaught, set to music. This poem which was thus composed is remarkable on other grounds, being strongly suggestive of the greater epic which the genius of Milton afterwards produced on the same theme.

The well-known phenomena of night-mare or incubus are sufficient to show that volition is not necessarily suspended during profound sleep. Dryden has well rendered Virgil's picture of this condition:—

> And when heavy sleep has closed the sight,
> The sickly fancy labours in the night;
> We seem to run, and destitute of force
> "Our swelling limbs forsake the course;
> In vain we heave for breath, in vain we cry,
> The nerves unbraced their usual strength deny,
> And on the tongue the faltering accents die."—
> Æneid, B. xii, l. 908.

In such dreams it is evident that it is not volition but the power of co-ordinating the movements which are willed that is suspended by sleep. The cerebellum, under these circumstances, being probably quiescent, whilst the cerebrum is active, and therefore no voluntary action can respond to the exercise of the will. And we need only refer to somnambulism to show that, during sleep as profound as lethargy the cerebral volitional impulse may be responded to by motional activity. The condition of a patient recovering from profound lethargy, before consciousness has fairly returned, and when without apparent interruption of the nrance the sleeper manifests by word or gesture some recogtition, on being shakened or loudly spoken to, approaches closely to somnambulism. Any such response, however imperfect, proving not only that external impressions have been duly transmitted through the *portio mollis* of the seventh nerve, but also that volition had responded to the call made upon it.

If, therefore, during trance the mind be in the same state, as seems probable, as in sleep, then in that protracted torpor what dreams may come, in the long transition between this state and the restoration of cerebral sensorial consciousness, and what agony may be endured, in the effort to regain ordinary volitional power—"must give us pause."

III. Death-Trance.

Death-trance, or that profound degree of lethargy which closely counterfeits death, deserves greater attention than is generally paid to it as a pathological condition, as well as a possible cause of premature interment. For, unless we reject every statement, however well authenticated, of those who have witnessed such cases merely because their experience does not tally with our preconceived opinions and wishes, neither the frequent occurrence of death-trance nor the fearful results of its non-recognition can be questioned.

It could readily be shown if it were needed, by reference to the death-like torpor of the hybernating animals, or to the shorter period of sopor from which men suffer from long exposure to intense cold, that under various circumstances respiration, cardiac action, sensibility and volition, may be dormant for an almost indefinite time before the extinction of the vital spark.

"Death-trance," says the late Dr. R. R. Madden, "is a form of suspended animation. There are several others. After incomplete narcotic poisoning, after suffocation in any of its various ways, after exposure to cold, in infants newly born, a state is occasionally met with, of which although many of the appearances may differ, the common feature is an apparent suspension of the vital action. But all of these so-called instances agree in another important respect which separates them as a class from death trance. They represent each and all a period of conflict between the effects of certain deleterious impressions and the vital principle, the latter struggling against the weight and force of the former. Such is not the case in death-trance." (*a*)

This condition has been said to differ from the other species of lethargic sleep referred to as being a positive status, a period of repose. . . . "The basis of death-trance," says Dr. Mayo, "is the suspension of the action of the heart, and of breathing, and of voluntary motion, generally likewise of feeling and intelligence. With these phenomena are joined loss of external warmth, so that the usual evidence of life is gone. But there has occurred every shade of this condition that can be mentioned between an occasional slight degree of suspension of one or other of the vital actions, and their entire deprivation."

Death-trance may occur as a primary affection, suddenly or gradually. The disease, the course of which it is liable, as it were, to bifurcate, or to graft itself on, are first and principally all diseases of the nervous system. But in any form of disease, when the body is brought to a certain state of debility, death-trance may supervene. In such cases auscultation will generally enable us to detect some evidence, however feeble, of cardiac action, or the clinical thermometer will reveal the existence of vital heat, or the older test of the clear mirror applied to the lips will prove the continuance of respiration by the film of vapour on its surface. But in some instances even these evidences of vitality may be practically unrecognisable. Dr. Mason Good relates a case of this kind in which the patient was fortunate enough to have her interment postponed in order to allow a post-mortem examination to be made. On being submitted to the scalpel its first touch brought her to her senses, and threw her into a state of violent agitation, the anatomist being almost as much frightened as herself. Diembroedt relates the case of a rustic who was supposed to be dead of the plague, and was laid out for interment, but by accident three days elapsed before he could be carried to the grave. When in the act of being buried he showed signs of life, recovered, and lived for many years. Mathœus, Hialdanus, and other ancient collectors of medical curiosities are full of cases of this kind, many of them indeed merely related, but some of them possessing every requisite authority for belief; and showing the necessity of waiting for signs of putrefaction before the lid of the coffin is screwed down, or rather before the body is removed from the supposed death-bed.

In the Appendix to the second edition of Dr. Curry's "Observations on Apparent Death," several instances of a similar kind are added, and amongst others the case of William Earl of Pembroke who died April 10th, 1630. When the body was opened in order to be embalmed he was observed immediately after the incision was made to lift up ihs hand. Vesalius, the celebrated anatomist, who was physician to the Emperor Charles V, met with a similar circumstance in the case of a Spanish nobleman whose body he was employed to open in order to discover the disease of which he died. The nobleman's relations represented Vesalius as a murderer, and it was with difficulty Philip rescued him on condition of a pilgrimage to Jerusalem.

Dr. Curry relates several other cases of this sort, and amongst them that of a lady then living in Hertfordshire whose mother had been brought from death to life after interment by the attempt of a thief to steal a valuable ring from her finger. The individual who was thus rescued from the tomb appears to have been Lady Dryden, who many years subsequently directed in her will that her body should have the throat cut across previous to interment, and to secure this left fifty pounds to her physician, who actually performed it.

Dr. Elliotson refers to the case of a female, who was pronounced to be dead. Her pulse could not be felt, and she was put into a coffin, and as the coffin lid was being closed they observed a sweat break out, and thus saw that she was alive. She recovered perfectly, and then stated that she had been unable to give any signs of life whatever; that she was conscious of all that was going on around her; that she heard everything; and that when she found the coffin lid about to be put on the agony was dreadful beyond all description, so that it produced the sweat seen by the attendants."

In two cases related by the late Dr. Braid, of Manchester, "the patients remained in the horrible condition of hearing various remarks made about their death and interment. All this they heard distinctly without having the power of giving any indication that they were alive, until some accidental abrupt impression aroused them from their lethargy, and rescued them from their perilous situation. On one of these occasions, what most intensely affected the feelings of the entranced subject, as she afterwards communicated to my informant, was hearing a little sister, who came into the room where she was laid out for dead, exulting in the prospect, in consequence of her death, of getting possession of a necklace of the deceased."

In another instance the patient remained in a cataleptic condition for fourteen days. During this period the visible signs of vitality were a slight degree of animal heat and appearance of moisture when a mirror was held close to her face. But although she had no voluntary power to give indication by word or gesture, nevertheless she heard and understood all that was said and proposed to be done, and suffered the most exquisite torture from various tests applied to her.

It appears beyond doubt that, under some circumstances, the phenomena of death-trance may be produced by voluntary effort. Perhaps the best authenticated case of this sort is that of Colonel Townsend, which was attested by his medical attendants. "In their presence," says Dr. Mayo, "Colonel Townsend laid himself down on his back, and Dr. Cheyne undertook to observe the pulse; Dr. Beynard laid his hand on his heart; and Mr. Shrine had a looking-glass to hold to his mouth. After a few seconds, pulse, breathing, and the action of the heart were no longer to be observed. Each of the witnesses satisfied himself of the cessation of these phenomena. When the death-trance had lasted half-an-hour the doctors began to fear that the patient had pushed the experiment too far and was dead in earnest, and they were preparing to leave the house when a slight movement of the body attracted their attention. They renewed their routine of observation, when the pulse and sensible motion of the heart gradually returned and breathing and consciousness. The sequel of the tale is strange. Colonel Townsend on recovery sent for his attorney, made his will and died for good and all six hours afterwards."

(*a*) "Phantasmata, or Illusions and Fanaticisms." By R. R. Madden, F.R.C.S.Eng., M.R.I.A. Vol. i, p. 100.

The late Dr. Braid was a firm believer in the possibility of the voluntary production of this state. As Dr. Braid's papers were published in the *Medical Times* upwards of thirty years ago, I may here quote one of the remarkable cases of the kind which he adduced. This was communicated to Dr. Braid by Sir C. Wade, sometime political agent at the Court of Runjeet Singh at Lahore. "I was present," he says, "when the Fakeer mentioned by Captain Osborne was buried alive for six weeks, and although I arrived a few hours after the interment, I had the testimony of Runjeet Singh and others to the truth of the Fakeer being so buried before them, and it is my belief there was no collusion in producing the extraordinary facts related. . . , At the appointed time I accompanied Runjeet Singh to the spot where the Fakeer had been buried. . . . The exterior of the building presented no aperture by which air could be admitted or food conveyed to the Fakeer. Runjeet Singh having recognised the seal as the one he had affixed. This was broken, and the mud wall being dug away a dark room was exposed where a wooden box containing the Fakeer was placed upright. On opening it we saw a figure enclosed in a bag of white linen. This was opened, and the arms and legs found shrivelled and contracted, the face full, the head reclining on the shoulder like that of a corpse. The body was now examined by a medical gentleman, who could discover no pulsation. But there was a heat about the region which no other part of the body presented. The servant now commenced bathing him with hot water, gradually relaxing the arms and legs, and then placed a thick hot wheaten cake on the top of the head. He then pulled out of his nostrils and ears the wax and cotton with which they were stopped, and after great exertion opened his mouth by inserting the point of a knife between his teeth, and, while holding his jaws open with his left hand, drew the tongue forward with his right curved position upwards, in which it had originally been, so as to close the gullet. He rubbed the eyelids with clarified butter until he succeeded in opening them, when the eyes appeared quite motionless and glazed. After the cake had been applied for the third time to the top of his head, the body was violently convulsed, the nostrils became inflated, when respiration ensued, and the limbs began to assume a natural fulness; but the pulsation was still faintly perceptible. The servant then put some of the ghee on his tongue, and made him swallow it. A few minutes afterwards the eyeballs became dilated, and recovered their natural colour.

From the time of the tomb being opened to the recovery of the voice, not more than half an hour could have elapsed, and in another half-hour the Fakeer talked with myself and those about him freely, though feebly, like a sick person.

Two other cases of a similar character may be also found in Dr. Braid's papers on this subject. But I much doubt that either of them were sufficient to justify his belief that the individuals referred to really possessed the power they represented themselves to have acquired.

. There can hardly be a more interesting chapter in the records of medical literature than the history of well-authenticated cases of profound lethargy or death-trance. Most of the reported cases in which persons in a state of trance are stated to have been consigned to the horrors of a living burial may possibly be apocryphal. Still, on the other hand, there are unquestionably too many well substantiated instances of the actual occurrence of this calamity, the horrors of which no effort of imagination can exaggerate, and for the prevention of which no pains can be excessive, and no precaution superfluous.

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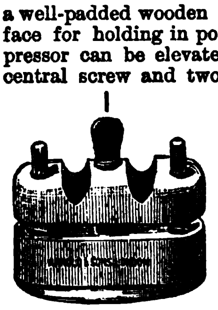
The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 28, Bombay 22, Madras 35, Paris 28, Brussels 20, Amsterdam 23, Rotterdam 23, The Hague 22, Copenhagen 22, Stockholm 24, Christiania 16, St. Petersburg 34, Berlin 21, Hamburg 26, Dresden 18, Breslau 30, Munich 24, Vienna 28, Prague 36, Buda-Pesth 35, Trieste 26, Rome 37, Turin 38, Venice 30, Cairo 36, Alexandria 39, New York 25, Brooklyn 21, Philadelphia 25, and Baltimore 18.

NEW PELVIC TOURNIQUET FOR AMPUTATION AT THE HIP-JOINT AND OTHER OPERATIONS.

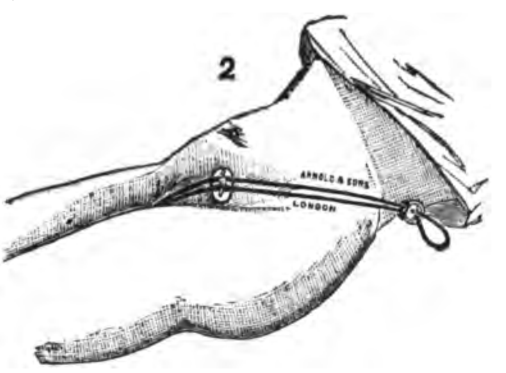
By JOHN WARD COUSINS, M.D. Lond., F.R.C.S.,
Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and South Hants Eye and Ear Infirmary.

The recognition of the operation of amputation at the hip-joint as a surgical proceeding occurred about the end of the last century, and in the pre-anæsthetic period the effectual restraining of hæmorrhage was always a matter of difficulty and danger. During the last few years the operation has been widely practised, and various methods have been employed by surgeons for controlling the circulation through the limb:—1. Digital compression of the femoral and external iliac arteries. When the flap operation is performed this manipulation must be entrusted to a steady assistant who can undertake to follow the knife and to grasp the end of the vessel as soon as it is divided. An operation rendered tedious from any cause is sure, however, to excite painful weariness of the hand, and sometimes even severe cramp from prolonged muscular tension. Except for operations upon children, digital compression ought now to be regarded only as an auxiliary measure. 2. External compression by means of a rigid tourniquet. For this purpose Lister's aortic compressor has been very generally employed. It consists of a bar of steel shaped like a horseshoe, having at one extremity the spinal pad, and at the other a rod working through a female screw and carrying the abdominal pad. The application of this method is certainly not free from risk. The pressure of the instrument over the centre of the abdomen interferes with the movements of respiration; at the same time the occlusion of the vessel by the force of an unyielding screw involves the bruising of internal structures and the dangerous compression of important organs. 3. Internal compression of the iliac artery through the rectum. The rectal lever recently introduced by Mr. W. Davy is a very powerful instrument for controlling the circulation, and in the hands of the inventor it has been used with marked success; still it is my opinion that it can never receive universal adoption. The finger cannot guide the rigid extremity of the instrument, and the greatest care and dexterity are insufficient to protect the pelvic structures from the dangers of contusion and injury. 4. Elastic compression of the iliac artery over the pelvic brim, and simultaneous pressure upon the posterior vessels at the sacro-sciatic notch. This excellent method is the invention of Mr. Jordan Lloyd, of Birmingham. It can be effectually carried out by one assistant, armed with a calico roller, a piece of india-rubber bandage, and a safety-pin. From my own experience I regard this form of elastic compression as far preferable to all the other devices which have been hitherto employed for the purpose of preventing hæmorrhage during hip operations; and I venture to express the opinion that it is destined to obtain general adoption in the future.

The pelvic tourniquet represented in the engraving has been designed for the purpose of facilitating the practice of elastic compression. It is a modification of the elastic cord tourniquet introduced by me some years since. It does not require the hands of an assistant to keep it in a state of tension, and the pressure of the cords over the compressor can be regulated with great exactness. The instrument consists of three parts:—1. A metallic clamp by which the cord is instantly tightened and loosened. 2. An endless elastic cord with a mark at the spot where the clamp is to be attached to it. 3. An iliac compressor consisting of a well-padded wooden block with grooves on its upper surface for holding in position the elastic cords. The compressor can be elevated and depressed by the action of a central screw and two powerful recoil springs (see Fig. 1).



The method of application is very simple (see Fig. 2). After fixing the clamp on the cord, and emptying the limb of blood by elevation and friction, the patient must be turned over to the opposite side, so that the cord may be accurately adjusted, and the abdominal organs displaced out of the way of the compressor. The centre of the elastic ring is now inserted between the thighs—one loop is passed behind the tuberosity of the ischium, while the other loop, carrying the clamp, is placed in the grooves on the compressor. Both loops are now drawn upwards and outwards, and when they are sufficiently tightened, the clamp is shut above the crest of the ileum. The external iliac artery can now be completely occluded by releasing the screw, at the same time the posterior vessels are controlled by the cords at the sacro-sciatic notch. Sometimes it will be found convenient to place the compressor in position under the cords after the closure of the clamp. The pelvic tourniquet is very neatly manufactured for me by Messrs. Arnold and Sons, of West Smithfield.



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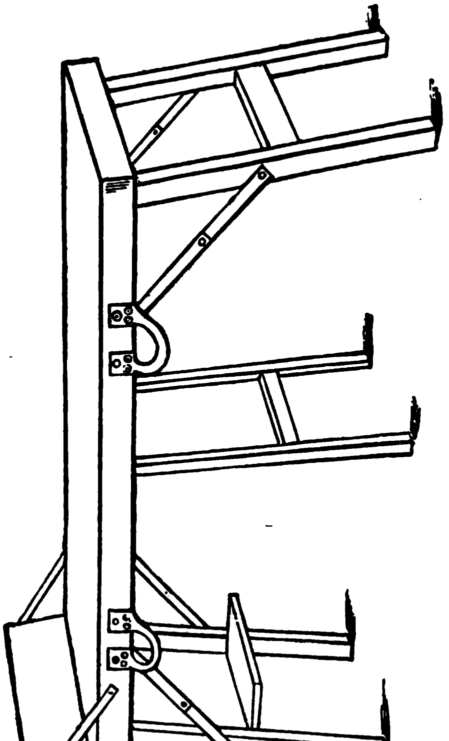
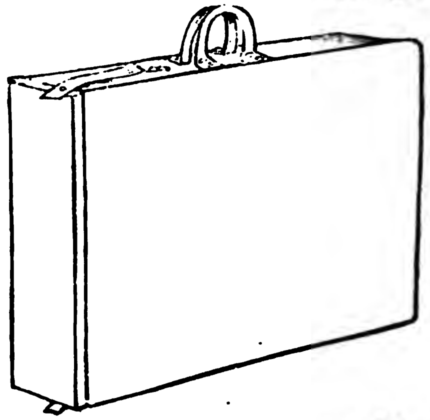
PORTABLE OPERATING TABLE.

Mr. Kehoe, of South Richmond Street, Dublin, has produced at the suggestion of Dr. Corley, Vice-President of the Irish College of Surgeons, a remarkably convenient and portable operating table or couch. A table which the operator can carry in his hand or inside his carriage may appear a rather anomalous piece of furniture. The article in question is, however, by no means a toy or a ricketty arrangement, but a firm and substantial couch, of the requisite operating height, sustained by three pair of stout legs, and furnished with a headboard and an instrument shelf. As our readers will observe from the illustration, it is capable of being folded into the shape of a flattened oblong valise, and carried without exertion by a strap-handle. Considering the delay and inconvenience that often occurs in providing a suitable table for operations in private houses, the uses of Mr. Kehoe's table are obvious, and we can testify that its construction is workmanlike.





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Therapeutic Notes.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

KAVA-KAVA.

Kava is the subject of a paper in *L'Union Medicale*, No. 31, by M. D. Mangin. The list of diseases cured, according to the author, by this wonderful medicine, reads like a patent medicine list. The drug cures blenorrhagia, urethritis, gonorrhœa, leucorrhœa, vesical catarrh, dysuria, nephritis, &c. It presents none of the inconveniences of turpentine, copaiba, santal, or cubebæ. The drug is not disagreeable, on the contrary, the flavour is distinctly agreeable. Kava causes no interference with the appetite, no diarrhœa, has no distinct smell, and is altogether a great gain to medicine. Kava is imported from the Polynesian Islands. It contains a neutral crystalline principle, kavaline. An infusion is prepared from the root, in which the active principle resides. Professor Gabler, who has been examining the therapeutics and chemistry of the plant since 1878 considers that the medicinal virtues of kava are due to a very aromatic oleoresin which its contains, as well as in kavaline, the so-called active principle.

DYSPEPSIA OF INFANTS.

The care of infants during the first year of life has been the subject of two articles in *L'Union Medicale*, Nos. 30, and 31. The mother's breast milk is, of course, recommended as the best preventitive, and in its unavoidable absence, that of a healthy wet-nurse. If the latter's milk is too poor Brochin recommends that she be generously and carefully fed; if, however, the milk is too rich, he recommends longer intervals between the time when the child is put to the breast. When bottle feeding has to be resorted to nothing but milk diluted and sweetened should be used for the first six or seven months. In the case of breast fed children weaning is advised to be gradually brought about, and not abruptly done. The majority of troubles are ascribed to the use of one or many of the "infant's foods." Reliance is placed on tea-spoonfuls of Vichy water mixed with breast milk as an aperient. To control vomiting lime water is advised, and colics are to be treated by injections of sweet oil. For obstinate constipation a tea-spoonful of a mixture of sweet and castor oil is recommended.

BELLADONNA AND OPIUM IN THE TREATMENT OF DIABETES.

In a communication to the French Academy of Sciences M. Villemin relates the good effects produced by opium and belladonna in a case of diabetes, the symptoms of which were unusually severe. The urine passed daily amounted to fourteen litres, and the sugar was estimated at 841 grammes, The treatment was commenced by giving 0·10 gr. of extract of belladonna with 0·05 gr. of extract of opium daily. In seven days the urine was diminished by four litres, and the sugar to 400 grammes. In three months the amount of urine passed daily had fallen to from three to four litres, and the sugar had been correspondingly lessened. The doses were now slightly increased, and in a month's time the sugar completely disappeared, and the urine reached the normal amount. Narcotics were now suddenly stopped, and in two or three days the amount of sugar passed reached sixteen grammes. The narcotics were recommenced, and during their continuance the amount of urine remained normal, and the sugar was not present. The man quitted hospital seven months after admission, having gained sixteen pounds in weight. Pavy in 1869 (*B. M. J.*) recommended opium for diabetes, and mentions one case in which opium produced a perfect cure.—*La France Medicale*, No. 24.

RUPTURE OF THE BLADDER.

Garre, in the hospital in Bâle, sutured the margins of a rent in the anterior wall of the bladder of a young girl to the abdominal parietes. The peritoneum was uninjured. A good recovery, and the fistula completely closed in seven months.—*Korrespondenzblatt f. Schweez*, No. 14.

CINCHONIDINE.

Dr. A. Descamps, in *La France Medicale*, March 3, 1887, thus sums up the advantages possessed by the salts of cinchonidine:—They are useful in all cases in which quinine is indicated. The sulphate of cinchonidine is better tolerated by nervous persons, and does not cause tinnitus, &c. They are less expensive.

CIMICIFUGA IN CHOREA AND RHEUMATISM.

Dr. Coloin, in the *Philadelphia Medical and Surgical Reporter*, strongly advocates the use of cimicifuga in the treatment of chorea and rheumatism. During thirty years he has given it uncombined for these diseases with the best results. He finds that any dose exceeding twenty minims at the beginning of the treatment is likely to produce "an atrocious headache."

ANTIPYRIN IN PYREXIA.

Brigade-Surgeon Hamilton, Lucknow, communicates to the *Indian Medical Gazette* a paper on the above subject. His conclusions are that antipyrin is decidedly beneficial in reducing the temperature in cases of enteric fever, pneumonia, and insolation. In a few cases the drug was given subcutaneously. In no case did it produce skin eruption or vomiting. It acts well in children; but he would hesitate to give it to debilitated patients.

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Clinical Records.

CASES ILLUSTRATING THE

DANGERS OF ROUTINE VAGINAL INJECTIONS DURING THE PUERPERIUM. (a)

By W. MACFIE CAMPBELL, M.D., M.R.C.S.,
Consulting Surgeon to the Liverpool Northern Hospital.

Case I.—Mrs. S. G. R., æt. 29, was delivered by short forceps, June 23rd, 1884. The head was on the perinæum, with but little expulsive power, and the delivery was easy. She had had one previous pregnancy which ended in a very bad miscarriage, and, I was informed, by chronic metritis, retroversion, and general ill-health. For three days all went well, the lochia abundant and sweet, and the milk appearing. As a routine, Condy injections night and morning were employed from the first. On the fourth morning immediately the nurse commenced to inject the fluid, intense pain was complained of, and great collapse. Within a short time I saw her, her temperature was high, she was flushed and perspiring, and in great pain over the uterus, but there was no tympanitis. Stupes and opium relieved the pain for a time, and in the evening she was better. Next morning the discharges were offensive, and another injection was ordered, this was followed by the same chain of symptoms, and for a week she hovered between life and death. By the end of a month she had made a fair recovery, but I had subsequently to treat her for subinvolution and chronic metritis, while the old displacement was aggravated.

This case gave me great anxiety at the time, and although I felt confident that it was due to the improper administration of what was intended to be only a vaginal douche, yet the symptoms so strongly resembled those of puerperal septic metritis, that under the advice of the consultant who attended the case with me, I gave up midwifery for nearly a month. At the end of that time I attended two other cases, in one of which I had to enter the uterus with the hand to remove the placenta, and both and subsequent cases did well.

Case II.—Mrs. D. C., æt. 25, primipara, was confined July 22nd, 1885, by short forceps after ten hours' labour. The waters broke early, but the first stage was very rapid. Delay took place when the head was on the perinæum, and required assistance. The perinæum was slightly lacerated, and I put in two stitches. On the seventh day, while the nurse was injecting a solution of Condy, sudden pain was complained of, and a neighbouring medical man sent for administered opium and hot applications. She lived some distance in the country, and I did not see her for some hours. When the immediate symptoms had passed she remained feverish and with much local pain, on pressure especially, for several days. The milk, however, did not disappear, though the lochia were very offensive.

As at the time I believed firmly in vaginal irrigation, the nurse continued this, when five days after the same thing again occurred in the same way, the fever higher and the symptoms very alarming. All, however, passed as rapidly away, the only drawback to convalescence being a troublesome abscess of one breast, which came on long after getting up. I attended six cases in the next fortnight, all of which did well. The lady has subsequently been confined, and has made an uninterrupted recovery. No injections have been used, simply external cleanliness, and iodoform pessaries.

Case III.—Mrs. B., æt. 27, was confined of her second child August 25th, 1886. The labour lasted twelve hours, and terminated naturally, and all went well for four days. Then there was a repetition of the cases I have just read. The injection just being given, the tube passing easily in, the patient quite well, when the moment the injection is made, pain is suddenly complained of, acute, overmastering pain. I saw this patient within five minutes of the accident, as it happened when getting ready for my visit, and found her perspiring, groaning, with legs drawn up, great pain on pressure, and a temperature of 103°. There was no flow of lochia all that day. Calomel and opium and fomentations were ordered. Next day lochia appeared again, but there was no milk, and an offensive diarrhœa supervened. On the fourth day the discharges were very offensive. Iodoform pessaries were in constant use, while she was kept under the influence of morphia and bromide. The temperature fell until the fifth day, when it rose again to nearly 101°, and thereafter reached normal on the eighth day. Although the symptoms were so alarming, I had very little real uneasiness about the result, feeling sure it would follow the same course as the others, but a friend whom I asked to take charge of the case to allow me to get away for my holiday, declined, after seeing the patient, as he considered her suffering from septic fever.

Four cases attended during the next three weeks made excellent recoveries, and the patient herself was about in the usual time.

Some important considerations arise out of the study of these three cases.

1. Was I right in not looking upon them as what is commonly called puerperal fever?
2. If not puerperal fever, what were they?
3. Was I right to continue my midwifery work during the progress of the last two cases? The answer to this is, of course, the result of the answers to 1 and 2.
4. Is the routine treatment by injection altogether to be commended, especially as we have not always the most intelligent of women as nurses?

(1) Now, first, was it right for me to look upon these as non-infectious cases, and go on with my other work? I believed so at the time, and I believe so still. There was (*a*) sudden onset without any preliminary *malaise*, in fact, all three patients were particularly well; (*b*) no shivering

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(a) Read before Medical Institution, March 31st, 1887.

until after the pain; (*c*) no persistent pyrexia; (*d*) no tympanitis; (*e*) no abdominal appearance; (*f*) although in one case there was very offensive discharges, in some way it did not convey to the nose the septic smell, and (*g*) I was justified by the result.

(2) If these cases were not puerperal fever, what were they? They might have been due to the injection of air into the uterine cavity, but in this case the attacks would have been sooner after the confinement, and accompanied with greater, perhaps fatal, collapse; to injection of the peritoneal cavity through the Fallopian tubes as has been suggested by some, but here surely the peritoneal symptoms would have been stronger; or to ordinary uterine colic, but there would not have been accompanying fever.

My own impression is that the nurse in passing the vaginal tube, had allowed it to become full of the old lochial discharge, and before commencing to inject had entered the tube through the os uteri. Injection would then carry the fœtid discharge into the cavity, causing such pain that the following injection, which would have rectified matters, could not be continued, and so wash the poison away. In this way we explain the sudden onset, the mechanical irritant setting up spasm, and the retention giving rise to a transient hyperpyrexia.

In this connection I might take the opportunity of warning others of a source of danger in the use of the catheter. A case required catheter relief after confinement, and on the fourth day the nurse told me she could not pass the catheter, it gave so great pain. I found the patient suffering from cystitis, and was told by the nurse that she had great difficulty the day before in passing the catheter, but at last had succeeded. What she had done was to miss the urethra, get the instrument into the vagina full of offensive lochial discharge, then convey this mess into the bladder, with resulting purulent cystitis. What occurred to the bladder occurred also to the uterus, the inflammation being confined to the endo-metrium, and due to irritation, not to poisoning.

(3) Considering my duty to other cases, was I right to continue obstetric practice? In the first, in deference to the opinion of a consultant, I gave up work, and made the nurse also drop her next engagement, all the time feeling it unnecessary. Such a feeling of security and freedom from anxiety I do not remember to have experienced in undoubted cases, several of which I have seen with other practitioners, but, fortunately, never in my own practice.

(4) At one time I always ordered vaginal injection as a routine practice, and I find that now most nurses either do it themselves or expect to be so ordered. But there are nurses and nurses, and what is a safe proceeding in the hands of one is so hazardous in the hands of another that we only wonder why so many patients have escaped.

Now I would say that the routine treatment by vaginal washing is wrong, that it should be used only in cases where there is reason to expect septicism, after instrumental deliveries, after forcible removal of placenta by the hand, or when sudden putridity of the discharges has occurred. In this way nurses would be more careful in its use, and the medical attendant more often be the administrator. I ask anyone here, does a nurse appreciate the danger of the introduction of air into the uterus, and what more likely to happen in the haphazard way in which these things are carried out. Very often I am told the patient herself is answerable for the introduction, direction and depth of the tube, the nurse being simply the pumping power.

(5) Failing a proper douche with recurrent stream tube, or cage arrangement, and the thorough training of nurses in the uses, abuses, and dangers of Mr. Higginson's world-famed invention, it is best to trust to strict antisepticism of hand and instruments at the delivery, a perchloride washing by the practitioner, a twice daily pessary of iodoform, and the utmost external cleanliness. In cases of much putridity where washing is absolutely necessary, it is well to provide for a return current, and at all times to inject with the utmost gentleness. Also the patient may be encouraged to move more about in bed, to lie on either side, as this favours the flow from the vagina. Southall's sanitary towels sprinkled with iodoform powder are much better than the old-established diaper, and burned immediately after use, cannot be, from imperfect washing, a source of future danger.

It may seem to some of my hearers that I have made too much of these cases, but with two of them called septicæmia by experienced practitioners (with the known fatality of the disease), we may well ask if we know exactly what puerperal fever is? To upset our ordinary ideas of treatment here are three cases made ill by vaginal douching, and cured without the much-vaunted irrigation, the supposed stand-by in such cases.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, April 22nd, 1887.

W. H. Broadbent, M.D., F.R.C.P., President, in the Chair.

Mr. **Bilton Pollard** referred to three cases illustrating the

DIFFICULTIES IN ESTABLISHING NATURAL RESPIRATION AFTER TRACHEOTOMY, AND DREW ATTENTION TO THEIR TREATMENT BY TRACHEAL CATHETERISM.

The difficulty in getting rid of the tube after tracheotomy was by no means uncommon, and in two of the cases related it persisted after most determined and persevering attempts had been made for more than a year and a half by the usual methods; two of the cases had been for a long time under the care of Mr. Godlee, and had passed into Mr. Pollard's hands when he succeeded Mr. Godlee at the North Eastern Hospital for Children. The first case was a boy, æt. 2½, on whom tracheotomy had been performed for laryngitis. For eight months frequent attempts were made to dispense with the tube. Mr. Godlee then catheterised the larynx without benefit. Five and a half months later Mr. Godlee passed a piece of india-rubber tubing through the larynx from the mouth to the tracheotomy wound, and left it in position for forty-eight hours without any improvement in laryngeal respiration. The operation was repeated four months later without success. A year and seven months after the tracheotomy, Mr. Pollard passed a tracheal catheter from the mouth, through the glottis and into the trachea, beyond the tracheotomy opening. It was retained for thirty-one hours, and after its removal the patient continued to breathe through his mouth. The tracheotomy wound was firmly healed in a fortnight, and the child had been perfectly well for the six months that had passed since the operation. In the second case (a boy, æt. 6) the windpipe had been opened for laryngitis. Three months after the operation, all attempts to get rid of the tube having failed, Mr. Pollard passed the tracheal catheter, and in doing so dislodged a piece of granulative tissue which was coughed up. Pneumonia followed in this case, but the patient was nevertheless cured, and was discharged a fortnight after the operation. He had remained perfectly well for the three months that had passed since the operation. In the third case (a boy, æt. 4) the operation had been performed for impaction of a foreign body in the right bronchus. For seven months attempts were made to get rid of the tube. Mr. Godlee then removed granulative tissue from the trachea and catheterised the larynx. The latter procedure was frequently repeated during the next three and a half months. Two years and three months after the tracheotomy Mr. Pollard found the vocal cords adherent, he separated them and, after dilating the glottis with Lister's sounds, passed the tracheal catheter; it was kept in position for thirty-eight hours. It was not until three weeks after this operation that the patient breathed through his mouth alone. The boy's voice returned, but after four weeks laryngeal respiration was so difficult, owing to the vocal cords having grown together again, that the trachea had to be reopened. The only difference between the plan Mr. Pollard followed and that which Mr. Godlee adopted, was that by keeping the tube in the trachea whilst the tracheotomy wound was allowed to close, the patients were left, on its removal, without the opportunity of making use of the passage which, from constant employment, had become for them the natural one. In the first and second cases the chief cause of obstruction was laryngeal spasm, but in the second there was also a growth of granulative tissue. In the third case there was a genuine stricture of the larynx, and the tracheal catheter served as a means of continuous dilatation; the result in this case showed that the dilatation should have been employed for a longer period. In two of the cases the tracheotomy incision had divided the cricoid cartilage, and Mr. Pollard suggested that this method of operating might be a cause of the difficulty of re-establishing laryngeal respiration in those cases.

Mr. **Marsh** thought the paper was interesting as bringing forward a class of cases by no means too fully considered. The trachea was a mucous passage as liable to injury from want of care in instrumentation as the urethra. Many tracheotomy tubes were too long, and described the arc of too large a circle. At most post-mortem examinations where tracheotomy had been performed, the tube was found to have caused ulceration. He deprecated the use of the bivalve form of tube, the only advantage of which lay in its introduction; once that achieved it was positively injurious. The canula should be loosely attached to the tube in order to allow for the movement of the chest.

Mr. **Golding Bird** alluded to two cases under his care in which granulation tissue in large masses had formed and prevented the passage of air by the larynx. He proposed to leave a drainage tube *in situ* for forty-eight hours, after which he hoped to be able to dispense with the use of the tracheotomy tubes. He was unable to offer any explanation of the fact that granulation grew exuberantly in some cases and not others. In many cases the obstacle to the passage of air arose from disuse of the laryngeal muscles requiring some stimulus to set them going again.

Mr. **Barker** said that there were two categories of cases, some in which mechanical obstruction existed, and others in which it was absent. The treatment of course would vary according to the nature. He thought that the removal of the tube was often postponed too long.

Mr. **Pollard** did not think that the element of time had the importance which had been attributed to it.

Mr. **Meredith** read notes of a case of

LARGE OMENTAL LIPOMA SUCCESSFULLY REMOVED BY ABDOMINAL SECTION.

The patient, a woman, æt. 62, was admitted under his care at the Samaritan Free Hospital in January, 1886, suffering from an abdominal tumour of over four years' standing. Some eighteen months before this she had been an inmate of another special hospital in London, where the abdomen had been opened in the belief that the tumour was ovarian, but had been reclosed on the discovery of the fatty nature of the growth. The patient returned home after recovering from this exploratory operation, but remained more or less constantly bedridden on account of the weight and size of the tumour, which steadily continued to increase. On her admission into the Samaritan Hospital, the abdomen, measuring 46 inches in girth, contained an elastic but evidently solid tumour, which filled the entire cavity, and overhung the pubes and groins, without invading the pelvis. The growth, viewed in the light of the former operation, was diagnosed as a lipoma of the *omentum*, on the grounds of its comparative mobility and the absence of any intestinal resonance in front of the mass. The tumour was removed on Feb. 6, 1886, by enucleation *en masse* from its omental capsule. No serious difficulty was encountered, and the abdomen was closed without drainage. The growth weighed 15½ lbs.; it was solid throughout, consisting of dense lobules of fat with a scanty amount of fibro-cellular tissue. The patient recovered well, and left the hospital on the 24th day after operation. She was seen in good health four months later, having gained flesh and strength. Examination revealed no evidence of further growth.

Mr. **Bernard Pitts** on a case of

ABDOMINAL EXPLORATION FOR CHRONIC INTESTINAL OBSTRUCTION—RELIEF OF SYMPTOMS BY FORMATION OF AN ARTIFICIAL ANUS AND SUBSEQUENT REMOVAL OF GROWTH INVOLVING SPLENIC FLEXURE OF COLON.

The patient, Mrs. D., came under observation in St. Thomas's Hospital, on August 21st, 1886. She was æt. 37, and had enjoyed good health till October 1885 when the first obstructive attack took place. For the six weeks prior to her admission, she had had no satisfactory evacuation of the bowels, even after repeated enemas. She was a thin, pale woman with distended abdomen, coils to be seen and felt, much peristaltic movement, and occasional vomiting—one large coil was especially marked, running across the abdomen from above downwards towards the left groin. On examination under an anæsthetic, no tumour could be felt, and the rectum was normal. On September 21st, the vomiting became continuous and offensive, and the patient was very exhausted, the vomiting was checked by morphia, but no action of the bowels could be obtained. In consultation with Mr. Edmunds, it was decided to explore the abdomen in the middle line, and this was done on September 24th, the transverse colon was greatly distended and displaced downwards, and the descending colon was completely empty. The end of the transverse colon was attached to a small separate incision in the upper part of the left semilunaris, but the bowel was not opened till several days had elapsed, and the central wound had healed. The patient was in a very depressed state for the week following the opening of the colon. A very large quantity of fæces continuously passed, and she was apparently poisoned by the gases generated during the evacuation. Her breath had a strong fæcal odour, she was for days very drowsy, not recognising her husband—fractious, and suspicious of those around her. After getting rid of the very large fæcal collection she rapidly improved, and was able to get up on November 5th, her weight was then 7 stone 4 lbs., weight before operation, 6 stone 10 lbs. By introducing the finger into the colotomy opening—a moveable mass about the size of a small orange could be felt under the ribs, evidently a malignant stricture at the splenic flexure. It was therefore decided to attempt the removal of the affected bowel. After careful preliminary treatment this secondary operation was performed on November 22nd. An oblique incision was made on the left side below the ribs, about two inches above the colotomy opening, and by hauling on the collapsed descending colon, the affected portion of bowel was drawn out of the wound—and about four and a-half inches excised—several small glands, and some adherent omentum were also taken away. The two ends of the bowel were carefully united by silk sutures throughout their posterior and lateral aspects. The muscular coat of this united part of bowel was then attached by numerous sutures to the abdominal opening, and the everted mucous membrane carefully stitched to the skin. The patient was then left in the condition of possessing a second colotomy opening, the first opening having contracted to the size of the little finger. The patient made a rapid recovery; the temperature remained normal; and on the tenth day she was able to get up. She left for home on the 2nd January, wearing a vulcanite tube, with the hope that fæces might pass into the lower bowel, and the natural passage be restored. Mrs. D. was now, five months after the removal of the growth, in perfect health, and able to do ordinary household work. Her weight was nine stone, or a gain of more than two stone since the relief of the obstruction; the bowels were open regularly every morning by the second colotomy opening, but there was complete control for the rest of the day. The specimen, a typical columnar epithelioma of the bowel, was shown and described. Mr. Pitts, in remarking on the case, gave his reasons for making the abdominal exploration, and quoted two other cases of stricture of the large bowel, in which he had made a preliminary abdominal exploration before opening the bowel at a selected position. By the exploration it was possible to gain definite information as to the cause and extent of the mischief, and this was of immense advantage when any further radical measure was contemplated. When no stricture was found in the rectum, he regarded a chance colotomy as an unsurgical procedure. In each of these cases the selected portion of the bowel had been attached to a separate opening in the abdominal wall for three reasons. 1st. It allows the exploration incision to heal by first intention, and as the second opening is exactly the size wanted, and as the bowel is stretched all round, there is no wound near the bowel opening to heal. 2nd. The bowel is not displaced from its natural position by being drawn up to the central wound. 3rd. And most important, it is of great advantage for after examination to have the opening near the seat of mischief, so that an after exploration with the finger may determine the character of the stricture and its relations. At the primary exploration, when the bowels are greatly distended, it is well to be content with a very limited examination, and on no account to attempt any removal of growth, until all obstructive trouble has been relieved, and the bowel has been thoroughly washed out. Mr. Pitts then gave his reasons for not restoring the complete continuity of the bowel, at the time of the colotomy, and discussed the chances of successful after restoration of the natural passage. The paper concluded with some remarks on the prognosis, and on the poisoning by absorption of gases, that occurred during the evacuation of large fæcal collections.

Mr. **Morrant Baker** said he could only congratulate Mr. Pitts on his treatment and the success of his case. He attended a somewhat similar case of obstruction under his own care where the same poisoning took place by the decomposition of the accumulated fæces, on the colon being opened. In this case, the passage *per vias naturales* was re-established in two or three days, and the artificial anus which he had formed, was successfully closed.

Mr. **Barker** said he had an almost identical case in a gentleman 60 years of age. He cut down on the transverse colon and found it permeated with hard new growth. Under these circumstances, he cut down on the cæcum and sutured it to the integument, he then withdrew some four pints of fluid fæces by means of a large aspirating needle. The manœuvre had to be repeated, and an incision was substituted on the third day. The case did well.

Mr. **Pitts**, in reply, acknowledged the value of Mr. Barker's suggestion as to withdrawing the fæces in the way described. He would prefer to make an opening fairly near to the growth especially if subsequent measures were contemplated.

LIVING SPECIMENS.

Dr. **de H. Hall**: A case of pendulous tumour (congenital) from the uvula. Mr. **Horsley**, cases illustrating brain surgery.

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ACADEMY OF MEDICINE IN IRELAND.

Medical Section.

Meeting held Friday, February 25th.

The President, Dr. **Jas. Little**, in the Chair.

AN OUTBREAK OF DIPHTHERIA—TWO CASES OF PURPURA.

Dr. Mouillot, of Gorey, read a short account of an outbreak of diphtheria which occurred in the female school of the Gorey Workhouse. Eighteen children were affected, and there was a remarkable difference in the severity of the cases. In seven cases the appearance of the throat was that considered characteristic of diphtheria, and in three of these the local and constitutional symptoms were very severe. In ten cases there was no means of distinguishing the appearance of the tonsils and pharynx from ordinary tonsillitis. In one case the disease appeared to begin in the larynx. Out of eighteen cases, three had laryngeal diphtheria, with two deaths; two cases were followed by diphtheritic paralysis, and sixteen had distinct enlargement of cervical glands. Dr. Mouillot traced the disease to a foul smell arising from a choked drain immediately under the schoolroom and dormitory windows. He considered that even the mildest cases were really diphtheria—(1) because all were produced by the same cause and at the same time; (2) because one of the least severe cases was followed by paralysis of the palate; (3) the cervical glands were enlarged; (4) the children with mild sore throats were put in the same ward in the fever hospital with the certainly diphtheritic cases, and none of them caught a second attack, though the infectious nature of the disease was shown by a child in another ward, who was convalescent from typhus, catching it. Dr. Mouillot remarked that this outbreak went far to settle the question as to the possibility of diphtheria arising from foul drains, and also was a warning not to hastily decide that any case of inflammatory throat mischief was unimportant and non-contagious if it could be traced to foul drainage. Dr. Mouillot also read notes of two fatal cases of purpura hæmorrhagica. One case died in a few days from weakness of the heart, producing œdema of the lungs. In this case the vascular depression was marked from the first, the pulse being only 50 and very weak. The second case was remarkable from the difficulty of restraining incessant bleeding from the gums. Even the strongest local applications had only momentary success. The patient died, after seven weeks' illness, from cerebral hæmorrhage.

Dr. **Frazer**, having seen a good many cases of diphtheria, could only satisfy himself that two sterling ones had any connection with bad drainage. He once saw a child suffering from a severe attack. That anything was wrong with the drainage was denied; but three months afterwards the floor of the room in which the child lived having been ripped up, a foul sewer was discovered. The second case was also that of a child, who had also been in the habit of playing beside a filthy water-butt. The child infected its cousin with malignant diphtheria, and the cousin rapidly died. Others of the family were attacked and recovered; but the nurse who took charge of the infant, putting the feeding-tube into her own mouth, got diphtheria, and though not of a severe type, she died of paralysis of the heart resulting from it. All these cases were traceable to the offensive water-butt. Paralysis seemed to be constituent to a fatal termination.

Dr. **A. W. Foot** recalled the fact that the outbreak of diphtheria in the Schloss at Heidelberg, resulting in the death of Princess Alice and three of her children, was traceable to bad drains. But, as distinguished from membranous sore throat, real diphtheria was not as common as many believed. It comprised five conditions—(1) early and remarkable swelling of the lymphatic glands of the neck; (2) extreme fœtor of the breath; (3) albuminous urine; (4) subsequent paralyisis in some shape or other, either confined to a strabismus, or involving the four limbs, or still worse; and (5) nearly all or at least fifty per cent., had a fatal result.

Dr. **Finny** agreed with Dr. Foot that genuine diphtheria cases were few and far between, and therefore with Dr. Mouillot as to the great difficulty in diagnosing diphtheria, not only during the sore throat and immediate fever, but also during the subsequent course, the crisis and paralysis. There were many cases attended with exudations of the throat which were not of the true diphtheritic nature. Pellicles of membrane, when formed in the ordinary membranous sore throat, were readily removable, not to be formed again for ten or twelve hours; whereas in true diphtheria these would reappear till the usual time of resolution—the seventh or tenth day. To expect albuminuria in every case was straining the point too much. Diphtheria might occur as recognised by the fever, the prostration during its course, the subsequent paralysis, and the prolonged period to convalescence; and yet many of those cases existed without much local demonstration in the throat. The tendency was to look on diphtheria as a disease with a membrane, the derivation of the word signifying a leathery coat. Diphtheria was a constitutional disease with local manifestations, and physicians were too much inclined to look for the local manifestations before coming to a positive opinion. Stimulants and good food from the start gave the patient the best chance. There was a difference between croup and diphtheria.

Dr. **R. A. Hayes** said that he could not agree with Dr. Finny as to the distinction between diphtheria and croup; and the case that he had mentioned was a very strong proof against his contention as the gentleman, who undoubtedly suffered severely from diphtheritic paralysis, had caught the infection from a child suffering from what would be considered by dualists as a typical attack of croup.

Dr. **Duffey** considered that Dr. Mouillot had conclusively demonstrated that the epidemic of sore throat which he had recorded was due to imperfect sewerage. But he did not think that it had been so conclusively proved that the affection was diphtheria. No doubt there were ordinary cases of sore throat due to imperfect sewage. Dr. Mouillot had touched lightly on some of the symptoms, and it was a pity he was unable to examine the urine as one of the most important factors in diagnosing diphtheria.

The **President** said his observation of diphtheria accorded with Dr. Foot's in enabling him to set down the percentage of mortality as at least 50 per cent. He had been disposed also to limit true diphtheria to those cases having the four signs present which Dr. Foot had enumerated; but Dr. Mouillot's cases did not present those four characteristics, and yet the fact that they occurred together, followed by paralysis, indicated true diphtheria. Hence it appeared there might be diphtheria followed by paralysis, without the false membrane; or, on the other hand, a membrane presenting all the appearance of being diphtheritic without being true diphtheria. Albumen in the urine was a very important characteristic. He could recall no instance in which the examination of the urine did not prove its presence; but, there might be albumen in the urine in cases of sore throat too. For three weeks he watched a child with a patch of apparently diphtheritic membrane on the throat; but from the absence of constitutional symptoms, and having regard to the child's recovery without unpleasant sequela, he concluded the case was not one of true diphtheria. He regarded croup and diphtheria as distinct diseases. No doubt cases of laryngeal obstruction occasionally occurred in which the physician was unable to make satisfactory diagnosis. With regard to purpura, he had had a lady under treatment a couple of years ago, and not liking the entire responsibility, the lady being in danger of bleeding to death, he shared it with Mr. Edward Hamilton, who deftly stopped each bleeding point with perchloride of iron, and ultimately with the aid of nourishment, iron, and turpentine, the lady recovered.

Dr. **Mouillot**, in reply, submitted that his cases demonstrated that diphtheria was not so fatal as was generally supposed. Recurrent purpura seemed to be confined to the skin; but the critical cases were those which were accompanied by hæmorrhage in the internal organs; for instance, a *post mortem* examination of a woman in Birmingham, which he had performed whilst pathologist at the hospital there, revealed the Fallopian tubes full of blood.

NOTES ON CASES OF INSANITY.

Mr. **John Molony** read clinical notes of cases which he had grouped as fair types of "Fixed Delusions" occurring in various forms of mental disease, and cited in connection therewith the opinions of Clouston, Spitzka, Savage, and Mickel. He also referred to the habit of alvine evacuation-eating in some forms of insanity, for the purpose of eliciting a discussion on the pythogenic origin of enteric fever, and gave a brief account of circumscribed outbreaks of abortive enteric fever occurring amongst agricultural labourers at "seed time," who work at manure, and as a contrast pointed to the apparent impunity with which some lunatics can devour decomposed fæcal matter.

Dr. **Foot** suggested that the dirt-eating propensities indicated either what the evolutionists described as the doctrine of reversion, being the return to a degraded state, or that the insane found in it some nourishing food or substance which supplied a want. They showed discrimination by taking the excrement fresh without waiting for fermentation, which was conducive to typhoid.

Dr. **Conolly Norman** remarked that the cases of fixed delusion lasting a length of time, and of an incurable character, presented the *malum signum* of hereditary taint. It a was a frequent sign that the better classes afflicted with the delusion of persecution wandered about in an aimless way as if to escape it, while people of the lower orders proceeded to hit out. He did not agree as to the accuracy of the term "monomania," or that such cases were not to be classed as of monomania if under observation less than a year. Cases of fixed, organised delusion did not break down with the rapidity of those of mania and melancholia, which, if they did not recover, generally passed into imbecility, while those of fixed delusion remained in *statu quo* for a number of years. He concurred in Dr. Molony's general conclusion that there was no definite pathology of any form of insanity except acute delirious mania and general paralysis. Recent investigations of Dr. Charles Kaye Mills showed a tendency to abnormality in cases of monomania or fixed delusion—namely, an alteration, so to speak, of the architecture of the brain, the fissures running together. Dirt-eating, in his view, clinically, was a perversion of instinct.

The **President** said there were cases of definite monomania which did not last a year, and were curable partly by medical treatment and partly by moral influence before drifting into an asylum, where they were generally incurable. Opium was of great value in soothing the brain when threatened with functional disturbance; while care on the part of friends, and suitable change of scene, often prevented delusions from being stereotyped. There were frequent cases where an appeal was wisely made to a man's own senses to trust himself to his friends and give up nursing a delusion.

Dr. **Molony**, replying, said, with regard to the disgusting dirt-eating habit, the lunatics often went to the privies and helped themselves. He agreed that monomania was a misleading term of nomenclature; nor did he think there was true monomania. For instance, a man fancying himself a king did not act up to it, but wheeled a barrow or turned a mangle when his time came. Opium was a sheet-anchor in most cases, particularly of active melancholia.

The Section then adjourned.

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LIVERPOOL MEDICAL INSTITUTION.

The Twelfth ordinary meeting of the Session was held on March 31st.

W. Carter, M.D., F.R.C.P., in the chair.

The pathological specimens exhibited were a tuberculous pleura from a patient, æt. 25, who died of tubercular meningitis, by Mr. G. Hamilton; a fibro-cyst of the uterus, removed on the 3rd inst. from a widow, æt. 54, by Dr. Briggs; and a large pyosalpinx also removed by Dr. Briggs, from a single woman on the 14th inst., both patients making good recoveries; an ovarian tumour by Mr. R. Hamilton removed on Jan. 24th, from a woman, æt. 45. The remarkable feature about the specimen was that a portion of the uterus had to be removed with it. Dr. Robertson showed an aneurism of the arch of the aorta.

COLOTOMY.

Mr. **Hamilton** showed a patient on whom colotomy had been performed four months previously. J. H., æt. 66, admitted into the Royal Southern Hospital, Nov. 29th, 1886, with intestinal obstruction. Unrelieved by usual treatment, examination by rectum revealed the existence of a stricture about five inches up into which the tip of the finger could not be passed. The edges were hard and ragged, and gave the impression that it was cancerous, a view which was confirmed by the history, age, and general appearance of patient. On the fourth day after admission, as it was evident the man would die soon if not relieved, colotomy was performed, the descending colon being opened behind in the usual place, after being first stitched to the sides of the external opening. A large quantity of fæcal matter was evacuated, and the patient in a few days rallied from the sunken condition he had fallen into previous to operation. Enemata per rectum were begun after a few days, and continued daily for a long time, but only once have they been followed by any result, a small quantity of fæces being then discharged, the ordinary fæcal motions coming through the artificial opening. The patient took food well and gained flesh rapidly, and is now strong and hale. The stricture was found to be, in an examination recently made, in much the same condition as on his admission, which would seem to show that the cessation of all functional activity in that part of the intestine has retarded the further development of disease in it for a time. The man's future comfort depending greatly on the means adopted for receiving the discharges from the dressings to be applied to the artificial anus, the colotomy pad with elastic bandage made by Messrs. White and Wright was first tried, and as this has proved very successful, completely retaining the fæcal discharges, and only requiring to be removed twice in the twenty-four hours for the purpose of cleansing, I have thought after five weeks' experience of it, that it was of sufficient importance to show the patient with the pad and bandage on to the Society to-night.

Dr. **Hunt** related a case of

REMOVAL OF POLYPI FROM THE LARYNX (PATIENT EXHIBITED).

The patient, a man, æt. 31, had suffered from four years' loss of voice when he first came under his, Dr. Hunt's, notice. In January, 1883, he had had an acute sore throat, which passed away, but shortly after the voice got worse. This was characterised by aphonia and whispering. This lasted till January, 1887, when he was first seen. At that time the voice would change within twenty-four hours. At one period there would be aphonia, at another, he would speak in a coarse whisper, and at other times the voice would break into a falsetto. On examination growths were observed which appeared to spring from the anterior surface of the vocal cords. On removal, however, which was performed with the laryngeal écraseur, they were found to spring from the under surface of the anterior part of the vocal cords. The portions were removed at three sittings on January 15th, 19th, and 25th. He had since cauterised the bases with nitrate of silver, and intended later on to use chromic acid. The growths were really papillomata.

Mr. R. **Pughe** reported a case of

SPINA BIFIDA CURED BY INJECTION OF MORTON'S FLUID.

The tumour was the size of an orange at birth, but had increased to that of a fœtal head three months later, the time of operation. Repeated injections were made. The fluid in the tumour was not drawn off before the injections—from thirty to forty minims each time—were made.

Mr. **Puzey** showed a case of "Congenital lymphangioma," which he proposed to remove.

Dr. W. **Macfie Campbell** read some interesting cases, illustrating the danger of

ROUTINE VAGINAL INJECTIONS DURING THE PUERPERIUM,

which will be found under the head of "Clinical Records." In the discussion that followed,

Dr. **Briggs** thought the fever of puerperal women was like ordinary surgical fever, and arose from a similar cause. He questioned whether the uterus was perfectly healthy in Dr. Campbell's cases when the injections complained of were made. He thought it likely that some clot, or portion of placenta or membrane was the real cause of the mischief.

Dr. **Baily** had thirty-six years' practice in the obstetric art, and had never countenanced routine vaginal injections after child-bed.

Dr. **Glynn Whittle** agreed with Dr. Briggs as to the pathology of puerperal fever. It might arise from the retention of fluid in the hollow of the sacrum.

Dr. **Burton** said that absorption of septic material was not a necessary factor in heightened temperature. The heat centre was in the brain, and the pyrexia might arise from excitement as was shown in a case he related, and might have been the cause in Dr. Campbell's cases. The paper only touched the fringe of the great subject of puerperal fever. As regarded cystitis he felt sure the catheter was often at fault. It should be passed in the way laid down by him in his translation of the Prussian "Handbook of Midwifery for Midwives," *i.e.*, the parts should be fully exposed to view and thoroughly cleansed, so that foul matter could not be carried into the bladder on the point of the instrument.

Dr. **Cregeen** thought speakers had wandered from the subject. Playfair and Galabin both recommended the routine use of vaginal injection in puerpery. He had for years employed them, and had never seen any bad results from the practice, but the task should not be entrusted to nurses.

The **Chairman** suggested that the use of too strong injections might possibly have caused the cystitis, and mentioned two cases observed by him in support of the view.

Dr. **Campbell** then replied.

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National Hospital for Consumption, Ventnor.—The festival dinner in aid of the funds of this institution was held last week. The Duke of Cambridge in the chair. There are now 118 beds, and later in the year, on completion of the new wing, this number will be increased by 20 more. An earnest appeal was made for funds, and during the evening a list of donations and subscriptions was read, the total amounting to about £2,400.

Guy's Hospital.—The Michael Harris Prize in Anatomy of £10 has been awarded to Mr. Frederick William Hall, of Sydney, New South Wales; and the Beaney Prize in Pathology of 30 guineas has been awarded to Mr. Theodore Fisher, of Greenwich.

Ledwich School of Medicine, Dublin.—At the termination of the winter session the following prizes were awarded:—Junior Anatomy: Henry Cullman, 1st; J. C. Ryan, 2nd. Senior Anatomy: D. Shanahan, 1st; J. P. O'Meara, 2nd. Surgery: W. J. Thompson, 1st; D. L. Hamilton, 2nd. Practice of Medicine: J. D. Sexton, 1st; P. Rowan, 2nd. Physiology: J. R. Steen, 1st; J. B. Wilkinson, 2nd. Midwifery: D. L. Hamilton. Theoretical Chemistry: C. M. O'Brien.

St. Andrews University.—The following degrees were conferred on April 20th:—

Degree of M.D.

Charlesworth, S., Hirst, Bradford.
Greaves, Charles H., Stafford.
Hackney, John, Hythe.
Havard, David, Newport.
Jackson, Jabez B., Birmingham.
Le Page, John Fisher, Salford.
Lyall, Andrew, Leven.
MacBain, Hugh Gilles, Berwick.
Mitchell, Joseph, New Wortley.
Stone, Valentine, Montrose.

Degree of M.B.

Fayrer, Joseph, M.A., Edinburgh

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 27, 1887.

THE ABUSE OF MEDICAL CHARITIES IN GLASGOW.

Our contemporary, the *Glasgow Herald*, through whose columns the greater number of letters on this ephemeral question have been recently given to the public, contains in its number of the 21st inst. an article which may be regarded in the light of a summing up of the question and correspondence. After adverting to the class for whose benefit hospitals are supposed to exist, our contemporary remarks, "Next to the relief of suffering, it has always been understood, that in the hospital system medical men place the advance of their science. Let an interesting 'case' appear, and eagerness is shown to study it under conditions where the most accurate observations can be made. Any question about the patient's social position or his private means becomes at once a matter of no account in the eyes of the medical enthusiast. He gets a return for his pains more than worth any fee that can be paid him. It is this which on the medical side makes an appointment on an hospital staff an object of ambition, though the skill acquired through the widely varied experience thus obtained becomes very properly a source of emolument to the possessor of it among patients able and willing to pay for his services. . . . But this suggests the question whether it is quite prudent to give a monopoly of hospital practice that lasts practically for a life-time to a limited number of practitioners. Is it impossible to devise a system of rotation, whereby a medical man of proved ability should not wait a long and indefinite number of years before he gets his turn of making observations in the important field prepared at the public expense? Leading men in the profession have not been sparing in their remarks on their colleagues who have started hospitals on their own account. An apology for this might be to the effect that these are but attempting on a small scale a line which those attached to the great institutions have no temptation to follow outside of these." Precisely so. This is the whole kernel of the matter, and it is the back-bone of the argument in Dr. Campbell Black's letter to our contemporary the *Scottish News*, to which we recently referred. Let the case of the two large general hospitals of Glasgow be considered. At one time it was the rule at the Royal Infirmary that a physician or surgeon to "the House" was compelled to retire after a certain number of years' incumbency, and if he wished to be reinstated in his old position, he could only obtain the position by again passing through the lower grade, the out-door department, and thus sharing the more laborious, more onerous, and less remunerative hospital duty. Indeed it is but recently that certain of the out-door staff received any pecuniary recognition at all for their services, and there are two gentlemen on the staff at present who have performed the drudgery of this department for about ten years. This rule was departed from, and for some time the appointments to "the House" were held for life. They were held undoubtedly by respectable men in good professional position, but having reached the summit of their professional aspirations, and being wanting in the enthusiasm of youth and the stimulus of hope, this admirable field for medical observation remained conspicuously fallow, little or nothing was heard of "the Royal," its physicians and surgeons were hardly known by name to the profession or the public, they did their work in a gentlemanly *laissez-faire* manner, pocketed their hundred guineas annually, and there the matter ended. Recently again, the system of appointment by rotation obtained recognition, and from the scientific stand-point, and consequently the stand-point of public benefit it has already borne good fruit. Even now the period during which a physician or surgeon can hold office is too long, and might well, in the interests of all parties be profitably curtailed. With the Western Infirmary the case is totally different. Whatever grounds there may be for discussing the teaching powers of Gilmorehill, we have never heard any doubt expressed that the affairs of the University are conducted on the keenest financial principles, or that the doctrines of Adam Smith have been thrown away on Scotch philosophers and divines. From the Principal, downwards, the authorities of Gilmorehill are jealous guardians of their "pound of flesh." The Western Infirmary, being an appanage of the University, the medical professors of the University holding office in the former, and the remaining physicians and surgeons, hold office for life. Unless by removal of these favourites of fortune to "another place," either celestial or terrestrial, there is very little chance of any outsider or subordinate ever being able to participate in the medical advantages of "this important field prepared at the public expense" and supported by the public. The history of this part of the Gilmorehill monopoly does credit to the admirable commercial talent of the University authorities. *Primo*, they acquired the ground on which the Western Infirmary is built, and *secundo*, as is their wont seeing no reason why they should pay a single copper for their selfish aggrandisement if they can help it, they handed over the ground and hospital to the public to be maintained by them, but on the condition that they reserve the power in their own hands of making life appointments to the Infirmary for several of their professors. There are two surgeons and two physicians to the Infirmary who are not professors, but they have also life appointments, and from the medical point of view, the public find £18,000 per annum *to further the ends of these four gentlemen!* To say that the circumstance is a crying shame and a disgrace is surely not using too strong language. Is there not a great temptation, under these circumstances, for those who are thus debarred by public caprice from the privilege "of making observations in the important field prepared at the public expense" "attempting on a small scale a line which those attached to the great institutions have no temptation to follow outside of these?" Let us instance one or two examples of men who have done so, and who while legitimately benefiting themselves, have adorned and enriched medical science. James Syme founded Minto House; Spencer Wells a small dispensary, which became the London Samaritan Hospital; Morell Mackenzie, the London Throat Hospital; Mackenzie and Rainy, the Glasgow Eye Infirmary; James Wilson, the Maternity Hospital; and the list might be indefinitely extended. Under such circumstances as obtain especially in Glasgow these men might have waited in vain for appointments at the general hospitals, and but for their own good sense and enterprise would have, professionally speaking, perished, and medical science would have been all the poorer. To grasp "the skirts of happy chance and breast the blows of circumstance" is open to others, as it was to them, despite the hysterical oratory of the *beati possidentes*, the old world monopolists of a rotten, effete, and disgraceful anachronism.

CLASS MORTALITY STATISTICS.

A very interesting paper was read by Professor N. A. Humphreys before the Statistical Society last week on Class Mortality Statistics. Ever since the registration of deaths has been made systematically the differences in the contribution levied by death according to social position and occupation have excited attention and interest. The conclusions arrived at are not only interesting, but are economically important, as prompting and directing legislative interference in cases where the mortality appears to be due to distinctly preventible causes, and, where this has not been deemed advisable or has not been obtained, as tending to the removal of the causes in the interest alike of the employer of labour and of his servants. Some extremely instructive statistics on this subject are to be found in the "Vital Statistics" of Dr. Farr, whose technical ability and intuition did so much to enhance the value of the records over the elaboration of which he presided for so many years. As years go by, these statistics are confirmed or modified, since the total number of observations influence very materially the value of the results. We are, moreover, enabled to mark the improvement which care and supervision have succeeded in effecting in certain departments of industry.

It is a well-known fact that clergymen, more particularly those belonging to the Church of England, stand at the head of the list of healthy occupations. They belong naturally to the class of Englishmen who "stay at home at ease," free, for the most part, from the worry and pressure of other professional men, and exempt from the risks which are the *appanage* of many occupations and callings. Very different is the lot of the average medical man. The earlier part of his career is often a struggle for his daily bread; his rest is disturbed, anxiety and worry abound, and deadly poisons hover round him, ready to attack the weak point in his armour of health should this get below par in consequence of exposure to the vicissitudes of climate or the accidents of his calling. What wonder, indeed, if the statistics of mortality for medical men fall wofully short of those which obtain for his less harassed coadjutor, the parson. This reflection should not be without effect in bringing home to medical men, especially those less favoured by fortune, and on whom a family is dependent, the necessity for making due provision for an event which statistics show to be a standing menace.

Many of the figures quoted show very much what one might have been led to anticipate. Man is an out-door animal, and like other animals, requires an amount of regular physical exercise in the open air to develope and maintain a perfect state of health. Agricultural labourers, therefore, on the whole, show a very good bill of health. Notwithstanding the misery and sordid nature of their surroundings, their unaided and often involuntary compliance with Nature's laws enables them to reach a term of years which is far less frequently the lot of their urban fellows. Mere labour in the open air is not in itself sufficient to ward off the vitiating influence of city life, as is shown by the mortality statistics of cab-drivers and omnibus men. These die more than twice as fast as the gardener and the agricultural labourer. Still more severe is the mortality among costermongers, hawkers, and street vendors. These, however, constitute a very mixed class, and it is here that some of the fallacies of comparative class mortality become apparent. The death-rate among navvies and certain other occupations requiring a maximum amount of strength is small, for the simple reason that, when health breaks down, the individual ceases to be able to continue a laborious occupation requiring health and strength, and gravitates to some less laborious and less restricted field of labour, such as hawking, &c. The result is evidently to favour the statistics of one class at the expense of the other. Then, again, the high mortality of a particular class may be due less to the deleterious influence of the particular occupation than to the vicious habits or manner of living of those who follow it. Such disturbing influences as these have to be allowed for, or the statistics are not only useless, but may be positively misleading.

It is not surprising to find that the poor pay a larger tribute than their more happily-circumstanced brethren. The pernicious influence of sordid and squalid surroundings tells more particularly on the young, and as the labouring classes comprise a vastly larger proportion of young children than those higher placed in the social edifice, the total mortality is thereby affected to a large, though decreasing, extent. The large amount of preventible infantile mortality is shown by the figures which deal with the deaths among the inhabitants of Peabody Buildings, now numbering upwards of twenty thousand. The difference between their infantile mortality and that of people of a similar class living close by is great and significant.

The sanitarian can point with satisfaction to many of the results as due to increased attention to hygiene and the enforcement of the laws of health. Unfortunately he can touch but lightly on the poverty, which is of itself a powerful factor in swelling the mortality returns, and he can only hope to influence by degrees the baneful habits which in civilised communities favour the advent of disease and so shorten life. We have, however, every reason to look forward hopefully to the future. Progress in this direction is, indeed, slow, but we may venture to believe it is sure. It is based on the teachings derived largely from statistical observation, which constitute the pulse of human life in the aggregate.

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THE DUBLIN HOSPITAL COMMISSION'S VERDICT.

This Report is at last extant, and though it will not be purchasable until the end of the week, its contents are now public. Before entering upon any *resumé* or criticism of its contents, we feel it necessary to protest against the scandalous delay in its production. We were long since aware that it was in a finished state, and considering the interests involved, and the anxiety with which it was awaited, it is anything but creditable to the Chief Secretary's office that so great a delay should have occurred in the reading of it with a view to its official approval. The Report is a very elaborate and extended one, occupying fifty-six pages of a folio Blue Book, while the minutes of evidence occupy 312 pages of the same. The historical part of the work alone, which precedes the observations upon each of the hospitals, displays immense research, and even as a record of the origin and progress of these institutions, will be very valuable in the future.

It will readily be understood that we can give space to no more than a surface-sketch of the Report, which we propose, however, to supplement by the publication of a *resumé* of its contents in the Supplement of the *Medical Press* devoted to local Irish affairs. The Commissioners sat at intervals from October, 1885, to March, 1886, and examined eighty-six witnesses expert in hospital management. St. Vincent's, the Adelaide, and National Children's Hospitals did not offer evidence, but supplied papers.

The House of Industry Hospitals.—The Richmond, Whitworth, and Hardwicke naturally occupy first place in the inquiry, inasmuch as they receive £7,600 out of the total annual grant of £16,000. After a complete history of these Hospitals has been given, the Commissioners refer to the fact that the relation of the Carmichael School to the Hospitals has ceased, and that the growth of the Mater Misericordiæ and Jervis Street Hospitals have to some extent narrowed the usefulness of the House of Industry. On the other hand, they produce proof that the wants of the North Dublin Union for increased hospital accommodation have become very pressing, and they make a strong recommendation that these Hospitals should be disestablished and disendowed as a Government-supported institution, and should revert to their original purpose of a Union hospital for North Dublin. They "regard this arrangement as inevitable," and accordingly proceed to arrange for the winding up of the Hospitals, for which purpose they recapitulate the law of superannuation as bearing on the matter. They recognise, of course, at once the claim of the salaried officers to compensation on the regular scale, but express some doubt as to whether the medical officers will be entitled to similar treatment, as they are paid by pupil fees. A strong opinion is, however, expressed that these officers will have a very powerful claim in equity, inasmuch as they will lose, by the closing of the Hospital, not only a substantial item of income, but the much more valuable position and advantage of medical officer to the largest and one of the most esteemed hospitals in Dublin, to which qualities the Commissioners themselves bear testimony.

Steevens's Hospital.—The gist of the Commissioners' recommendation as to this hospital is that, inasmuch as it has ceased to be, in any considerable sense, a teaching centre, it should only receive a subsidy on condition of its joining the general scheme for the future disposition of the grant. To do this the Board of Governors should be desectarianised, and its powers divided with the Central Managing Board, and the Commissioners strongly appeal to them to accept this condition and to liberalise the administration of the institution.

The Meath Hospital.—Most of the observations of the Commissioners on this Hospital are devoted to the fact that the medical officers possess the power, under an Act of George III., of appointing their own successors. The Report offers a strong protest against the continuance of this privilege, pointing out that the medical officers have no sufficient equitable claim to it, and that it has operated very injuriously in certain of the appointments made to the medical staff, and the effect of their recommendation is that the medical officers must abandon this privilege or else lose all participation in the public money.

The Rotundo Lying-in Hospital.—The historical introduction to this part of the Report dwells upon the sources of income, by way of taxes on sedan-chairs, and for lighting Rutland Square, secured to it by Act of Parliament. It proceeds to point out that eleven members of the governing board are *ex officio*, evidencing the intention of the Legislature that the executive should be national and unsectarian. The high rank held by the hospital as a teaching institution is also the subject of prolonged commentary by the Commissioners, and they speak of the present Master as "being well aware of the importance of keeping pace with the progress of modern science," because of his having been "a student in Vienna and Berlin," a qualification which is not very unusual at present, nor at all indispensable to the keeping of pace "with the progress of modern science," and, therefore, scarcely necessary to be remarked upon by the Commissioners.

With good reason the Report is largely devoted to a philippic against the system of election to the Board of Governors commonly known in Dublin as the process of "making governors." The Report points out that "the income from subscriptions would be capable of considerable expansion if only the sympathies of the public, and not merely one section of it, could be enlisted," and it notes, with strong censure, that out of the fifty elected Governors there is only one Catholic. It appears that the Governors have been vehemently advised by former Commissions to amend this sectarianism, and have neither done it by the exercise of toleration and liberality nor by the enlargement of the Board, which they might have effected by a change of Charter, which was strongly recommended to them. The Commissioners now advise that the Rotundo shall get a grant only on condition that this Protestant "ring" is broken up, and the hospital management opened to all creeds, and it condemns the Dublin Hospitals Board for not having long since insisted on this as a *sine qua non* of the continuance of the grant. Apropos of the system of election to the Board, the Report proceeds to deal trenchantly with the method of appointment of the Master of the Hospital. It has for years been notorious in Dublin that this lucrative and honourable appointment has been the subject of the most disgraceful jobbery. When the seven years of service of the Master was approaching a conclusion, the candidates who might reasonably hope for the succession to his office commenced to "make Governors;" in other words, they began to pack the Board with their partisans, to effect which purpose they looked about firstly for wealthy friends who would be willing to pay the requisite subscription (£50) to qualify, secondly, failing these, for men of straw who would accept a seat on the Board, their subscriptions being secretly recouped by the candidate himself. These subscribers must, of course, be of the right religious colour, and a contest often ensued between the competing subscribers put forward by the rival candidates. The result was that *ceteris paribus* the obstetrician who could, by the aid of his money or personal influence force most of his friends into the Board of Governors became with certainty the Master. The Commissioners justly describe this process as "the purchase system in its worst possible form," but they hasten to declare—upon what authority does not appear—that "the present distinguished Master owes his appointment solely to merit," a proposition which we have no evidence to controvert.

It is scarcely necessary for us to say that we agree in every syllable of the censure of this system uttered by the Commissioners, and we hope that, in any future distribution of Government money, not a shilling will be allowed to pass into the hands of any hospital where such disreputable jobbery is permitted to exist.

"The provision in the Charter limiting the Master's term of office to seven years, is, we think, radically bad," is a startling declaration of the Commissioners, from which we dissent in the strongest terms. To support the proposition the Commissioners offer no evidence save a clipping from Dr. South's evidence of thirty years ago, nor do they offer any better safeguard against the relegating of the hospital teaching to senile masters except the voluntary imposing of an age limit by the Board of Governors. We say, on the other hand, that the seven years' limit has, by long experience, proved to be most beneficial to the teaching in the institution, that it has been clearly manifest, and stands to reason, that when seven years and all the engrossing responsibilities of increased practice have been added to a man elected, ostensibly, as already at the time of appointment qualified by experience and age, he is no longer fit for the most efficient performance of the duty of Master. We are certain that the voice of the profession will be strongly against this recommendation, and we hope it will, on no account, be adopted. The Report also objects to the payment of a fee for the Assistant-Mastership, and it winds up with a deserved eulogium upon the institution. We are unable to proceed further this week with our epitome of the Report, and we propose to return next week to a *resumé* of its observations on other hospitals.

The recommendations are as follows:—A Central Board should be constituted as follows: The two Archbishops of Dublin; the Moderator of the General Assembly; three Members of the Corporation; the Chairman of the Hospital Sunday Fund, and a second representative as soon as the Roman Catholics take part in the movement; one representative each of the College of Physicians, the College of Surgeons, the University of Dublin, the Royal University, and the Crown.

To entitle a hospital to any share in the distribution of the fund produced by the capitalisation of the Parliamentary grant, the following conditions should be observed:—

(*a*) The hospital shall contain not less than eighty beds, and after five years, one hundred, in daily occupation.

(*b*) Shall be open for clinical instruction, and shall have not less than fifty paying students on its books each year.

(*c*) Shall be open to persons of all creeds, without any distinction.

(*d*) The staff of the hospital shall be appointed without distinction of creed or the place of education, and without payment of any sum of money, and the principle of promotion from the junior to the senior appointments shall be recognised.

(*e*) Appointments as resident surgeons and physicians shall be filled up by examination.

(*f*) The hospital shall employ trained nurses.

We would further recommend that the amount to be given to any hospital be decided by the following considerations:—

(*a*) Total number of beds occupied and patients treated.

(*b*) The total students receiving instruction.

(*c*) The number of nurses, trained and probationary.

(*d*) The average cost per bed, distinguishing "establishment charges" from "maintenance."

(*e*) General efficiency.

(*f*) The amount of money collected in the shape of private subscriptions.

If the conditions which we have laid down be accepted, we cannot doubt that the result will be to promote the amalgamation of hospitals, to improve the character of the clinical instruction given in them, to increase the benefit of these institutions to the sick poor, and to diminish the general hospital expenditure in the city.

We have only to add that, as legislation will be necessary to deal with the House of Industry Hospitals, advantage ought to be taken of the opportunity to place the government of such hospitals in Dublin as are now controlled by special Acts or charters under a direction more consonant with the times in which we are now living, and that, in the case of those institutions which have been in the past largely assisted by contributions from Imperial and local funds, powers should be taken in the interests of the general body of the citizens to vest their management, at least in part, in the control of the municipality.

Notes on Current Topics.

Babies.

The many articles that are appearing in both American and French papers on the great mortality of babies before they reach twelve months of age, tells of the widespread interest taken in the death of the innocents. There is no doubt, that the puny unhealthy baby born of unhealthy parents has little chance of survival, and leaves its more healthy fellow alone in the race for life. Putting all these cases aside, there is still the sad fact that thousands of babies are killed by improper feeding, and want of proper care. This is notably the case with babies "put out" to nurse. We have had some experience of this, and unhesitatingly we say, that nothing can be more horrible and more heart-sickening than the appearance of a "nursed baby," when it has been about six weeks in the care of the "nurse." As one strips the clothes off the poor little scrap of humanity, one cannot but shudder; life is hardly recognisable, a loose yellowish dirty parchment-like skin hangs in folds round the poor little bones, that now look so angular and so mis-shapen. Eyes more ghastly never looked from a skull than the faintly moaning little sufferer discloses as the lids are raised, and we look to the bottom of the deep sockets to see the glazed withered eyes of starvation, and in the filthy rags of the cot there lies a bottle of brownish-looking gruel-like fluid, "the feeding," in a long-tubed dirty bottle; filthy to look at, stinking to smell, and poisonous to drink. We write strongly, but as we write we see the faces of many poor sufferers turned to us; too feeble to plead even with a cry; sufferers whose life has almost run its little span, but who earnestly plead that something may be done to arrest this vile traffic in human flesh. We have made many inquiries into these cases and we find that the great majority of babies given out "to be nursed," are not intended to live. There is one way, and one way only, of ending this merciless destruction of babies, that is, insist on an inquest on each nursed child that dies.

A Low Death Rate.

In a letter to a daily contemporary Dr. Hardwicke, the medical officer of health for the borough of Harwich, called attention to the fact that the death rate for Harwich and Dovercourt, for the quarter ending December 1886, was as low as 6·6 per thousand (annually?) We are not made aware of the significance which Dr. Hardwicke would wish to be attached to the extraordinary low rate of mortality, but if the object be to prove the peculiar healthiness of Harwich, the argument is fallacious from several points of view. First of all, the rate per one quarter is obviously an altogether inadequate test, and its lowness, though interesting as a phenomenon, does not possess any other importance. It will be interesting to know what the corrected annual rate for the whole year 1886 amounted to, together with a comparison between that rate and the rate of preceding years. Seasons of exceptionally low mortality are generally followed by seasons during which the rate is considerably above the average, the effect of which is naturally to modify the too sanguine anticipations which may have been based on the more favourable returns.

Mesmerism in Paris.

The phenomena associated with the ill-understood condition of mesmerism or as it is now more scientifically designated, hypnotism, have always been a source of wonder not unmixed with terror, to the general public. For years, owing to the charlatanry with which its manifestations were surrounded, the profession in Europe, disdained to make it a subject of study and observation, and with the exception of itinerant showmen, it was left out in the cold. Of late years various observers whose eminence enabled them to despise the narrow-minded prejudices o their contemporaries, have taken the matter in hand and have enriched medical literature with much information on the subject. So far it cannot be claimed to have been shown to possess any particular therapeutical value, and it has been of far more service to novelists anxious to avail themselves of its *quasi*-mystic character than to men whose object is the relief of human suffering. During the past week, a mesmerist in Paris has favoured the "doctors, journalists, and well-known Parisians," with a *séance* in the course of which some very extraordinary feats were accomplished by the newly discovered hypnotiser who is described as a "comparatively young and handsome man." This may account in some degree for the wonderful fascination which he was enabled to exercise on several of the ladies present. One, notwithstanding her evident distaste to become a public character for the time being, proved quite powerless to resist his invitation to come and lay her head on his shoulder. Far more conclusive was his influence on divers gentlemen present, men eminent in arts, journalism and literature, who, in spite of every effort to the contrary, performed a series of ludicrous manoeuvres, to the intense delight of the remainder. The latter evidently experienced the same satisfaction that people on board ship are apt to manifest *vis à vis* their fellow voyagers whose gastric equilibrium has given way under the impulse of the salt sea waves. The nature of the condition under which these freaks are possible is such, in our opinion as to render public exhibitions thereof demoralising and injurious. In several countries, such exhibitions have been peremptorily forbidden on these very grounds, and we trust that, should any further enterprises of this description be undertaken in this country, the matter may receive serious consideration with a like object in view.

Rabies in Deer.

The announcement that upwards of a hundred of the deer which constitute one of the attractions of the far-famed and historical Richmond Park, have been attacked by rabies and slaughtered will excite both regret and surprise. The occurrence is the more remarkable since no information is to hand which throws any light on its causation. It is in the highest degree improbable that any mad dog—no trace of which has been discovered—could have bitten so large a number of animals, and the fact that they were all attacked simultaneously precludes the hypothesis of infection *inter se*. We shall doubtless be informed later on, on what grounds the official veterinary surgeon arrived at the conclusion that the disease with which the animals were affected, was really rabies. Unless our present ideas of the etiology of rabies be altogether erroneous, the contagion must have been communicated in the orthodox manner. It is possible, as has been suggested, that the conditions of existence of the deer, are such as to favour attacks of the disease, but, besides not being in any way proven, the supposition is not of much service in elucidating the obscure points in the causation. If the diagnosis be confirmed a fresh field will be opened up to M. Pasteur's system in the shape of its proving more successful with deer than it has proved in man.

The Ventilation of Hospitals.

At the Fifth general meeting of the Hospitals Association held on Wednesday last at the Brompton Hospital, Sir Andrew Clark, Bart., in the chair, Dr. C. Theodore Williams read a paper on the subject of the ventilation of hospitals. The lecturer pointed out that while hospitals are an absolute necessity in civilised life, the massing of large numbers of sick people under one roof, is apt to be attended by consequences which compensate to some extent for the advantages which this centralisation affords. Fortunately, it has now been established satisfactorily that most, if not all the hurtful consequences of aggregations in hospitals may be removed or minimised by proper care in the construction, arrangement, and conduct of such institutions. An important factor in the promotion of healthy surroundings while in the hospital, is provision for an ample and constant supply of air, whereby the atmosphere is kept at a proper degree of purity, the organic emanations are carried off, and the disinfectant and deodorising qualities of fresh air are secured. This complex problem often involving great difficulty in its proper solution, was dealt with by the lecturer *seriatim*. Many of our hospitals were built before the necessity of ample ventilation and other elementary sanitary precautions, were properly understood, and are now under the disadvantage of being able to modify existing circumstances only to a comparatively limited extent. It is, however, by no means certain that the utmost has been done, and the subject is certainly one which ought to receive the most careful consideration at the hands of the authorities of hospitals. Dr. Williams recapitulated the requirements as to space, &c., in hospitals, and then applied himself to the question of how these requirements could best be fulfilled. He concluded—1. That to maintain the proper standard of purity in a hospital atmosphere in this climate, some form of artificial ventilation combined with warming the air is necessary. 2. That no system which does not provide for a change of air, at least three times an hour, outside the extraction by fireplaces, should be adopted. 3. That if extraction by heat be used, it is of the utmost importance that the temperature of the extracting shaft should be maintained as thoroughly in winter as in summer. 4. That the w.c.'s and slop-sinks of a hospital should be ventilated separately from the wards and corridors.

Foreign Practitioners in England.

It seems rather hard on native talent that medical men of German nationality and possessing only German diplomas, should be at liberty to pay periodical or permanent visits to this country, and there exercise their profession after the fashion of the itinerant medicine vendors and stone cutters of mediæval times. If an English doctor adjourned to either France or Germany and attended a few people, his jealous *confrères* would promptly put the police on the track, yet doctors of either nationality can and do come to England as oculists, masseurs, or what not, and are not only not molested but are encouraged more or less overtly by sundry hospital physicians who ought to know better. The cases cannot be dealt with in the ordinary way, and this accounts for their *sans gêne*. Nobody would more gladly extend the right hand of fellowship to foreign *confrères* on a genuine *visit* than ourselves, but it is quite another matter when their trip has for an object merely to accentuate the competition already existing. We should be pleased to find a way of applying some check to this immigration.

A Doctor's Scare.

Under the impressive title of "ghastly adventures of a medical man," an evening contemporary favours its readers with a highly coloured recital, purporting to be written by a medical man in charge of an infirmary somewhere in Ireland. The "plot" is simple enough, but the *mise en scène* is worked up with all the tact and delicacy of a hardened penny-a-liner. On the particular hour of the night when, according to popular superstition "churchyards yawn, and and hell itself breathes out" this gentleman, on quitting an avowedly convivial party at which *spirits* were certainly present, had to perform the post-mortem examination of a man on whom an inquest was to be held the following day. Having laboriously transferred his subject to the table, he, without any compunction, proceeded to examine the inside appearances. He completed his undertaking and was about to leave the room, when he was startled by a loud groan and on looking in the direction from which it came he saw the "subject" standing bolt upright. The novelty of the situation (coupled with the roaring of the storm in the back-ground, *see art.*) is a sufficient excuse for his not unnatural emotion. Omitting the vivid description of his feelings under these harrowing circumstances, it will be sufficient to explain that the attitude of the autopsied individual was due to the giving way of one end of the table. The writer of this little history may flatter himself that he will have succeeded in giving a "creepy" feeling to more than one of his readers. It is not, however, a very high standard of literary accomplishment to juggle with the horrible. A ploughboy can produce quite as lively an impression with a hollow turnip and a candle at the expense of far less trouble. The correspondent in question doubtless found his way of doing it more remunerative than that of the ploughboy, but we trust that he has not provided himself with a stock of these lugubrious incidents for the purpose of emotioning a susceptible public.

Great Heat v. Intense Cold.

Answering his own question as to which is the worst to bear, tropical heat or extreme cold? Captain Burnaby says, "A Ride to Khiva," p. 122, that "the burning rays of a tropical sun on an African sahara dry up the sap of the human frame. A long camel journey fatigues the rider, but nothing like the pitiless cold and physical suffering which inevitably accompany a winter tour through Russia," are produced by the other, and he evidently prefers great heat to extreme cold.

The Finale of the Hoxton Tragedy.

The last scene in this commonplace, though sanguinary, affair was enacted on Monday, of last week, when, in the language of a contemporary, "Mr. Executioner Berry performed his duty, and the spirit of Thomas William Currell suddenly ceased to animate its clay." An inquest was held on the "mortal envelope" of the murderer, and the whole affair was terminated. The only medical interest attaching to the affair, apart from the extraordinary oversight of the medical man first called in to attend to the victim, lay in the appeal for commutation of sentence on the ground of insanity. The reasons advanced in support of the application to the Home Secretary were of the usual character, but derived a semblance of support from an ingenious interpretation of certain remarks which fell from the Judge. Currell at first alleged that he committed the crime while under the influence of chloral and opium, but his later avowals show that this was only urged as an *argumentum ad misericordium*, and was devoid of truth. The apparently inadequate motive for his dastardly deed induced several gentlemen, possibly with more zeal than discretion, to claim immunity on the ground of insanity in the want of a sense of moral responsibility. This argument might, with equal justice, be applied to almost all cases of murder. Temporarily or otherwise nearly all murderers, or attempted murderers, act under impulses which can easily be strained to imply that the culprit was not provided with that fine moral sense of responsibility which is inseparable from the conduct of a respectable citizen. Claims of this description cannot, consequently, be judged on their merits. The only way to avoid a result which jars on our ideas of abstract justice is to abolish capital punishment altogether. Expedient it may be, and doubtless is, but it is an act of retributive justice which it is impossible to uphold on any higher ground. Religion and good taste are alike repugnant to the taking of life, and it is quite an open question whether any really deterrent effect is produced thereby which alone could be held to prove it to be even expedient.

A Brave Policeman.

There can be but one opinion as to the merits of the scoundrels who, on being interrupted in an attempted burglary, knocked the too enthusiastic policeman about until he became insensible and then threw him on to the railway where a passing train cut off one of his feet. The brave officer was removed to the Royal Free Hospital, where amputation of the injured limb was performed by Mr. A. Boyce Barrow. We are glad to hear that he is progressing very satisfactorily, far more so, indeed, than had been at first anticipated in view of the nature and extent of his injuries. The scene of the struggle was the house of Dr. Thurle, who has since made a handsome donation to the sufferer, and further offered a reward for the apprehension of the disappointed burglars. It is satisfactory to learn that the police are on the track of the guilty parties.

The Austrian Educational Budget.

The Budget which we understand will be presented, to the Austro-Hungarian Parliament in the course of a few days shows to what extent the medical as well as other educational institutions of that Empire are aided by the State. Some of the proposals contained in it are as follows:—The whole sum required for education is 13·2 millions of gulden, and of this more than 4½ millions will be required for the Dochschulen. In the winter semestre 13,100 students were inscribed on the books of the various Austrian Universities: 5,161 of these were medical, 4,602 ordinary, and 559 extraordinary students. 1,161,200 florins are allotted to the University of Vienna; 875,000 florins for ordinary, 229,000 florins for extraordinary outlay (building, &c.). The other Universities are allotted—Innsbruck 270,000fl., Gratz 288,000 fl., Prague 815,648 fl., Lemberg 187,500 fl., Cracow 365,700 fl., and Czernow 106,550 fl.

Pleuritic Effusions.—A New Mode of Treatment.

Before the K. K. Society of Physicians of Vienna at its session of April 15th, Dr. Kogerer proposed a new method of treatment for hydro-thorax, founded on the known power of absorption possessed by the subcutaneous cellular tissue. By means of a trocar with a lateral opening the pleuritic fluid, or as much of it as is deemed desirable is conducted into the subcutaneous cellular tissue, whence it is rapidly absorbed. At a first glance the method would not seem to possess manifest advantages, but the introducer, who has employed it in one case, claims that an undesirable loss of albumen is prevented by its employment.

Pickle for Pathological Preparations.

We are informed that Professor Grawitz, of the Berlin Pathological Museum, has since April, 1885, been making use of a pickling liquid for the preservation of pathological specimens, and after two years' test speaks enthusiastically of its usefulness. The liquid is prepared as follows:—150 grms. of common salt, 40 grms. of sugar, and 20 grms. of saltpetre are dissolved in 1 litre of water. This solution is acidulated by the addition of 3 per cent. of boric or tartaric acid. The acid is necessary on account of the decomposition of the hæmoglobin of the hæmatin. When the preparation is placed in the liquid, water is added until the object sinks in it. The pickle is ready in from four to eight weeks, when the objects are taken out and placed in fresh clear pickle. The quantity of water that requires to be added is from one-third to one-half. The vessels should be filled brimful, so that when the cover is placed on, no layer of air should remain under the cover; the cover should touch the liquid.

We understand that Professor Theodor Billroth, of Vienna, and Sir Spencer Wells have been elected honorary members of the German Society for Surgery.

Lord Mount-Temple has given notice in the House of Lords that he will call attention to the regulations for the prevention of hydrophobia, and present a Bill on the subject.

We hear that Sir Spencer Wells and Mr. Ernest Hart, the Editor of the *British Medical Journal*, have just returned from a trip to the Canary Islands, where they have passed a month for the benefit of their health. Mr. Hart's readers will envy him the ability to fly the biting blasts of March for a "paradise of sweet-scented flowers and blossoming trees, in a mild and gentle air and among landscapes and with sea-views of surpassing picturesqueness and beauty." One would never have suspected the existence of so much poetry in the soul of a medical editor, who is generally supposed to revel in considerations as to the pathology of rabies, the means of cutting short the existence of the *acarus scabiei*, &c. A month at Orotava, however, will repay a great many editorial worries, and recuperate a vast amount of intellectual labour. It is one of the most charming sites in the world, and instead of being the *ultima thule* of geographical research as in years gone by, it lies within four or five days' steam of London. The trip is scarcely more expensive than one to many places much nearer home, for the Orotava hotel-keepers do not appear to have as yet acquired the art of extorting exorbitant remuneration from unhappy and defenceless guests. They are in the position of a new cab-driver, who has not yet acquired the faculty of asking more than twice his legal fare.

France.

[FROM OUR OWN CORRESPONDENT.]

Skin-grafting from the Frog.—At the last meeting of the Academie de Médecine a member read a paper on grafting with the skin of the frog, and the conditions of success he resumed as follows: The wound should be granulating, and care must be taken not to excite bleeding as the coagulum between the granulations and the bit of skin would hinder the proper adaptation of their respective cells, avoid suppuration and keep the patient in absolute rest.

Eucalyptol in Phthisis.—M. Ball communicated to the Academie the result of his observations relative to the treatment of phthisis by subcutaneous injections of eucalyptol. This new treatment, commenced by M. Roussel, was variously tried, and with some results. Out of 21 patients 6 died, 10 were much improved, and 5 are still under treatment. The agent acts as an antiseptic, diminishes the sweating, diarrhœa, expectoration, and fever. The eucalyptus is dissolved in four times its volume of olive oil, and of this a full hypodermic syringe is injected over the hip. An intelligent chemist at Paris called Lebrun has produced a solution which he styles eucalyptine, to be used for the same purpose. It is much more convenient, as it requires no preparation. From a half to a whole syringeful is injected twice or three times a week, or even every day, until the patient exhales by the breath the odour of the substance. Favourable reports have been made on it.

Ablation of the Uterus after Inversion.—At the Société de Chirurgie M. Lefort read a paper on ablation of the uterus by ligature after inversion, and insisted on the benignity of the operation. It was the case of a woman, æt. 35, who was delivered a year ago with a little difficulty, as the forceps were required. After the removal of the afterbirth it was found that the womb was inverted. Immediate reduction was attempted, but the inversion returned. Another attempt was followed by a similar result, so that at the end of a few days the uterus remained impacted in the vagina, and menorrhagia was present almost constantly. Four months subsequently the woman was examined by M. Lefort, who found a large rounded tumour blocking up the vagina. Reduction was tried under chloroform, but without success, and as the hæmorrhage became compromising, he determined to throw an elastic ligature around the pedicle, which was done easily, and in ten days the uterus became detached. The woman made a rapid recovery.

Absence of Vagina.—M. Pollaillon read an interesting case of complete absence of the vagina. A young girl, æt. 18, suffered great pain in the hypogastric region every month. She never menstruated. On examination, M. Pollaillon found that there was no perforation of the vulva. On the other hand, a hard tumour could be felt through the abdomen. By the rectum something like the os of uterus could be felt. A sound being placed in the bladder and a finger in the rectum, the operator discovered that but a very thin layer of tissue separated the respective walls, and that there was absolutely no vagina. The pain during the ordinary menstruating period became so intolerable that the creation of an artificial vagina was decided upon. To that end a transverse incision was made in the perinæum, and pushed on as high as the uterus, separating in its track the walls of the bladder and the rectum. When the incision was sufficiently enlarged, a plug of cotton coated with iodoform was thrust in, and the operation finished for that day. At the end of a few days, seeing that the artificial opening was likely to remain permanent, he decided on perforating the uterus. The os was found after a little trouble, but no opening could be discovered. Accordingly a small lithotome was passed in, and soon an ounce of black liquid flowed out. Antiseptic washing with sublimate and the placing of five drainage tubes attached in one bundle in the vagina completed the operation. The girl made a good recovery. The pain ceased entirely, but the courses have not yet reappeared. M. Pollaillon considered that sexual connection was possible.

A Remedy for Neuralgia.—It is claimed that a few drops of the following—eau de Cologne, ether, chloroform, ana ʒiij—poured on a handkerchief previously wetted with cold water, and placed on the seat of a neuralgic pain gives instantaneous relief. It is also very efficacious for nervous headache. A burning sensation is felt at first, but quickly disappears.

Spontaneous Somnambulism.—At the Academie de Medécine a member made a remarkable communication on spontaneous somnambulism. A young man, æt. 19, was taken up for robbing, and the authorities, recognising something abnormal in his condition, forwarded him to the hospital, where he is now under observation. His mother was hysterical, and the son, since the age of 14, is subject to fits of somnambulism, which occur in the day as well as in the night, his character is exceedingly changeable and his eccentricities are remarkable. A short time ago, after venereal excesses which augmented the duration of the attacks, he stole several things while under the influence of somnambulism. The habit became soon a passion with him, and it seemed that the sight of the objects coveted threw him into the hypnotic state. At the hospital it was found that vigorous slapping on the face aroused him, but he could remember nothing of what previously passed, but could recall everything when he was put again under the influence. One day the doctor ordered him, when he was in the trance, to steal the following morning the watch of the resident surgeon. Accordingly, the next day he was observed to fix his regards on the chain, and after some fruitless attempts he snatched at the guard and succeeded in drawing out the watch, which he put into his pocket and fled. Brought back, he was awakened by blowing on his eyes, and when he was told what he had done he protested energetically and melted into tears. The importance of the case, in a medico-legal point of view, is beyond dispute.

Transperitoneal Nephrectomy.—M. Ferrier indicated at the meeting of the Société de Chirurgie a new method *transperitoneal nephrectomy*. This operation, he said, did not deserve the discredit brought on it; it was not only possible, but ought to be done in cases of tumour of the abdominal cavity when of a large size, and in such cases it was easy of execution. The operation would consist as follows:—Incision of the abdominal walls as in ovariotomy, then incision of the peritoneum in front of the kidney, and six or eight inches in length according to the volume of the tumour, ligature of the pedicle of the kidney follows, and finally ablation of the organ. The edges of the incision of the peritoneum behind are united to those in front, thus isolating the cavity previously occupied by the tumour from the abdominal cavity, and drainage tubes placed in position complete the operation. M. Ferrier in concluding, said that he thought if suppuration was to be avoided that the ureter should be dissected, drawn out, and fixed in the wound.

Contra-indications to Administering Anæsthetics.—M. le Dentu spoke on the counter-indications to administering anæsthetics, especially in tracheotomies. It was his opinion that chloroform cannot be given in every operation. When there was a mechanical cause chloroform was dangerous, but might be given when the cause of asphyxia was spasmodic. M. Lucas said that he performed six years ago tracheotomy for œdema of the glottis with "M. West, the well known English surgeon." He did not give chloroform, in spite of the advice of the advice of Sir G. West, who told him that in London it would be certainly done. With M. le Dentu, he considered that anæsthetics were of good service in cases where asphyxia of laryngeal origin. M. Terrier said that for a long time in England and America chloroform was administered according to a recognised method. M. Verneuil proposed the following proposition, and asked it to be adopted by the Society:—"The members of the Society are of the opinion that in every case anæsthetics are admissible for tracheotomy.'

Treatment of Syphilis by Injections of Calomel.—M. Balzer related before the Société des Hôpitaux his experiences in the treatment of syphilis by injections of calomel. The formula, he employs, is as follows:—Calomel thirty grains; vaseline oil, four drachms; each syringeful contains two grains of calomel. The needle of the syringe should be dried in a flame and inserted deeply under the skin behind the great trochanter. The finger should be pressed for a little time on the place after the withdrawal of the needle. The operation is painless, but on the following days there is a swelling which disappears at the end of a fortnight; an abscess sometimes follows. Four injections are sufficient to cure the disease at the interval of a fortnight each. M. Dujardin said he preferred much the following formula:—Oil of vaseline, one ounce; yellow oxide of mercury, 20 grains; one injection to be made every fortnight, and it is never followed by abscesses as in the case of calomel.

Germany.

[From our own Correspondent.]

The Profession in Germany.—The overcrowding of the medical profession that has taken place in Germany, and is getting still worse, has become a theme for public discussion. At the last Aerztetag Dr. Martin, Berlin, proposed that a public warning should be issued against the study of medicine. The proposition was carried. The warning has now appeared, and been sent by the business committee of the Medical Union to all directors of gymnasiums or classical schools. Some idea of the state of overcrowding will be gained and of the prospects from the statement of fact that in 1873-74, 3,195 medical students matriculated in Germany, whilst in 1885-6 the number reached to 7,781.

The late Professor Schroeder.—Memorial Ceremony.—On the 17th inst. a memorial ceremony, instituted by the Society for Obstetrics and Gynæcology, was held in the Aula of the University of Berlin, at which were present Minister von Gossler, Ministerial Director Lucanus, the Professors of the University, and many others. Schroeder's widow with her nine children and a brother took the place of honour near the marble bust of the deceased, which was encircled by palms and evergreens. The ceremony began with the singing of the choral, "Herr Gott Du bist unsere Zuflucht für und für," after which the memorial address was given by Privat-dozent Dr. Löhlein. He showed how Schroeder by his work had earned a special right to the honour of such a memorial; he depicted him as teacher, man, and physician, and alluded to his works which had made his name famous far and wide. His eloquence, the enthusiasm with which he taught, his noble humanity, his inexhaustible patience, his self-possession that never suffered frivolities, all these won him the love of his pupils, who filled his lecture hall to the last place. Calm reflection, quick decision, and vigorous action distinguished Schroeder as an operator. Frankness and truthfulness set off the man, simplicity and modesty which formed the most precious trait of his life. Schroeder never spoke of his results, but called them only advances in surgery; his heart beat warmly for all that was good and beautiful. He loved his fatherland, and after the battle of Wörth hastened to the field of war. "Schroeder,' said the speaker in closing, "is like a warrior on the field of battle, who dies but sings!—a leader at the head of a great number of fighters—he sinks—the host halts, but only for a moment, for his outstretched hand points forwards." The elevating ceremony closed with the song, "Den Samen edler Lehren trägt ein Sturmwind Gottes übers Reich der Manen."

The Sixteenth German Surgical Congress.—This Congress held its sixteenth annual session in the Aula of the University, Berlin, from the 13th to the 16th of April, with Professor von Volkmann of Halle as first, and Professor von Bergmann of Berlin as second President. The first scientific subject discussed was "Intestinal Obstruction, Peritonitis and Perforation of Intestine,from the Operative Standpoint," introduced by Professor Madelung of Rostock. The difficulties of operative measures were fully discussed. The speaker recognised the value of operation, but did not participate in the enthusiasm some surgeons had for it; in a great number of cases of acute obstructions the conditions were such that early diagnosis and operation as well as techinal success could not prevent a fatal result. Professor Kraske then gave an address on artificial respiration and artificial cardiac motion. He was led to his subject by a case under his notice. A boy, five years old, suffering from diphtheria was brought to the klinik already pulseless, and not breathing. About one thousand steps from the klinik the last audible respiratory movement had been made. Tracheotomy was at once performed, and artificial respiration was commenced by Sylvester's method. After some time the cheeks and lips reddened, the pupils contracted, and the first respiratory movement was expected but did not commence,and the artificial movementwere continued. Again the cheeks and lips became red, but respiration did not follow. If a pause was made the lips and cheeks became again livid,and the artificial movements alone brought back the colour. The resuscitation movements were kept up for 1¾ hours, but life did not return; the heart was dead. This observation led the speaker to further observation and experiments on animals and the dead subject. By means of the Sylvester method he had succeeded in propelling a colouring fluid injected into the jugular vein as far as the femoral. He pointed out the value of this observation as regarded the treatment of the drowned, and especially in cases of chloroform syncope. Dr. Langenbuch expressed the opinion that in desperate cases opening of the pericardium and direct compression of the heart was allowable and justifiable. This view, however, met with opposition. Professor Rosenbach, of Göttingen, followed with an address on Erysipeloid and its etiology. The anatomical basis of scoliosis of the vertebral column was next brought forward by Professor Albrecht of Hamburgh, and next investigations with ascending and descending degeneration of nerves, by Dr. Krause of Halle.

The Sixth German Congress for Medicine.—This

Congress held its annual session simultaneously with the Surgical, but in Wiesbaden, and not in Berlin. The Presidents elected, three in number, were Professors Rühle, Bonn, Nothnagel, of Vienna, and Körte, of Berlin. The session was opened by an address from Leyden, in which the tendency of the age as regards medicine was sketched out, this tendency being the creation of specialties. "In this splitting up," he said "the whole threatens to be lost. The human individual is no longer a whole, he is an aggregate of organs and cells. Every organ becomes the object of special study, special knowledge, and special *Könnens.* Local examination, local diagnosis, local treatment becomes the main thing." From this he deduced the special need of union, in order that the "whole" might be preserved. "We should remember that we have not only to deal with diseases, but with diseased individuals, that we do not treat a pneumonia, a typhus, but human beings who are suffering from them, by whose side, in their struggle for existence, we should helpfully stand." The first subject discussed was the treatment of phthisis, introduced by Dr. Dettweiler, of Falkenstein, and Prof. Penzoldt, of Erlangen. The first speaker confessed that at present there was no such thing as a specific treatment of the disease. The most rational consisted in keeping the tissue metamorphosis, the nourishment, and the functions as near to the normal as possible. There was no specific climate, nor one free from the disease. The greatest evil of therapeutics was the unbelief in effectual help that was rooted in the spirit. He thought the most hope lay in treatment in institutions where patients were under control. "The pedagogic and psychical factor plays a prominent *role* in the treatment. For this reason the physician must have a firm conviction, an imperious will, great patience, and devotion." Professor Penzoldt thought the Government should take steps to prevent the spread of the most dangerous disease, as it did in epidemic diseases, and discussed the points to which attention might be directed. Actual treatment was discussed under four heads: (1) fresh air; (2) suitable food frequently taken: (3) exercise; (4) attention to the skin, and finally psychical treatment, encouraging of the desponding, cheering the sorrowful, and especially keeping the careless in check. The best guarantee for the thorough carrying out of the necessary treatment was afforded by treatment in good health resorts. For the poor consumptive there was nothing better than good hospitals.

At the Societies.

PATHOLOGICAL SOCIETY OF LONDON.

The main time of the Pathological Society of London at its last meeting was occupied in hearing and discussing communications on congenital dislocations of the hip, the first read being that by Mr. A. A. Bowlby. The specimen exhibited by this gentleman was taken from a girl, aged thirteen years, in whom a dislocation of the femur on to the dorsum ilii had existed from birth, though nothing unusual had been noticed about her until she began to walk. The acetabulum was represented by a mere triangular depression, its edges scarcely rising above the surrounding bone; and the ligamentum teres was undeveloped. In Mr. Bowlby's opinion this condition of the acetabulum is the most frequent cause of congenital hip dislocations, and in this he was subsequently supported by several speakers, the theory of injury during parturition not being generally accepted. The second contribution to the discussion was made by Mr. Lockwood in the shape of a description of two fœtuses, both exhibiting developmental peculiarities of the hip-joints. In one, a micro-cephalic infant, with very bony skull, and but slightly developed brain, the cerebellum especially being deficient, the hip-joint possessed no rim, being a mere shallow hollow. In the second case the margins of both acetabula were absent, and several other abnormalities were present. The first named fœtus exhibited no actual dislocation of the head of the femur, but in the second the displacement was well marked. Two other specimens assumed to be representative of congenital dislocation of the hip were shown by Mr. W. Adams, the source of the preparations being the Hunterian Museum. Commenting on the examples submitted to the Society, Mr. Adams expressed the conviction that their exhibition and discussion would lead to the correction of several errors, and would serve to render clear that the dislocations in question really arose from displacements of the femur from a shallow acetabulum in which no protecting rim had been developed, and were not thus, true dislocations. Consequently blame ought not any longer to attach to accoucheurs for the production of such deformities, and particularly ought the practice of dividing the glutæi and rotator tendons, with a view to remedying the condition, to be condemned as irrational and useless.

An interesting specimen was exhibited by Mr. Morgan, from the museum of Charing Cross Hospital, being the first preparation made in illustration of congenital hip dislocation. Mr. Morgan, while agreeing that acetabular deficiencies might explain many cases, thought that the specimen he brought forward went to illustrate that in some instances the result might be due to inflammation occurring in the synovial membrane after birth, with rupture of the ligamentum teres, and extension of the head of the femur on to the tibia. He had actually seen this condition of things in a child, an inmate, under Dr. Barlow, of the Great Ormond Street Hospital. Mr. Shattock referred to the resemblance between his specimen and that shown by Mr. Bowlby, and Mr. D'Arcy Power exhibited an old example of the deformity originally given to St. Bartholomew's Hospital by Mr. Stanley. Mr. Howard Marsh did not consider that "congenital dislocations" were always to be attributed to violence during labour, but that this is sometimes accountable he showed by reciting an instance in point. Dr. Barlow referred to the power of inflammatory changes in the joints of young subjects to bring about the changes of position of the parts, and was followed by Mr. Barwell, who attributed to malformations of the acetabulum by far the greater number of congenital dislocations, only a few in his opinion being the result of malformation of the head of the femur. Mr. Edmund Owen mentioned a case of breech birth attended with the condition, in question, in which parturition was over before the arrival of either doctor or midwife; and Mr. Bowlby terminated the discussion.

Mr. J. R. Lunn, next described a case in which a single bone, the humerus, had become the seat of changes strikingly like those observed in the bones of subjects suffering from osteitis deformans, as however only the one bone was affected, and guided, also by the microscopic appearances it presented, he gave it the name of osteo-malacia confined to one bone in the body. In this course he was supported by Mr. D'Arcy Power, who commented on the case after the reading of communication from Mr. Shattock on fibrous metaplasia of bone, and from Dr. Robinson on a case of osteitis deformans. Mr. Macnamara also joined in the discussion.

MEDICAL SOCIETY OF LONDON.

Last Monday was a clinical evening, but notwithstanding the attractions, the attendance of Fellows was small.

Mr. Bruce Clarke showed a young woman with a curious little blood cyst on the tongue which he proposed to excise.

Mr. Wm. Rose showed an instructive case of a young man who had a severe incised wound of the joint of the wrist, dividing tendons, nerves, and arteries, and opening up the joint. It occurred to Mr. Rose, instead of completing the separation, to suture the tendons and nerves with a what must be considered a fairly successful recovery. Both arteries were ligatured, and the circulation was carried on by the posterior interosseous artery. There was fair movement of the wrist, but both sensation and movement were defective in the fingers. He proposed to take measures with the object of breaking down adhesions. Mr. Marmaduke Sheild suggested that massage might do good in this direction, and Mr. Bruce Clarke advocated massage in combination with electricity. It was not found an easy task to join the cut tendons to their proper ends, and some doubt appeared to remain as to whether this had really been accomplished.

Mr. Bowreman Jessett showed a lad from whom he had removed a large nævoid growth from the neck. Mr. Davies Colley suggested passing harelip pins beneath such tumours, and drawing a drainage tube round it so as to control any hæmorrhage.

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HER MAJESTY'S LEVEE.

By command of the Queen a Levée was held on Monday afternoon at St. James's Palace by H.R.H. the Prince of Wales, presentations to this Court being considered by the Queen's pleasure equivalent to presentations to Her Majesty. The following members of the medical profession had the honour of presentation: Dr. J. Ellison, Surgeon to the Queen's Household at Windsor, by the Lord Chamberlain; Dr. D. Nicholson, Medical Superintendent of Broadmoor State Asylum, by the Secretary of State; Sir James Sawyer, M.D., of Birmingham, by Lord Randolph Churchill; and Dr. C. V. Stanford, by the Right Hon. A. J. Balfour.

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THE MEDICAL COMMISSIONERSHIP OF THE IRISH PRISONS BOARD.

Dr. MacCabe, the Medical Adviser of the Irish Prisons Board, has been appointed to the position of Commissioner, a vacancy having occurred by the death of Sir John Lentaigne. It will be recollected that the Royal Commission on Prisons strongly advised that the medical member should have the *status* of Commissioner, but the Government declined to make him anything more than an "Adviser." The present appointment, therefore, realises the original intention of the Royal Commission, and is highly approved, not only because of the strength which Dr. MacCabe will give to the Board, but because it will give the head of the Medical Department of Prisons an authority which, as Adviser, he could not possess.

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THE COMING CONJOINT EXAMINATIONS IN DUBLIN.

The students who have been preparing for the July examinations at the College of Surgeons have been, very reasonably, a good deal fluttered by the issue of the programme of the Conjoint Examination Committee, which required, for the first examination, a curriculum of lectures not hitherto asked for, and quite impossible of attainment at this period of the session. If those studies were insisted on few of the students could have offered themselves, but, as the College has no longer the power to make or unmake examination regulations, it has met the difficulty by a representation to the College of Physicians that the Conjoint Examination Committee should be directed to suspend the rule for this examination, which we hope will be done.

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THE ELECTION OF COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

We understand that Mr. Heuston, of the Carmichael College, and Dr. Franks, of the Adelaide Hospital, will offer themselves for seats on the Council of the College, as well as Dr. Connolly Norman, already announced as a candidate. The election will take place, as usual, on the first Monday in June, and the close competition between Mr. Croly and Dr. Fitzgibbon for the Vice-Presidency will ensure a very large vote of the Fellows.

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The election of Examiners of the Irish College of Surgeons which, under ordinary circumstances, would take place on the first Tuesday in May, has been postponed for the present, pending the making of new arrangements arising out of the Conjoint Examination.

The banquet given by the President of the Irish College of Surgeons, Sir William Stokes, to the Lord Lieutenant in honour of Her Majesty's Jubilee, came off on Saturday evening at the College with every element of success. The guests included the Prince Edward of Sax Weimar and many chiefs of society in Dublin and of our profession, and the hospitality of the President was limited only by the capacity of the largest hall in the College. The college was fittingly decorated and illuminated, and the arrangements quite perfect.

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Glasgow.

[From our own Correspondent.]

The Glasgow Southern Medical Society met on Thursday evening, 21st inst., and engaged in a professional conversation on the subject of the dieting of the sick, which was opened by Dr. Edward McMillan, the Vice-President, who occupied the chair. Dr. D. C. McVail and other members of the Society spoke of the importance of a knowledge of treatment by means of diet as compared with drugs, and thought that more attention should be devoted to it by medical teachers and students than at present. In the course of the conversation the salient points of the subject were remarked upon, the treatment by milk diet and also by means of raw meat receiving special attention.

The Glasgow Medical Charities Committee, appointed at the meeting of practitioners held in the Faculty Hall on the 30th ult., met on Friday afternoon, 22nd inst., and having appointed Dr. James Morton chairman, other office-bearers, and an executive, proceeded to consider the most advisable means of dealing initially with the whole subject of the abuse of such institutions. Professor Gairdner strongly advised a conference with the Council of the Charity Organisation Society, who, he thought, were in possession of the best possible information as to the fact and the remedy of abuse of charitable institutions of all kinds. He was of opinion that while out-door cases should be seen for the first time at once, the services of that Society might be obtained for purposes of investigation. Dr. Erskine spoke of the importance of importing the lay element into the committee as finally constituted, and it was proposed to invite the managers of the various medical charities to confer with the committee and become members of it. Various other important points were considered, and the Secretary, Dr. Robb, Carlton Place, was desired to obtain, and will thankfully acknowledge, any information from other towns in England and Scotland where reform of charitable medical institutions has recently been effected or is presently contemplated.

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Correspondence.

THE IRISH CONJOINT SCHEME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your comments on my letter in your last issue, you fall into an error. I stated that on the three occasions on which *I endeavoured* to bring about an agreement, with the view of establishing a joint examination to be conducted by the two Colleges. I did so on the basis of existing fees. This is correct. On those occasions the fee I advocated was forty guineas, to be divided in the proportion of three-eighths to the College of Physicians and five-eighths to the College of Surgeons. The occasion to which you refer, when thirty guineas was suggested to be the fee, was not initiated by me. On that occasion it was proposed that the Universities and Apothecaries' Hall, as well as the two Colleges, should co-operate. That scheme I opposed as being unworkable; but at any rate, you bear me out that the unequal division of the fee has always been a difficulty.

One other matter I beg to refer to. You point out that "the proviso as it originally stood prohibited the Colleges from granting their diplomas outside their conjunction," save Fellowships, &c., and that the College of Surgeons objected that this would prohibit the College from giving its diploma to licentiate apothecaries. Quite so; and as the College of Physicians had no desire to do this, they agreed to modify the clause as follows:—"The Colleges reserve the right of conferring their diplomas on such registered medical practitioners as they may deem fit;" but it was never intended that this alteration was to bear the interpretation now proposed to be put on it, that either College should grant its diploma to an *unregistered* person, for if either College got up a joint examination with another licensing body for the purpose of examining students it is evident that it would confer its diplomas on an unregistered person, for under the new Act no person can, after the 1st June, be registered on a single qualification.

I have carefully avoided saying anything which could be interpreted into even an insinuation that the Council of the College of Surgeons were being actuated by any unworthy motive. I much regret that the Council should have thought of "evading," "infringing," or "breaking" the resolution I have just quoted, but I know that the leaders in the matter are actuated by the most earnest desire for the welfare of their profession, and I much regret that you think it your duty to impute to the Fellows of the College of Physicians motives which I never thought of imputing to those of your College. Why is it necessary to suppose that a number of gentlemen educated in the same schools, attached to the same hospitals, and who meet daily at either other's houses on terms of the most perfect friendship, are so changed in their natures by passing through the doors of their respective Colleges that their whole nature is changed, and that they cease to be guided by principles of honour?

The Council of the College of Surgeons are annoyed at the refusal of the College of Physicians to admit the Apothecaries to a share in the conjoint scheme. The latter believe that the College of Surgeons, in proposing to establish a separate conjoint examination with the Hall, are violating the spirit of the agreement by which they are to be bound together. Let us differ without calling each other names. Such a proceeding cannot be too much condemned, for the sake of the public, the profession, and the Colleges, and it is most important that the feelings which prompt these expressions should be allayed, and, I trust, Sir, that you will aid me in this matter.

I am, Sir, yours, &c.,
Lombe Atthill.

94 Merrion Square, 23rd April, 1887.

[We agree with Dr. Atthill that, whatever opinions may be held as to the conduct of the respective Colleges, nothing can now be gained by further recrimination. It seems probable that the Apothecary episode will not again come into debate, and, of course, there is nothing to be done but make the best of the Conjoint Scheme. This cannot be done if either party to the contract acts in a grasping or arrogant spirit, and we hope that the evidences of such a spirit to which we have referred will no longer be apparent.]

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THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I observe another addition to the many letters of University graduates on the subject of the above, and on the relative value of degrees and diplomas. Dr. Green, the writer, is, I note, a graduate of the University of Dublin, and I would suggest to him before again alleging that physicians hold the same relation to graduates that clergymen do to Bishops, to look up the last Visitation Report of the Medical Council, in which he will find that his vaunted M.B. is not fit even for registration. Moreover, the latinity of the graduates was on that occasion shown to be so scandalous that a boy of ten would be whipped for similar ignorance. When your correspondent can lay his hands on a like state of things in the examinations of any of the colleges, it will be time enough for him to attempt disparaging comparisons. I would ask physicians and surgeons to open their eyes even at the twelth hour to these incessant attacks on the status of their diplomas, and to take steps to vindicate that status. I would suggest a very simple remedy. Let a cheap reprint, say price 6d., of the Visitors' Reports on the Universities be published, and let a copy be sent to every library and public body in the three kingdoms, and I promise those who, like myself, have paid twice the amount for our education and diplomas that one half the M.D.'s have for theirs, that it will make the latter more modest in future. As to the prefix Dr., Irish physicians have enjoyed it by prescription for the last two centuries, a period a good deal longer than that required by law to confer an indefeasible title to property. Graduates, according to the report referred to, seem now so poorly up in Latin, that possibly it may be necessary to inform your correspondent that the original meaning of the word Doctor was teacher, and that he might find it difficult to discover for its new signification a longer period of prescription than the two centuries before alluded to. Nowadays this prefix means physician, and not tutor, and surely if M.D.'s become converted into physicians, we at least are entitled to hold our own. For a few pounds our prescriptive right to the prefix could be hunted up; indeed I do not know why a few residents near a great library would not spend a few days hunting up old newspapers, &c., and so bring such proof home as would settle the matter. It is time, at all events, that there should be an end to the immodest pretensions of, I would gladly think, "some only" of University graduates.

I am, &c.,
Thomas Laffan.

Cashel, April 21, 1887.

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Literature.

GRIFFITH'S MATERIA MEDICA AND PHARMACY. (a)

The publication of a new British Pharmacopœia has rendered necessary a new edition of Dr. Handsel Griffith's valuable work, and the task has been ably carried out by Mr. Alfred S. Gubb, who has brought the book up to date.

(a) "A Text-book of Materia Medica and Pharmacy." By Dr. Handsel Griffith. Third Edition. Edited, and in part Re-written, by Alfred S. Gubb, L.R.C.P., M.R.C.S., &c., Gold Medalist in Materia Medica. London: Baillière, Tindall, & Cox. 1887.

The classification of the previous edition is, we think on the whole, wisely retained, following the order which is certainly most natural to the subject, viz.: Inorganic substances, Organic substances, and Pharmacy. The explanations of the various tests are admirable for their fulness and clearness, so that the student who conscientiously follows them cannot fail to gain a clear idea of his work.

Although its popularity in the past arose from the fact that it was *the* student's manual *par excellence*, inasmuch as it supplied exactly what medical and pharmaceutical students required in the most attractive and most readily accessible form, the new edition will be found equally valuable to practitioners in general, especially so to those who compound their own medicines.

By expunging the more ornate and less necessary chemical formulæ, as well as by rendering the descriptions more concise, the volume of the work has not been increased to the extent that the large number of additions and the list of medicinal agents would otherwise have rendered inevitable. The volume remains of respectable but not exaggerated dimensions, and, therefore, retains its suitability as a text-book for men who are desirous of mastering the subject as promptly and as completely as possible.

The recent tendency in examinations in materia medica being to restrict the questions to materia medica and pharmacy proper, the brief therapeutical notices of drugs which are given, will be found more than sufficient for the purpose. When therapeutics and pharmacy are learned at the same time, there is a not unnatural tendency to give the former attention at the expense of the latter. Seeing, however, that most practitioners are called upon to dispense their own medicine, it is obviously very desirable that the latter should not be neglected, the more so since the public is gradually becoming more exacting, and requires a better style of pharmacy than our forefathers were in the habit of supplying.

Its pharmacy section is an excellent feature. Here we get, in a most concise and well-tabulated form, a general survey of such groups as tinctures, extracts, pills, and powders; here to the student will find many short notes of great practical value for examinations.

The style of the book is as sound as its teaching, the printing is in good clear type, altogether we think it one of the best books of its kind, well deserving the recommendation of teachers.

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RECENT WORKS ON DISEASES OF BONES AND JOINTS.

I.—*Diseases of Bones and Joints.* By C. N. Macnamara, F.R.C.S. Third Edition. London: J. and A. Churchill. 1887.

This volume, which has reached a third edition, may be justly deemed worthy to take rank as a standard work on the subject of which it treats. As the previous editions have already received notice at our hands, we will here content ourselves with noting the author's opinions on some recently discussed topics. In the opening chapter the idea that, because membrane bones are formed independently of cartilage, long bones are also so developed, is combated. Osteoblasts are stated to be the outcome of the combined action of the blood and the cartilage cells. The theories that non-union of fractures may be due to constitutional causes, or that of intra-capsular fractures to insufficient blood supply are disbelieved in.

Fractured patella is treated by aspiration and subcutaneous division of the quadriceps tendon. Disarticulation in preference to amputation is recommended for osteomyelitis. Fatty emboli following fractures are stated to be probably more common than are generally supposed, and the author agrees with Jacobson and Scriba that they do not necessarily lead to a fatal termination. "In severer injuries the formation of fatty emboli may, in conjunction with the so-called 'shock,' or even after an interval of recovery from shock, lead to a speedy death; but it is difficult to understand how pulmonary capillary emboli, of whatever nature, can *per se*, in a short space of time, cause cessation of life, though one would naturally conjecture that when these are of wide distribution serious dyspnœa would result."

The author sticks to his ground that chronic abscess of bone may result from previous inflammation of the epiphysial line: "It is very possible that in the first instance only a small piece of bone had been killed, and this, acting as a foreign body, excited frequent attacks of inflammation in the part." He therefore disagrees with Mr. T. Holmes, who says that "this condition (chronic abscess of bone) ought to be carefully separated from the acute diseases of bone which were allied to septicæmia, and very common among children." In the treatment of acute osteitis trephining, strict Listerian principles, and absolute rest are advocated. The limb must be so fixed that there shall be no movement whatever of the muscles. The grafting of minute portions of human periosteum is said to have been of value in repairing deficiency of osseous tissue after removal of a necrosed diaphysis. In the treatment of diffuse sclerosis subperiosteal excision is preferred to amputation.

The chapter on tubercular osteitis is enriched by several beautiful chromo-lithographs illustrating the pathology. The author inclines to the view that the origin of tubercle in bone consists in a proliferation of the endothelium of the lymphatics forming a small neoplasm or granuloma and that it may probably be produced by other causes of irritation than a bacillus in individuals so predisposed. On page 116 we read: "Hitherto I have not been successful in finding the bacillus of tubercle in the early stages of tubercular disease of the medulla, situated in the head of the femur. After suppuration has occurred, I have seen this bacillus in abundance in the locality." The author's experience in India, where strumous hip-joint disease is unknown, does not allow him to agree with Mr. Owen, who believes that this affection usually commences with a strain of the ligamentous tissue. In the treatment of morbus coxæ extension is denounced as useless, whilst fresh air and exercise with an immobilised joint are recommended. "If we only enclose these muscles completely in a case of plaster of Paris and keep them *absolutely immovable* for a fortnight or three weeks, we shall find they have greatly diminished in bulk and strength, and so have but little contractile power to exercise upon the tender bones." Strapping applied so tightly as to regulate the blood supply to the diseased bone in incipient tubercular disease may seem an heroic remedy, but the author states that notwithstanding a good deal of pain during the time and immediately after its application the patient subsequently experiences relief, and is better able to move about. Several interesting cases are detailed showing the value of drilling and draining the bone extremities in tubercular osteitis.

In the chapter on syphilis Mr. Macnamara follows the fashion in recommending patients who can afford it to go to Aix-la-Chapelle to be cured, as if mercurial inunction and sulphur waters were unobtainable at home.

The chapter on Rickets, including "Late Rickets"—infantile scurvy with subperiosteal hæmorrhage, and "Acute Rickets," is very interesting, and quite up to date. When subperiosteal hæmorrhage occurs the author inclines to the opinion that it is due more to scurvy than to the ricketty condition.

The author thus expresses himself with regard to Neurotic Arthropathy: "My impression is that these non-inflammatory, painless, and sudden serous effusions are the result of perverted nerve action, but that the pressure exercised by this fluid on the periphery of the nerves, and on vessels, interferes with the nutrition of the cancellous extremities of the bones." And again: "But the time may come when the serous effusion ceases to occur, and then the osteoblasts contained in the tendons, periosteum, and synovial membrane commence repairing the injury that has been inflicted during the primary stages of the disease;" and "In these neurotic cases, so far as I can discover, the fibroid changes noticed in chronic rheumatism are not found."

II.—*Diseases of Joints.* By Howard Marsh, F.R.C.S. London: Cassell and Co. 1886. Pp. 461.

The author does not suggest that this little work contains much new matter. He has apparently been requested to write the book for Cassell's series, and on that account he has undertaken it as a duty rather than as a means to put forward the results of investigation. It is consequently but little more than a chapter on diseases of joints such as may be found in the recent works on surgery. If Mr. Marsh had devoted himself to investigation of the subject of any one of the chapters of the book doubtless, an excellent monograph would have been produced, but as matters stand we find rather the confusion of condensation than a clear and explicit explanation of the subject.

For instance, in Chaper II, on "Synovitis and Arthritis," we must take exception to the classification. Simple synovitis is described as not dependent on any constitutional disorder, and not set up by any disease of contiguous structures. The causes enumerated are "injury, exposure to wet and cold, and in not a few instances no cause to be assigned." The word *simple* applied to synovitis can only mean synovitis as distinguished from arthritis, of which the causes are abundant, both constitutional and local, and if it is meant to apply to the causes alone above enumerated it is a meaningless term, and should be dropped altogether, and synovitis may then be described according to its cause. On the other hand, to call acute purulent synovitis (p. 8) which certainly promotes arthritis *simple* is the height of simplicity. No constitutional symptoms of purulent synovitis are admitted, that is, are not mentioned, and as it is often quite impossible to diagnose the presence of pus in a joint without constitutional symptoms the diagnosis is omitted. In fact, all through the work we fail to find any special reference to the diagnosis of the particular disease by comparing the symptoms with those of other diseases which bear resemblance to the one under consideration.

The chapter on the formation of cysts in connection with the joints is more complete and up to date than is to be found in any other work. Charcot's disease is well explained, and by carefully perusing the cases the method of diagnosis may be made out. A useful chapter will be found on bone-setting, from which young surgeons may take advice. Slight inflammation of synovial membranes are accompanied by pain, and if the patient be well to do he will probably take continued rest. In time more or less fibrous ankylosis takes place, pain increases on movement, and the surgeon fails to use passive movements, which would probably break down or prevent the fibrous union, and cure the disease. Ultimately the patient seeks the advice of a bone-setter, and by the employment of force the use of the joint is restored.

All other diseases of the joints are described, but need no further comment.

The diagrams throughout the work are but moderately good, and we recognise several taken from other works without acknowledgment. This little irregularity may be due to the fact that they are the private property of the publishers. The coloured plate is, however, a wretched production, and might stand an equal chance of being recognised either as a sirloin of beef or knee-joint disease.

WRIGHT'S HIP DISEASE IN CHILDHOOD. (a)

Morbus coxæ is so common in our large cities that it is a matter of surprise in these days of special hospitals that one has not been founded for the exclusive treatment of chronic bone diseases. A *raison d'être* could be proved with greater ease than would be the case with many semi-private institutions flourishing in our midst. Hip disease and Pott's disease are often refused admission into our general hospitals, either because they are deemed beyond operative interference, or because the surgeon prefers to fill his beds with cases which will more readily respond to treatment, and are therefore more interesting to himself and profitable to the students. This injustice to the public is in great measure unavoidable. Few hospitals, if any, can afford to let a single case monopolise a bed for many months, especially when those cases are so painfully common as hip disease. These chronic bone diseases then are found in large numbers among the out-patients of our dispensaries and parish doctors, where proper mechanical apparatus is unattainable, and operative treatment impossible.

From the outset then the thanks of the profession and the public are due to Mr. Wright for the perseverance and skill he has displayed in striving to solve the difficulty as to what is the best treatment for ordinary chronic hip disease in children. It has been urged by sceptical pessimists that *extensive* operations for m. coxæ in the poor are neither justified by immediate nor by remote results, and that even if the operation succeeds, it is but a case of temporary survival of the unfittest, as the subject of the disease is sure to be found shortly after languishing in the union hospital from inability to earn his living, suffering from amyloid and tubercular changes. If Mr. Wright has done nothing else he has proved that most cases are benefited by operation, especially if it be done early.

The primary objects of the operation of excision are to save life and relieve pain. Excision is stated to be not more dangerous in itself than a necrosis operation elsewhere. Too many factors enter into the calculation to make an estimate in figures of the results to be expected from the excision at all trustworthy, but roughly, the author says, "I should expect among 100 cases excised at the time recommended (as soon as suppuration or other evidence of necrosis is present) to lose or have to amputate about 15, to have about 10 unsatisfactory or useless limbs, and about 75 useful limbs with or without sinuses, and with shortening varying from 1 to 3 inches. Such results to be estimated one year after operation." We hope Mr. Wright will not be disappointed in his estimate, and should be still further indebted to him if he will follow up as many of his cases as he can, and publish the results say every five years.

The following are among the conclusions the author has arrived at:—Simple synovitis is usually traumatic, very rarely suppurates, is amenable to ordinary treatment, and, as a rule, leaves behind no bad results. Tubercular disease, or common "hip disease," affects primarily the upper end of the femur, or occasionally the acetabulum, and produces necrosis or extensive caries. Cases are best treated in the early stage, before suppuration has occurred, by the use of a Thomas's splint with or without previous straightening by extension, and a fair proportion of cases result in recovery with a nearly perfect limb. Unless absolute rest and treatment for two years can be ensured, excision of the upper end of the femur should be performed as soon as suppuration or other evidence of necrosis is present. Excision in old pelvic disease, or where the health is broken down, or the patient is over fifteen years, should be rejected in favour of amputation.

The practice of thrusting the head of the femur forcibly out of the wound before sawing it through, instead of dividing it *in situ*, is strongly condemned, and the author fails to agree with Prof. Gross that extension after operation is either painful or mischievous.

The value of the work is considerably enhanced by a series of woodcuts, mostly original, and by a copious appendix and table of excisions.

ROSCOE AND SCHORLEMMER'S TREATISE ON CHEMISTRY. (a)

In this (new) volume of their excellent and exhaustive work the authors have commenced the study of the so-called aromatic compounds, characterised by the existence of the benzene nucleus. The introductory portion furnishes a most interesting and instructive history of the gradual growth and development of the benzene theory, and the progressive evolution of the advanced views now entertained is continuously traced from the date of the original suggestion by Kekulé of his now celebrated ring-formula. The reasons for the gradual changes of opinion are in all cases fully and clearly given, and the reader who carefully follows the detailed steps by which the various errors of theory, of method, and of experimental manipulation were gradually eliminated, will have the fullest opportunity that reading can afford of forming for himself clearly defined opinions on the constitution of this extremely interesting group of organic compounds. The benzene formula, proposed by Kekulé in the year 1865, has undoubtedly exercised a more decided influence on chemical progress since its publication than any single theory to which the gigantic strides made by the advancing new chemistry of recent times has given rise. Numerous as are the difficulties to which the final acceptance of this formula would create and various as undoubtedly are the discrepancies to be met with in classifying the arguments for and against it, every one allows that it has exercised a unique power in grouping the isolated facts, in arranging the previously unconnected members of the aromatic series of compounds, and in bringing about such a state of harmony between theoretica prediction and established experimental fact, that the same problem attacked by half a dozen independent methods and from as many varying directions has in all cases yielded the same result. The exactness with which it has enabled chemists to predict cases of isomerism, physical and chemical —even to the exact number—would, we venture to affirm, be one of the most striking discoveries of modern science to the skilled chemist deceased thirty years ago, if he could suddenly be made acquainted with all the discoveries made during the interval of this period. Still more interesting, perhaps, are the indications which the development of the ring formula has given of the possibility of the synthesis of so many of the most complex of the group of bodies of which it forms the central constituent.

(a) "Hip Disease in Childhood, with special reference to its Treatment by Excision." By G. A. Wright, B.A., M.B.Oxon., F.R.C.S.Eng., Assistant Surgeon to the Manchester Royal Infirmary, &c. London: Longmans, Green, and Co. 1887.

(a) "A Treatise on Chemistry." By Sir Hy. E. Roscoe, F.R.S., and Prof. Schorlemmer, F.R.S. London: Macmillans. 1886.

Objection will probably be made by some readers of this volume to the arrangement of matter, in not immediately following out the genesis and properties of some of the benzene derivatives, especially such as aniline, before waiting to fully exhaust the subject of the leading compound itself. But the arrangement chosen by the authors, although it has some inconveniences for the general reader, has many advantages, and was, we feel assured, adopted by the authors only after mature consideration.

The account given of every compound in this preliminary part is clear, concise, and satisfactory; the type and illustrations cannot be too highly commended; and we feel assured that this part of the work will fully sustain the high reputation of its distinguished authors. The volume will also commend itself to the chemical manufacturer, by the lucid accounts given of the various commercial processes, and the very excellent illustrations given of the apparatus used in each. We cordially recommend the volume to all classes of chemical students, theoretical and practical.

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Obituary.

ALFRED MEADOWS, M.D. Lond., F.R.C P., J.P.,

Physician-Accoucheur and Lecturer on Midwifery and Diseases of Women, St. Mary's Hospital.

Dr Meadows, one of the leading obstetricians of the day, expired at his residence in George Street on Tuesday, the 19th April, after a few hours' illness. He was educated at King's College, where he afterwards became House Surgeon and in 1860 was elected Assistant Physician for Diseases of Women and Children. On the death of Dr. Tyler Smith he was elected at St. Mary's Hospital and Medical School. He was a Fellow of the Obstetrical Society, and in virtue of his position in this country and of his writings, received the honour of Honorary Fellowship of many foreign societies. He wrote largely on many subjects connected with his branch of the profession, and among his writings may be especially mentioned his well-known "Manual of Midwifery," and his translations of Bermetz and Goupil, destined to bear a very important part in future operations and in the relief of the sufferings of women. He was thefirst President of the British Gynæcological Society. In pure philanthropy, firmly believing in the advantages to be derived from the Mont Dore treatment, he took a great interest in that institution at Bournemouth, and spared neither time nor money in endeavouring to establish its success. He was Justice of the Peace for Buckinghamshire, Commander of the Order of Wasa, Sweden, and Provost of the Guild of St. Luke's. He was also Worshipful Master of the London University Lodge of Freemasons, in the foundation of which Lodge he had largely assisted. Twelve years ago he purchased his beautiful country residence, Poyle Manor, Colnbrook, and to that place and its inhabitants he devoted all the time which his professional occupations would allow of. He personally supported and pecuniarily assisted the different institutions and societies, largely taking part in everything which would benefit those in the midst of whom he lived. He was strictly a religious man, and took the greatest interest in Church matters, and under his churchwardenship alterations and improvements have taken place in that pretty little village church (St. Thomas's, Colnbrook) which have made it an object of attraction far and near. The Colnbrook Fire Brigade was reorganised under his presidency. The Horticultural and other local societies all lose a strong supporter, a friend, and keen adviser by his death.

On Sunday, the 17th April, he attended church service in his usual health, and in the evening was attacked with pain in the epigastrium. On Monday the symptoms increased, and he was seen by Sir Edward Sieveking and Sir Wm. Jenner, and on Tuesday morning he died. It was known that he had suffered from symptoms of syncope of late, and post-mortem examination proved dilated heart.

He was buried on Saturday last at Colnbrook, and we do not recollect to have seen so large a gathering at the funeral of a member of the profession since the occasion on which the body of Sir William Ferguson was borne from his house to the railway station.

The Colnbrook Fire Brigade was drawn up in the station to receive the special train which took down numerous members of the profession, his colleagues and pupils at St. Mary's Hospital, Brother Freemasons, and other sorrowing friends. The altar steps, a large portion of the church itself, the coffin, and the grave were completely hidden by most beautiful wreaths of exquisite taste and great value, the testimony of respect from innumerable friends and societies. His widow and daughter, his only child, were present at the ceremony, and must have felt touched by the signs of sincere sympathy and condolence which surrounded them.

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Medical News and Pass Lists.

Royal College of Physicians of Edinburgh.—The following gentlemen have passed the examination for the Membership of the College:—

Ballantyne, J. W., M.B.Edin | Kinder, A. W., L.R.C.P.Edin.

The following have passed the Public Health Certificate Examinations:—

Kiddle, W., M.B.Dub. | Robinson, E., M.R.C.S.Eng.

Dr. Woodhead has been appointed Superintendent of the College Laboratory.

University of Aberdeen.—At the late Medical Graduation term, the following candidates, after the usual examinations, received degrees in Medicine and Surgery:—

DEGREE OF M.D.

Alexander, Lewis D., M.B., C.M.
Carbery, Joseph, M.B., C.M.
Cheyne, W. S., M.B., C.M.
Dickson, Matthew, M.B., C.M.
Fallon, R. Hume, M.B., C.M.
Fiddes, Thomas, M.B., C.M.
Gerard, John, M.A., M.B., C.M.
Hardie, David, M.B., C.M.
Letters, Patrick, M.B., C.M.
Smith, Ernest B., M.B., C.M.

DEGREES OF M.B. AND C.M.

Alexander, William, M.A.
Beveridge, Alexander T. G., M.A.
Brooks, John Harley
Brown, Alfred Tennyson
Bryce, James
†Butter, John Soutar
Crevie, James
Crowe, William Christie
Dalgarno, James John Y., M.A.
*Davidson, David Macdonald
Duff, Charles Edmund
Fraser, James Winton
Fyfe, Thomas Henderson
Henry, George, M.A.
Holden, Joseph Eatough
Kelman, George Alexander
Macdonald, George B. D.
Manning, Leslie Samuel
Melvin, James
Myles, John Coutts
Nicoll, Patrick John Smith
Pearson, Joseph
Pirie, James, M.A.
Rannie, Robert G.
†Shand, Jonathan
Smith, Robert
Souter, Charles Henry Joseph
Souter, John, M.A.
†Thomson, Thomas Harvey
Urquhart, Charles Thiselton Dyer
Walker, Frederick William
Webster, James
White, Creswell Fitzherbert
Wilson, George Nicol

* Highest Academical Honours. † Honourable Distinction.

The following gentleman was certified to have passed all the examinations with "Honourable Distinction," but he did not graduate:—

Ker, George William England

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·9 per 1,000 of their population, and were—Birkenhead 20, Birmingham 18, Blackburn 26, Bolton 19, Bradford 19, Brighton 10, Bristol 22, Cardiff 17, Derby 17, Dublin 34, Edinburgh 18, Glasgow 27, Halifax 14, Huddersfield 35, Hull 19, Leeds 20, Leicester 21, Liverpool 25, London 19, Manchester 31, Newcastle-on-Tyne 22, Norwich 21, Nottingham 21, Oldham 25, Plymouth 23, Portsmouth 24, Preston 23, Salford 18, Sheffield 22, Sunderland 18, Wolverhampton 20. The highest annual death-rates in these towns last week were—From measles, 3·1 in Sheffield, 3·7 in Liverpool, 4·8 in Hull, 5·0 in Manchester, 6·0 in Sunderland, 6·2 in Norwich, and 7·5 in Huddersfield; from whooping-cough, 1·9 in Oldham, and 2·7 in Plymouth and in Blackburn; and from scarlet fever, 2·1 in Bristol. The 35 deaths from diph-

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containilng 29 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Dr. Dudgeon.—Having already given so much space to the subject, we are unable to devote more to its prolongation. We have stated our views pretty fully, and have allowed you the same privilege. The present letter is mere iteration.

Dr. J. R. L.—We would counsel you to await the decision of the Appeal Court in the case of the St. Andrew's Asylum, Northampton. We understand that the Trustees of the Holloway Sanatorium have declined to pay income tax pending the decision of this test case.

N. H. B.—Any cases of interest you may have will be welcome. We are obliged to keep the standard of original communications as high as possible, for obvious reasons.

S. M. G.—The best way would be to take the instrument to the maker, who would soon put it right. Baker, of Holborn, would doubtless be equal to the occasion.

Dr. M.—The Sanitary Certificate will doubtless become a *sine quâ non* for sanitary appointments, but is not so at present. The character and standard of the examination varies very greatly in different places, and some uniformity will probably have to be secured before it acquires any status for appointment purposes.

MIXTURE FOR WRITING ON GLASS.

N. B.—We have made inquiries, and, according to the *American Druggist*, the "Diamond Ink" is composed of sulphate of barium three parts, fluoride of ammonium one part, and sulphuric acid in sufficient quantity to decompose the fluoride of ammonium and make the mixture of a semi-fluid consistency. It can be kept in a glass bottle coated internally with paraffin, beeswax, or rubber. It should be prepared in a leaden dish, and is preferably kept in a gutta-percha or leaden bottle. The advantage of this mixture is that it does not spread, and makes a more opaque mark than ordinary acid.

Dr. B. H. Mumby.—Send your case by all means. We shall be pleased to publish it as requested.

Dr. L. S.—The objectionable advertisement only appeared in one number of the journals you allude to, and then presumably by oversight. His enforced retirement can hardly have a favourable effect on his pseudo-practice.

Mr. Hy. Wilson.—We believe the Briton Medical Assurance Association is still carrying on business in a small way somewhere in the neighbourhood of Pall Mall. Were you to address your application to the old address in the Strand, it would probably reach its proper destination.

Anglo-Indian.—The East India Company obtained its first charter from Elizabeth in 1600. The great Emperor Akbar died at Agra in 1605. The servants of the Company founded Madras in 1639. Bombay was obtained through Charles II.'s marriage with the Portuguese Princess in 1661, and they settled in Calcutta in 1678. You will find all this and much more in Mr. Talboys Wheeler's "History of India," vol. iii., p. 387, &c., and as to Mr. Broughton, who obtained such advantages for the "Company" from Shahjehan, there is a memoir of him in an early number of the "Indian Annals of Medical Science."

Mr. A. S. Manders (Adelaide).—We shall be happy to accede to your request.

Mr. E. F.—You have our earnest sympathies, we will help you as far as possible.

Inquirer.—Clearly a mistake somewhere. Nothing of the kind has made its appearance in London, Dublin, or Edinburgh this year. Thinking it somewhat unusual, we have taken the trouble to make all necessary inquiries.

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Meetings of the Societies.

WEDNESDAY, APRIL 27TH.

Hunterian Society.—At 8 p.m., Dr. A. J. Davies, Cases of Myxœdema. Dr. Dundas Grant, A case of Carcinoma of the Œsophagus perforating the Trachea. Dr. Port, (1) Two cases of Pseudo-hypertrophic Paralysis; (2) On Antipyrin.

British Gynæcological Society.—At 8.30 p.m., Specimens wil be shown by Drs. Edis, Fancourt Barnes, G. Granville Bantock, Mr. Lawson Tait, and others. Council at 8 p.m.

THURSDAY, APRIL 28TH.

Royal Institution.—At 3 p.m., Prof. Dewar, The Chemistry of the Organic World.

Research Scholarships of the Grocers' Company.—At 5 p.m., Mr. W. North, Malarial Fevers.

FRIDAY, APRIL 29TH.

Society of Arts.—At 8 p.m., Mr. J. F. Hewitt, Village Communities in India.

Royal Institution.—At 9 p.m., Prof. H. S. Hele Shaw, the Rolling Contact of Bodies.

SATURDAY, APRIL 30TH.

Royal Institution.—At 3 p.m., Mr. R. Von Lendenfeld, The Australian Alps and the Origin of the Australian Fauna.

Vacancies.

Royal College of Surgeons of England.—Examiner in Anatomy and Physiology. Immediate applications to the Secretary. (See advt.)

Brighton Royal Alexandra Hospital for Sick Children.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications, with testimonials, to the Chairman of Medical Committee, on or before May 4th.

Stafford County Asylum.—Resident Medical Officer and Superintendent. Salary £500 per annum, with residence, and £200 in lieu of board. Applications, with testimonials, to the Chairman of the Committee of Visitors, on or before May 7th.

County and County of the Borough of Carmarthen Infirmary.—House-Surgeon. Salary £100, with board, &c. Applications to the Secretary, on or before May 12th.

Gloucester General Infirmary and the Gloucestershire Eye Institution.—House-Surgeon. Salary £100, with board, lodging, and washing. Applications, with testimonials, to the Secretary, on or before May 18th.

Dorset County Asylum.—Assistant Medical Officer. Salary £120, with board, &c. Applications, with testimonials, to the Medical Superintendent, by the 10th of May.

Bristol Royal Infirmary.—Assistant Resident Medical Officer and Pathologist. Salary £80, with board, lodging, and washing. Applications, with testimonials, to the Secretary, on or before May 3rd.

Wigan Royal Albert Edward Infirmary and Dispensary.—Junior House-Surgeon. Salary £·0, with apartments and rations. Applications, with testimonials, to the Secretary, not later than the 26th April.

Royal London Ophthalmic Hospital.—Clinical Assistants and Junior Assistants. Immediate applications to the Secretary. (See advert.)

Sussex County Hospital, Brighton.—Assistant Surgeon, also an Assistant House-Surgeon. Applications to the Secretary before May 18th. (See advert.)

Appointments

Brown, F. L. H., M.B., C.M.Edin., Second Assistant Medical Officer to the Norfolk County Asylum.

Clark, M. R., L.F.P.S.Glas., L.R.C.P.Ed., Medical Officer for the Harthill District of the Worksop Union.

Colt, T. A., M.R.C.S., L.R.C.P.Ed., Medical Officer for the Portsea District of the Portsea Island Union.

Davidson, J., M.B., C.M.Ed., Medical Officer for the South Wallasey District of the Birkenhead Union.

Jones, J. O., M.B., C.M.Ed., Medical Officer for the Llanfairtalhaiarn District of the St. Asaph Union.

Macindoe, A., M.D.Glas., Medical Officer for the Alderley and Gawsworth District of the Macclesfield Union.

Martin, S., M.D.Lond., B.Sc., M.R.C.P., Pathologist to the City of London Hospital for Diseases of the Chest.

Mickle, J., M.D.Lond., M.R.C.P., Lecturer on Psychological Medicine at the Middlesex Hospital Medical School.

Southern, J. A., L.R.C.P.Lond., House-Surgeon to the Derbyshire General Infirmary.

Births.

Ackland.—April 20th, at Bideford, Devon, the wife of Chas. Kingsley Ackland, L.R.C.P.Lond., of a daughter.

Berry.—April 21st, at Horncastle, the wife of J. B. Berry, M.R.C.S., of a daughter.

McClement.—April 19th, at 9 Holles Street, Dublin, the wife of F. McClement, M.D., Staff Surgeon H.M.S. *Active*, of a son.

Martin.—April 13th, at the Limes, Walkden, the wife of William Young Martin, M.D., Univ. Durh., F.R.C.S., of a son.

Scott.—April 20th, at Meadow Croft, Twickenham, the wife of Chas. C. Scott, M.B.Ed., of a daughter.

Marriages.

Nelson—Lewis.—April 20th, at the Parish Church, Ford, Shropshire, Joseph Nelson, M.D., of Notting Hill, Belfast, to Elizabeth Hannah (Lillie), second daughter of the Rev. John Lewis, M.A., Vicar of Ford.

Deaths.

Carpenter.—On April 13th, at Freshford, Co. Kilkenny, Smithwick Carpenter, M.D.

Franks.—On April 17th, at Darwin House, The Common, Sevenoaks, George Franks, F.R.C.S., in his 89th year.

Kirkman.—On April 3rd, at St. George's Place, Brighton, John Kirkman, M.D., aged 92.

Lee-Huzzey.—On April 13th, at Mombasa, from fever, Reginald Lee-Huzzey, M.R.C.S.Eng., L.S.A., surgeon to H.B.M. Agency and Consulate, Zanzibar, E. Africa, aged 25. (By telegram.)

Meadows.—On April 19th, at George Street, Hanover Square, London, Alfred Meadows, M.D., J.P., in his 54th year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, MAY 4, 1887. [No. 19.

Original Communications.

INTERFERENCE WITH LOCOMOTION AS A UTERINE SYMPTOM.

By GRAILY HEWITT, M.D., F.R.C.P. Lond.,

Professor of Midwifery and Diseases of Women
in University College, London,
Obstetric Physician to University College Hospital, &c.

CONSIDERING the very large number of cases in which "inability to walk easily," "pain on walking," or various modifications of the symptom occur, it is remarkable that so few practitioners comparatively speaking pay any attention to it, or even treat the symptoms seriously. There can be no doubt, however, that patients themselves look upon this symptom as a serious one, and indeed in most cases speak of it when they are allowed to express their unbiassed opinion on the subject, as an inconvenience which most seriously affects their comfort in life, and for relief of which they would be willing to make great sacrifices.

The above is a general statement. Any amount of evidence is obtainable in regard to its accuracy by interrogating patients, which should be done, not by leading questions, but by requesting them to state what are the principal inconveniences of which they complain. This method of inquiry will reveal the fact, that patients attach more importance to this inability for locomotion as interfering with their comfort than almost any other. For this reason, if for no other, this symptom is deserving of particular attention, and its explanation is a matter of great interest.

There is no difference of opinion as to the necessity for rest and the horizontal position in cases where there is found to be present marked tenderness or signs of inflammatory action in the uterus or its immediate neigbourhood, the presence of such inflammatory action being revealed more or less decidedly by the results of a digital examination. It is not necessary to point out in such cases as these that difficulty or pain in locomotion are connected with, and due to, the inflammatory condition of the uterus or structures adjacent. In such cases no one considers it surprising that the patients should prefer to keep quiet and the medical attendant usually and very properly advises that the horizontal position should be maintained.

There is another class of cases in which the pain on movement is found to be connected with laceration of the cervix and os uteri during some previous labour. These cases present themselves oftener than is generally supposed, the torn surface is continually irritated and stretched when the patient is walking or standing, eversion of the lining of the cervix occurs and a chronic source of irritation is set up. It is not infrequent in such cases to find also, from time to time, small localised cellulitic exudations, and more or less tenderness to the touch.

The cases I have however more particularly in view, are those in which no particular sign or presence of inflammatory lesion of the body of the uterus or of the cervix and os uteri is detected on vaginal examination, no tenderness to touch, and an absence indeed of what may be termed spontaneous pain. The characteristic is, that so long as the patient remains quiet, there may be little discomfort; but the upright position, or the act of walking, induces pain or an uncomfortable sensation which is so decided, that in the end the patient avoids walking as much as possible. Thus originates in not a few cases a chronic invalidism, the starting point of which will, on inquiry, generally be found to have been habitual pain on attempting ordinary exertion.

Patients suffering in the manner now described, and not presenting obvious signs of presence of inflammatory action in the pelvis are often looked on as fanciful, or hysterical, or disposed to exaggerate their sufferings. No doubt there are differences in regard to the manner in which different individuals bear pain, but the pain nevertheless has to be accounted for, and in the most typical cases it must be remarked, the patient is obviously and strongly desirous of living an active life, and anxiously seeks means to enable her to do so.

There are, it should be here remarked, cases in which general debility, associated with disorder of the heart or lungs, or general nutrition giving rise to a certain incapacity for locomotion, but in such cases what the patient complains of is prostration after walking, whereas in the cases to which I desire to call attention, the walking power is often really good, but the exercise of that power gives rise to such discomfort internally that it cannot be kept up for long together.

Associated with the presence of pain in one or other groin, or in the back, there is frequently experienced a bearing-down sensation. The most common seat of this pain is in the groin or the pelvis on one side or other behind this spot. Now the question is, what interpretation is to be placed on the pain arising from locomotion when not obviously connected with some inflammatory condition? The answer is that the movement in question is painful because it imparts an unusual amount of movement, or an unusual kind of movement to the uterus or to certain parts of the uterus. The uterus enjoys naturally a power of motion backwards, forwards, laterally, and upwards or downwards within certain restricted limits. It enjoys flexibility also within certain limits. Unusual flexibility is not seldom associated with excess in degree of the other movements, as well as with peculiar tendency to lateral movements.

These excessive movements are, or may be, painful and productive of pain. They are liable to be produced by standing or by locomotion. Frequently they are brought about in the first instance by excessive locomotion or analogous causes (straining, over exertions, &c.), and subsequently the evil state of things thus produced is intensified and temporarily aggravated by even trifling exertion.

The proof that the foregoing is the true explanation is easily obtainable by watching a few cases, and observing the effects produced on the position and shape of the uterus by exertion. Not less useful in obtaining valuable evidence is the analysis of the patient's symptoms as described by herself, whereby it is made often quite clear how and why it is that the discomfort complained of arises.

In most cases where this kind of pain is experienced, the uterus falls lower than usual in the pelvis, but more generally we find that the body of the uterus is the part which particularly is to be felt lower than usual. In fact, according to my experience simple descent of the uterus, unattended by marked version or flexion, gives rise to little inconvenience within certain limits. As regards retroflexion, most authorities are content to regard this as a real pathological condition. As regards anteflexion, however, which I believe is responsible for the pain, now under discussion in the large majority of cases there is less nnanimity. In fact, many deny that anteversion and anteflexion are pathological at all. True, slight anteflexion and slight anteversion may be admitted as a definition of the shape and position of the normal uterus, but there are various degrees of this anti-displacement and flexion met with, which as the result of my experience are liable to be attended with grave symptoms. The pain described above, as produced by locomotion, is one of the grave symptoms produced by severe anteversion or anteflexion of the uterus. The reason that this has not yet been generally admitted is, I believe, that sufficient pains have not been taken to differentiate slight normal anteversion and anteflexion with a properly mobile uterus from severe degrees of this kind of displacement and change of shape. The normal anteflexed uterus, oscillates within slight range, recovering its position and shape after moderate disturbance. The abnormally flexible uterus gives way to a greater extent, and the extra amount of flexion, as well as descent involved, gives rise to pain. In cases where the uterus has gradually fallen lower and lower it is apt to become fixed, and does not recover its true position after exertion. This constitutes a condition in which fresh exertions occasion pain owing to the increased pressure downwards, and under these circumstances, the slightest exertion gives rise to discomfort.

"Uterine dyskinesia" is the term which I have employed in describing the symptoms specially defined in the foregoing remarks. It is as common as leucorrhœa, and more common than most other uterine symptoms, and has a very definite and well-marked place in uterine symptomatology.

One of the most important arguments adduced in reference to "uterine dyskinesia," its nature, and explanation, is that whatever tends to preserve the uterus in a state of repose is almost invariably successful in giving the patient relief. In acute cases of flexion, even of the worst kind, great benefit is derived from placing the patient in such a position that the force of gravity no longer acts unfavourably upon the uterus. Thus, in cases of anteflexion the recumbent dorsal position with hips raised is the one to be selected, whereas in cases of retroflexion the very opposite position is necessary. Still more marked results follow when steps are taken by internal mechanical treatment, to raise the fundus whereby the flexion is lessened in a more decided manner. Now, the fact that these beneficial results do follow, and the patients obtain—it may be said almost invariably—relief by these positional or mechanical methods of treatment constitutes an argument of no little value in favour of the view of the subject which has been above maintained.

In the foregoing observations I have made no attempt to show why it is that excessive movements and change of shape of the uterus therewith associated, give rise to pain during locomotion. I have simply insisted on the fact that difficulty in locomotion in women is so very generally met with in cases where these excessive movements and changes of shape of the uterus exist, that there can be no doubt that there is an intimate relation between them, the latter as cause, the former as the effect.

ACUTE GASTRIC DILATATION. (a)

By WM. DYSON, M.D.,

Physician to the Sheffield General Infirmary.

On Saturday, February 5th, this year, I was permitted by the kind invitation of Mr. Thorpe, to see a case of great rarity, and an example of a disease, which, so far, in the few cases recorded, has baffled entirely the skill of the physician.

Mrs. J., the mother of five children, æt. 41, was taken ill on Thursday, Feb. 3, she was seven months' pregnant. On next day she scrubbed a table (with a scrubbing brush) somewhat violently, and being thirsty and exhausted after her exertion, she drank greedily nearly a tumblerful of cold milk. In an hour after taking the milk she began to have severe acute pain in the epigastrium, this was followed by vomiting. The vomited matters at first consisted of several large curds of milk, but afterwards in the later part of the day, and for the next day or two, consisted of biliary material, at first pure bile, and subsequently a greenish yellow bile-stained fluid in large quantities. During the afternoon the epigastrium began to swell; an effervescing mixture was given, later in the evening a hypodermic injection of morphia. During the night the symptoms slightly abated, but returned the following day (Friday) with renewed vigour. The urine became scanty and suppressed; the epigastric distension increased, vomiting continued, and miscarriage threatened. During the night she miscarried; the miscarriage passed off safely without much trouble, and with little hæmorrhage, though followed by great debility.

On Saturday, Feb. 5th, the third day of illness, I saw her. Her pulse was quick and feeble (120 per minute), temperature, 99·4°; respiration, 30; she was vomiting or regurgitating in large quantities every few minutes, the bile-stained fluid referred to. Urine scanty. Bowels were freely moved on Feb. 3rd by enema, not since. Uterus apparently doing well. The epigastrium was distended by a peculiar swelling which occupied the epigastrium and left hypochondrium, and tapered off obliquely to the right. The right hypochondrium was comparatively undistended, while at the lower part of the abdomen from the pubes nearly up to the umbilicus, there was retraction of the abdominal wall, and this portion was excessively dull on percussion, the distended portion above being tympanitic. The distended portion was tender, but not to any very marked extent. Tongue clean, though somewhat red. Lungs and heart healthy. General aspect of patient cheerful. She had been taking a mixture containing nepenthe and hydrocyanic acid. A mixture containing carbonate of bismuth was prescribed; nutrient enemata of brandy and beef tea, and the smallest quantities of milk and carrara water by the mouth.

On Feb. 6th no improvement, except that patient had had a few hours' sleep in the night by a morphia injection, and the bilious vomit had perhaps been somewhat controlled by a few small doses of calomel, and another hypodermic injection. The distension continued; pain had gradually subsided; there was some tenderness on pressure, the vomited matters were darker (probably due to the bismuth). The vomiting recurred this morning, and the patient was manifestly weaker. We applied a blister to the epigastrium, gave during the day several hypodermic injections of ether, and ordered the continuance of nutrient enemata. No urine had been passed, none apparently secreted, for the introduction of a catheter into the bladder gave a negative result. In the latter part of the day, a distinct splashing sound could be heard on manipulating the lower part of the abdomen. Collapse gradually supervened; and the vomiting, though diminished, never entirely ceased; patient died next day, Feb. 7th. Death was not apparently due to the miscarriage, which went on naturally and safely. The temperature of the patient never reached 100° F. during the whole of the illness. No post-mortem.

(a) Paper read before the Sheffield Medico-Chirurgical Society March 31st.

It is to Dr. Hilton Fagge we are indebted for bringing prominently to the notice of the profession this rare and fatal disease. Dr. Miller's case in the Pathological Transactions is perhaps the earliest on record. A case has also been recorded by Dr. H. Bennett, of Edinburgh. Dr. Fagge in Guy's Hospital Reports, 1872-3, describes two cases, and he tells us of two more that had occurred at Guy's. The case I have recorded began as a severe gastric catarrh. We are accustomed to look upon acute gastric catarrh as a very troublesome and debilitating, but by no means a dangerous, complaint. But if now and then we come across a case that is further complicated by acute gastrectasia, or as it has been termed by some, acute paralytic distension of the stomach, ending, as all the cases I have read of, *have*, fatally, then we must begin to look upon acute catarrhal gastritis with some suspicion, if not anxiety. This leads me to ask what is that fatal something, that pathological monstrous addition, which causes this paralytic distension. So far we only know that the stomach walls get enormously distended, and the viscus contains a more or less enormous quantity of fluid, this fluid giving rise to the splashing sound, and probably to the dulness at the lower part of the abdomen. I have no information to give as to the microscopic characters of the mucous membrane in these cases, nor can I do more than guess at the origin of the enormous quantity of fluid contained in the stomach; it may be (as Fagge suggests) partly due to fluid swallowed, and partly due to an irritated and inflamed condition of the mucous membrane. The same writer insists on the following as the physical characters indicative of acute paralytic distension during life:—1. A rapidly increasing distension of the abdomen, which is unsymmetrical, the left hypochondrium being full while the right is comparatively empty. 2. The presence of a surface marking which descends obliquely from the left hypochondrium towards the umbilicus, and which corresponds with the lesser curvature of the stomach. This seems to move up and down each time the patient breathes. 3. Dulness and fluctuation in the pubic region with resonance at the front of the abdomen. 4. The production of a splashing sound on manipulation.

The stomach when removed from the body, or when emptied of its contents will return to its natural size. In all the cases, suppression of urine is a constant symptom. When we come to talk of *treatment*, we have to confess to complete failure. Sedative stomachics and opiates were used in this case freely; blister was applied, and the patient's strength sustained as well as possible, by means of nutrient and stimulant enemata, and hypodermic injections of ether. Two surgical questions were carefully discussed—(1) Could any good accrue from the use of an aspirator or a fine trocar? Perhaps so; but I for one cannot bring my mind to the use of the trocar merely for the relief of a distension which will probably recur again in a very short time, and which if it should, would probably lead to the escape of some gas through the excessively stretched, if not pathologically diseased, stomachic wall; this would probably enter the abdomen and set up fatal peritonitis. (2) The second question discussed was the use of the stomach-pump. Probably some temporary relief might have been attained by this method, but we cannot forget that the fluid was almost constantly coming up, so that relief was to a large extent taking place; the material seemed to form as fast as it was vomited, the supply seemed inexhaustible. Another fact which deterred us from using the stomach-pump was the very feeble and exhausted condition of the patient, especially in the later stage of the case, when the splashing sound elicited at the lower part of the abdomen, showed that some serious accumulation of fluid was taking place.

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SOME UNSETTLED POINTS IN THE PATHOLOGY AND TREATMENT OF SYPHILIS.

By C. R. DRYSDALE, M.D., M.R.C.P.Lond., F.R.C.S.,
Senior Physician to the Metropolitan Free Hospital; late Physician to the Rescue Society, &c.

Mr. Hutchinson, in his Lettsomian Lectures, delivered last year, and published in the *Medical Press*, wisely chose the difficult subject of syphilis, since even at this moment there are practitioners living who remember the days when gonorrhœa was treated by mercury, to profuse salivation, on the principle that it had a common origin with syphilis, and until quite recently the topic of syphilis was scarcely ever introduced for discussion in medical societies. Mr. Hutchinson's abilities are so universally recognised that it would be bad taste in me to attempt to add to his reputation by any further praise. It is far more useful, I apprehend, to endeavour to point out the seeming difficulties in his convictions, than blindly to follow his lead. It may, therefore, be permissible to observe that he is not in unison in much that he says with the best authorities on the subject of syphilis in London, Paris, or New York. For instance, Mr. Hutchinson, in his first lecture, says: "If a person who has never before suffered contracts a venereal sore of any kind, it is highly probably that it will lead to syphilis," and approves of the statement of the late Dr. Morgan, of Dublin, that 50 patients out of 54 with first attack of venereal sores will have secondaries. His views, too, with regard to dualism, phagedæna, the complete prevention of secondary eruptions by treatment, the occurrence of scars on the penis or groins as an indication of syphilis, are by no means in accordance with the opinion of many practitioners of great experience. Mr. Hutchinson has long thought, he tells us, that unity or duality will cease to be a moot point. All inflammation products, he believes, are probably, under favourable conditions, contagious, and yet each may originate spontaneously. It is possible that the poison which produces the chancroid is, after all, only a specialised product of inflammation, and not a specific virus. Typical chancroids, indeed, last six weeks, but most "soft sores" are curable in a week with iodoform dressings. The true chancroid on the genitals, says Mr. Hutchinson, is seldom seen, excepting on those who have had syphilis already. He cites Dr. Morgan and Mr. H. Lee to show that sores not distinguishable from chancroids are to be derived from the vaginal secretions of syphilitic women on the irritated hard sore. This fact has been distinctly denied by Mr. H. Lee, who says that such sores are *not* like those of chancroid; and my own experiments at the London Lock Hospital of the Rescue Society, make me very doubtful indeed as to the truth of the view which asserts that the vaginal secretions of syphilitic women are auto-inoculable, save in the most exceptional cases. Over and over again, I made the attempt to produce such sores by inoculating the patients themselves from the vaginal secretions of women with syphilis, and always failed; whilst success with the pus of chancroids is all but certain in my experience of such patients.

Mr. Hutchinson, indeed, seems to me to have of late been doing a good deal towards driving back the doctrines of syphilis into the period of confusion in which they were enveloped before 1852, when Bassereau wrote his work on syphilis. In common with Drs. Baulmer, Bumpstead, and others, he thinks that chancroid is only a product of syphilis, or a non-special sore, which may be produced pretty frequently it seems by the inoculation of pus from acne, or other pustular diseases. Chancroid is to syphilis what the aborted vaccine vesicle is to vaccinia. In my opinion none of these experimenters will ever be able to do with any other inflammatory pus what Puche did with the pus of chancroid. That physician put one drop of chancroidal pus into a wineglassful of water and dipped therein the point of a needle, with this he inoculated a patient, and a chancroid was the result. Tarnousky, in an essay on this question (*Jahresch., f. d. u. s.*, 1877) declares, as I have cited Mr. Henry Lee as declaring, that the cases produced by Bidenkap, Morgan, Wigglesworth, and others, are easily enough distinguished from the true chancroid, and that they are in most cases the result of the extreme irritability of the skin present in some syphilitic patients. In short, what distinguishes the germ of chancroid from that of an ordinary ulcerative inflammation is that the former is a virus which makes its re-inoculation possible for an indefinite time.

There is not, on the other hand, one single fact to prove that chancroid is a modified syphilitic poison. Such sores never produce syphilis. In Lindmann's case, that physician produced 2,700 ulcers on his own person, and yet this did not exhaust the power of re-inoculating himself. Meanwhile, he inoculated himself with syphilitic mucus from the tonsils of a friend, and syphilis resulted. Danielssen, of Norway, produced chancroids on a patient with leprosy no less than 287 times, and then used the pus from a syphilitic sore, which produced syphilis. He then recommenced chancroidal inoculations, which were then as powerful as before. When the late Professor Boeck, of Christiania, was in London I had the opportunity of watching his experiments with the inoculation of chancroid, and then noticed that such inoculations could be carried on almost indefinitely in most of the young women of the Lock Hospital, whilst it was only the cachectic who were unable to nourish the virus, and in them it occasionally did not succeed in being re-inoculated. For my part, then, I consider the idea of Mr. Hutchinson to be a mere hypothesis, and that the position of Bassereau and the "dualists" is the only tenable one, that syphilis is a disease of the blood, and chancre its first manifestation, whilst chancroid, like scabies, is a merely local affection, and never associated with blood-poisoning. Historically, too, it is amply proved that syphilis was unknown in Europe before the arrival of Charles VIII in Italy; whilst the description of Celsus seems clearly to point to chancroid and phagedæna of the penis having existed among the ancients. We know that in 1550 Brassavola confounded together gonorrhœa, chancroid, and chancre, and that John Hunter unfortunately did the same, because he happened unluckily to have inoculated himself with syphilis from an apparent case of ordinary gonorrhœa. Bell, Hernandez, and, lastly, Ricord, expelled gonorrhœa from the domain of syphilis, whilst they left chancroid in it, and it was only in 1852 that chancroid too was definitely expelled from this category. "Dualism," then, instead of being dead, as Mr. Hutchinson will have it, is the only tenable doctrine, and rational therapeutics must be based on this theory if they are to be of any value. Those who believe with Mr. Hutchinson and his followers that chancroid is a product of syphilis, ought, as I think, to administer occasionally some antidote against it, as they look upon mercury as an antidote, which is totally unnecessary. Those, again, who say that chancroid can be produced from ordinary inflammatory products, must despair of ever stamping out this local contagion, in which they are, I believe, in error, as it might be extirpated, and has nearly been so on several occasions in Paris by sanitary regulations (Mauriac, "Rarité du chancre mou"). Gonorrhœa, finally, in the vast mass of cases is entirely out of the domain of syphilis, and should be treated accordingly. All other doctrines, as I hold, are mysticism, and throw back the art of medicine, instead of advancing it.

Another doctrine of Mr. Hutchinson is, that phagedæna is always a product of syphilis. But phagedæna may attack any ulcer, whether chancroid, syphilitic, simple, or scrofulous, and is therefore a peculiar quality of the individual. This is shown clearly by the fact that a phagedænic ulcer will not produce phagedæna by inoculation of another individual with its pus. Fournier's observations, and the inoculations of Rollet and Sperino proved this. Let us, however, hear Mr. Hutchinson on this point: "Syphilis in its present form often leads to phagedæna, which is almost invariably of spontaneous origin, or caused by syphilitic inflammation, and not by phagedænic contagion. Its existence puts an end to all sexual exposure, otherwise we should probably often see it on the genitals as the result of contagion." It is still likely that many chancroids originate spontaneously, in the same sense that phagedæna does. Mr. Hutchinson believes that hospital gangrene usually is derived from syphilitic cases. This I cannot see is in any way proved, since that disease is by no means common in lock hospitals. The next assertion of Mr. Hutchinson in his Lettsomian Lectures seems also to me not based upon experience. He says "I have very seldom seen scars on the penis in patients who had not had syphilis, and still more rarely evidences of phagedænic action." This is by no means my own experience, and seeing that chancroids so frequently leave scars and are not syphilitic, I cannot understand how Mr. Hutchinson has found syphilis so continually in patients with such scars unless, indeed, we suppose that persons who get one disease are certain, or almost certain, to get the other. He should also "regard scars on the groin as presumptive evidence of syphilis." Here, again, I cannot give in my adhesion to the learned observer. Everyone knows that, in the mass of cases of syphilis, there is no suppuration of the inguinal glands, which remain slightly enlarged and gradually return to their normal size. But everyone also knows, surely, that these glands are apt every now and then, say once in every four cases, to inflame and suppurate, when there are chancroids on the penis, and to yield inoculable or common pus, thus leaving scars in the groin. How, then, can Mr. Hutchinson be justified in saying that cicatrices in the groin are a presumption of the patient having had syphilis? Perhaps the key to this enigma may be found in the fact that Mr. Hutchinson speaks chiefly of private patients, for it is now well known that chancroid is comparatively rarely seen in private patients, since such patients do not usually consort with women who are careless enough to have sexual intercourse whilst affected with such painful and easily noticeable lesions as chancroids are.

In 1839 M. Ricord said he had for the first time in his practice met with a case where syphilis had been seen twice in the same person, with an interval of nineteen years between the two attacks. Gascoyen, Fournier, Henry Lee, and others have published cases to prove that such second infections do occasionally take place. My own experience leads me to think that it is quite as rare for a patient to have two attacks of syphilis, as it is for persons to have two attacks of small-pox, scarlet-fever, or measles, during their life. The rule, *non bis in idem*, is as true in syphilis as it is in all virulent diseases.

The incubation of syphilis, according to Hutchinson, is seldom less than five weeks. My own cases show that it is about four weeks from the date of infection, until the first appearance of the hard sore. Chancres may recur in the same position, and this, in not a few cases I have seen, has been the origin of the idea that the patient has had a fresh attack of syphilis.

Mr. Hutchinson holds that syphilis may commence without any local lesion whatever. For instance, he says, it may arise by infection of the male urethra with syphilitic discharges, which produces an apparent gonorrhœa in the male. In gonorrhœal syphilis the discharge is precisely like that of ordinary gonorrhœa, and he seems to think that perhaps urethral chancre may exist without pain and without discharge. If a patient with secondary syphilis contracts gonorrhœa, this may occasionally be contagious, but Tarnousky seems to have inoculated the pus of such cases no less than eighteen times on healthy persons, and had only one positive result. Mr. Hutchinson contests the value of the long received nomenclature of syphilis into primary, secondary, and tertiary periods. Gummata, he says, are found in infants with secondary rashes, and, in the adult, periostitis, nervous and visceral affections are common in the eruption period. The gummata of the early period of syphilis, he remarks, are small and numerous, those of the latter fewer in number, or even single. He insists upon *rupia* being a symptom of the early period of syphilis, meaning by the term an eruption consisting of many distinct sores, which begin as bullæ and lead to the production of conical crusts. Such eruptions are usually symmetrical. This disease may ensue from over or under mercurial treatment, and indicates the use of mercury, not, as some say, potassium iodide, for its treatment.

He holds that it would be hardly too bold a generalisation to say, that all the distinctly tertiary affections of the skin are of a lupoid character, *i.e.*, that all are serpiginous, unsymmetrically arranged, and leaving scars. This, he says, explains the causation of locomotor ataxia which is sometimes of specific origin. All the other diseases which are usually called tertiary often occur early, the brain is often attacked during the first year, and neuro-retinitis also occurs early, and deafness, and choroiditis disseminata, such diseases, too, he contends would appear much earlier were it not that mercury is so much used. For my part I think that the merit of nomenclature is to assist therapeutics; and, as we know that iodine is useful almost solely in tertiary cases, I see no objection whatever to retaining that name, but rather an advantage. He is very definite on the point of treatment. Thus, he says, "it seems to me to be quite easy, if mercury be begun on account of the primary sore, and well antecedent to the appearance of any secondary symptoms, to entirely prevent the development of the latter. I have witnessed the precaution over and over again, and it appears to me to be the rule, rather than the exception, that no secondaries should appear." This statement has, I fear, not been corroborated by those who have made experiments with and without mercury. Syphilis, especially in young adults, is often such a very mild disease, that the secondary symptoms occasionally are merely a few mucous tubercles in the throat, and some enlargement of the post-cervical glands, &c.

Mr. Hutchinson has a theory, that tertiary symptoms stand to secondary ones in the relation of relapses in most instances, *i.e.*, that they are a recrudescence of morbid processes in tissues damaged at a former period. This does not enable me to see why such lesions are so much benefited by compounds of iodine, and although Mr. Hutchinson lays justly great stress on local treatment of tertiaries, no one of experience can fail to attest the extreme value of the iodide in such ulcers and gummy tumours. "Arbitrarily," he says, "the secondary period ends with the second year, and about this time the disease ceases to be contagious or transmissible to offspring." All this is, doubtless, true in many cases; but palmar psoriasis may exist for ten years, and occasionally syphilis is transmissible to the offspring as long as this. Tertiary syphilis, he contends, is the "sequela" of secondary. If exposed to heat, a patient with old syphilis may get sun-stroke, if to mental distress, general paralysis, or, when the spinal cord is fatigued, may be attacked by locomotor ataxy. Many years ago, I published several cases of locomotor ataxy, which seemed to me to have arisen in syphilitic patients, as a consequence of syphilis, and in this I quite agree with Fournier and Hutchinson.

Influence of Mercury as an Antidote.—In these days of uncertainty as to the value of remedies, when practitioners in Edinburgh treat all cases of syphilis without mercury, and even some surgeons in Paris do the same, whilst others give intermittent courses of the drug, only to meet the disapproval of those who give continuous courses of mercury for three or four years, it is interesting to find that Mr. Hutchinson is so affirmative in his position as to the value of mercury as an antidote against syphilis. My own conviction is in unison with his, when he likens the value of mercury in syphilis to that of weak solutions of corrosive sublimate in warding off septicism in wounds. In former days, he says, when salivation was employed, the word "antidote" could not be used, because the drug was laid aside every now and then. When, however, grey powder, in doses of one grain, given from three to six times in the twenty-four hours, is employed for six months, no secondaries will appear; or, if already there, they will soon fade, and the patient will seem in excellent health. If, however, at the end of this time, he gives up the medicine, a mild outbreak of the disease will occur, probably within three months after it has been abandoned. This usually will appear in the form of an erythematous or lichenous eruption. This point I should be inclined to dispute, since erythematous syphilides are very rarely indeed seen so late in the disease as six months. Mr. Hutchinson asserts that, of late years, he has never seen a severe eruption develope itself after a mercurial course of the kind indicated has been commenced. Unfortunately, in Paris, where mercurial treatment has been almost universal, this has not been found to prevent severe secondary and tertiary eruptions in many cases, according to Diday, Julien, and other writers in France. Mr. Hutchinson admits that he has seen iritis, and neuro-retinitis, even when the disease has been well healed. But, as a rule, he maintains, a six months' course of small doses of mercury and chalk can *cure* the disease. He is not so affirmative, however, about the prevention of tertiary disease by means of mercury, but, like Fournier, Mr. Hutchinson thinks that mercury exercises a very powerful effect in preventing such symptoms, and he thinks the diminishing severity of tertiary disease in modern times is due to this regulative treatment. Is it not rather due to the discovery of the powers of iodide of potassium? He thinks that mild syphilis, being often untreated, for this reason is more often followed by tertiary disease, and disapproves of the intermittent plan recommended by Fournier, because under such treatment rupia is apt to supervene. My own theory is that mercury is antidotal to syphilis, and should therefore be used continuously for some twelve months, in very small doses (gr. 1-6 of hyd. iod. virid.) twice or thrice daily. "That syphilis is a bacterial disease," says Dr. Neissen (*Lancet*, May 29, 1886, p. 1,039) "may be now generally accepted, the Lustgarten-Doutrelepont discovery being a distinct advance; but the important question, of the time and manner of the dissemination of the microbe from the seat of infection, cannot be determined by experiment, since it is not communicable to animals."

Inherited Syphilis.—Mr. Hutchinson believes that inheritance of syphilis through the father is not only possible, but common. For my part I believe it is possible, but not very common, as I have repeatedly seen gentlemen who had passed through syphilis, marry, and procreate perfectly healthy children. The really "moot" point in this matter is, whether a mother, as Kassowitz believes, can carry a fœtus in her uterus for nine months, and yet remain untouched. That I cannot accept, and Mr. Hutchinson seems to have the same opinion, as he accepts Colles' law. For my part, I think that women give syphilis to their infants with far greater frequency than men do. This is not the opinion of Mr. Hutchinson, however, who thinks that both parents are equal in this respect. Usually, one, two, or perhaps three children of a family suffer from syphilis, and then the younger ones are healthy. Mr. Hutchinson thinks that when a child inherits syphilis, it inherits all the disease; but it seems possible, from Pasteur's researches, that the virus of syphilis may become "mitigated" by time, until it can only slightly injure a fœtus, or only cause some single tertiary lesion, for which mitigated virus the antidote is iodine, not mercury.

The syphilitic rash of infants is transitory and entirely disappears before the year of birth is over. Children do not have syphilitic lupus, except in the rarest cases, when the latter disease attacks the nose, and is curable by cautery and iodide of potassium. Multiple nodes on the long bones are common. None of the skin diseases of early life have been proved to be syphilitic in character, whether psoriasis, lichen, or eczema.

Sarcocele and visceral disease are rare in infantile cases, and meningitis, neuritis, and disease of the cerebral vessels are also far more uncommon among children than among adults. Thus, except in infancy, inherited disease rarely shortens life. Idiocy is not common in inherited syphilis, and syphilitic teeth are rarely seen in asylums for idiots. All these are "moot points" which Mr. Hutchinson is a master of, and which no other writer can with propriety dispute.

In short, my contention is that Mr. Hutchinson has of late years done a very great deal by his enormous powers of exposition and his unwearied and splendid teaching, to render the doctrines of syphilis, which were becoming well-defined and positive, again confused and ill-defined. Such being the case, I have deemed it my duty to protest against the doctrines with which I must disagree, whilst sharing with the whole medical world in an unfeigned admiration for his genius and profound sagacity.

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Medico-Chirurgical Items.

By GEORGE FOY, F.R.C.S.,

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THE CASUALTIES CHARGEABLE TO THE EMPLOYMENT OF ANTISEPTICS IN SURGERY.

THE above is the title of a thesis for Fellowship by Dr. F. Brun, from a summary of which by A. Chevallereau in *La France Medicale*, No. 143, the following abstract is taken:—The antiseptics which M. Brun has more particularly studied are phenol, iodoform, and corrosive sublimate. The casualties chargeable to phenol he divides into local and general; amongst the former is erythema, with or without pyrexia, and not unfrequently with vesicles, occasionally followed by eczema. The general casualties are phenol intoxication, characterised by dark urine, violent cephalalgia, nausea, followed by vomiting; in severe cases the cerebral symptoms predominate, collapse, coma, convulsions, extreme pallor of the skin, sweating, coldness of the extremities, and a lowering of the body heat generally; paralysis of the bladder is not unfrequently present. In sulphate of soda the author thinks we have the most useful antidote for phenol, especially if given when the symptoms first present themselves. Iodoform also produces local and constitutional troubles; amongst the local annoyances are erythema, eczema, and erysipelas; amongst the constitutional troubles are gastric pains, anorexia, and a curious trouble, first noticed by Poncet (of Lyons), that the use of a silver fork or spoon by a patient using iodoform causes an iodoform and silver compound to be formed, which has a particularly fœtid smell, which can be made evident by rubbing the silver. To the gastric troubles are superadded nervous ones, insomnia, and nocturnal delirium. During the day the delirium may disappear and the patient become apathetic, and finally suffer from melancholia. Occasionally an eruption resembling scarlatina rash results. The temperature generally remaids normal; the pulse, however, becomes diminished in force and increased in frequency. In the most severe cases, after nights of maniacal excitement, it is unusual for the patient to return to his usual quiet state the following day; but the headache continues, the intelligence is obscured, memory fails, and the embarrassment in speaking almost amounts to aphasia. Kœnig has noticed in severe cases of iodoform poisoning a comatose condition and also meningitis. In a previous number of the *Medical Press* a case of intestinal irritation accompanied by severe purging caused by iodoform dressing is recorded. To combat the effects of the poison, Behring recommends a watery solution of 5 to 10 per cent. of bicarbonate of potassium. Casualties from the use of corrosive sublimate are of two kinds, that resulting from its external use and that as an internal medicament. The edges of the wound not unfrequently become inflamed, as do mucous membranes that are long in contact with corrosive solutions. Vesication of the skin sometimes occurs, and occasionally a rash of a bright red colour. From its absorption stomatitis, sometimes very severe, albuminuria, hæmaturia, nephritic pains, cephalalgia, intellectual sluggishness, and bleedings from nose or mouth. In succeeding chapters of the monograph casualties resulting from the use of biniodide of mercury, subnitrate of bismuth, boracic acid, salicylic acid, alcohol, chloral, and the iodide and chloride of zinc are detailed.

ABDOMINAL WOUNDS.

M. Pozzi communicated to the Chirurgical Society of Paris at their meeting on the 15th Dec. the case of wounds to the abdominal wall produced by revolver bullets. The patient when seen was vomiting, and passing blood in the urine. Laparotomy was performed: the jejunum and bladder were found to be wounded. The wounded parts were stitched, twenty-nine sutures in all being inserted. The operation lasted two hours and a quarter. The patient died sixty hours after the accident, and fifty-two hours after the operation.

CANCER OF THE STOMACH.

At a meeting of the Hospital Medical Society of Paris, M. Ferrol brought the case of a patient, æt. 56, suffering from cancer of the stomach, in whom the subclavicular glands were infiltrated. This is his fourth case, in which he has noted the enlargement of the subclavicular glands in this disease.

OVARIOTOMY.

M. Terrillon communicated to the Surgical Society a *resume* of 35 ovariotomies completed in 1884. Of these 20 were difficult cases: 29 unilocular cysts, 4 parovarian cysts, 1 dermoid cyst, and 1 ovarian sarcoma. Of the 35 patients 6 died. The operations were conducted antiseptically.

PHANTOM TUMOURS.

In a quarterly review of gynæcology in *L'Union Med.*, Dr. Terrillon brings a case of phantom tumour under notice. The patient presented all the appearance of one suffering from ovarian disease, but on placing her under the influence of chloroform the tumour disappeared whilst she was anæsthetised, to reappear as consciousness gradually returned. Many of our readers will recall Sir James Young Simpson's case of the Berwickshire patient who so suffered, and who so bothered all her friends, whose sister, on her recovering from the anæsthetic state, "shut her up with 'Houd your tongue, women! you've naething in your wame, for I felt your backbane mysel' wi' my ain hand!'" The nature of these strange conditions we are, apparently, as far from solving as we were when the century commenced.

PERFORATION OF THE BLADDER.

Drs. Benham and Greig Smith record in the *Glasgow Medical Journal* the case of an imbecile who pushed the whalebone of an umbrella up his urethra and into his bladder. Two years afterwards, during an autopsy, the man having died of Bright's disease, the whalebone was found to have perforated the bladder and passed into the peritoneal cavity, one end still, however, remaining in the bladder, on this extremity a phosphatic calculus. During life the patient never complained of any vesical or abdominal trouble.

DIABETES COMPLICATING EXOPHTHALMIC GOITRE.

Dr. J. C. Tritch reports the following cases in the *Med. Era*:—Within the past two years two cases of exophthalmic goitre have come under my observation, a man, æt. 38, and a woman, sister of preceding, æt. 32, the woman two years and the brother one year ago. Each presented so nearly alike the same group of symptoms that a single description will suffice in the main for both. In each case the heart beat continually was from 130 to 150, the striking of the apex against the thoracic wall giving an impulse that when the chest was bared could be noticed several feet away, visible pulsation of the carotids, enlargement of *thyroid* gland, an undue prominence of the eyeball, retraction of the upper lid exposing a strip of sclerotic above the cornea, the lids seldom moving and doing so in a very sluggish manner, vision not impaired, and no affection of the lids except occasionally a slight conjunctival injection. There were attacks of dyspnœa appearing on the least over-exertion, although each could attend to some light work. Temperature was continually 1½° to 2½° Fahrenheit above normal; cough accompanied with night-sweats was a more or less constant symptom, also tenderness of both lung apices on firm pressure; digestion poor, there being a continual flatulent condition of stomach and bowels present, accompanied with a diarrhœa coming on every evening. Headache attended with insomnia would frequently exist for four or five days at a time. After treating the case some months with different remedies that seemed to be indicated, but which continued to disappoint me as well as my patient, the lady called my attention to the large quantity of urine voided, an examination of which revealed the presence of sugar, the sp. gr. being 1060 at times, at others as low as 1003. As an agent to diminish the saccharine matter present, I put her on uranium nitrate 2x dil. 10 drops three times a day, at the same time interdicting starchy foods and administering freely animal foods. Carnrick's beef peptonoids seemed to be of especial value to her, and the first week I gave it to her she used it to the exclusion of all other articles of diet, taking it dissolved in hot water. The effect was a complete but agreeable surprise both to me and my patient, for not only did the urine attain a normal sp. gr. in a few days, but the most delicate tests failed to reveal more than a trace of sugar. The cough and dyspnœa disappeared, and with them the night-sweats; the bowels became regular, digestion in no sense embarrassed, less thirst, and moist tongue. The heart-beat dropped the first week from an average of 140 to 110, the next to 100, the third week to 80, and the fifth to 70, at which point it has steadily remained. After the third week there was no increase at any time over a temperature of 98½°. After six weeks all prominence of the eyeballs disappeared, and movements of lids became natural. The moderate use of starch was allowed as soon as digestion was to all appearances perfect, and the last year the patient has eaten without thinking for a moment that she ever had to pursue a cautionary course.

MOBILITY OF THE HEART.

Dr. Shershevski publishes in the *Vrach* a paper on the mobility or disability of the heart. He gives details of the examination of forty persons, all of them free from cardiac and pulmonary affections, in whom he noted accurately the position of the heart. The chief mobility was towards the left side, but the heart was often quite perceptibly displaced to the right, as well as downwards and even backwards. The chief conditions under which this occurred were youth, nervous states, and freedom of the vessels from signs of sclerosis. Displacement backwards was found in nearly half the cases, and this shows that the heart ought to be examined in the upright posture. The writer especially remarks on this when the examination is made as a prelude to the administration of chloroform, whereas, as a rule, the stethoscope is applied when the patient is lying down and in a very agitated frame of mind, which latter condition always renders the organ more easily displaced; and the diminished diameter due to this may lead to erroneous conclusions if the measurements be not previously taken in an upright position.

FISTULA, URETHRO-VESICAL VAGINAL.

M. POZZI, in the Surgical Society of Paris, narrated a case of successful operation for urethral vesical vaginal fistula in a patient who had been unsuccessfully operated on eleven times in the preceding eleven years. He ascribes his success to the use of the American urethral forcing method.

DEATH FOLLOWING INTERNAL URETHROTOMY.

INTERNAL urethrotomy is so seldom followed by untoward results that the case reported by M. Jobard to the Surgical Society of Paris at their meeting on the 23rd Feb., 1887, is of much interest. M. Jobard performed internal urethrotomy for a traumatic stricture, and the case presented no unusual incident, except a rather free bleeding. The evening of the same day he was recalled to see his patient, who was dying, death resulting that night.

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Clinical Records.

CHARING CROSS HOSPITAL.

Under the care of Mr. J. ASTLEY BLOXAM, F.R.C.S.

Abscesses in the Calves of both Legs beneath the Fascia of Gastrocnemius, following Phlegmasia after Parturition.

SUSAN J., æt. 41, admitted on July 6th, born in the country but inhabiting London since ten years of age, was confined of her tenth child nine weeks prior to admission. Five of her children died of phthisis, the others are living. Patient herself has always had good health, but she had flooding after her last confinement, which weakened her considerably. A fortnight later the right leg became swollen and painful, especially in the calf of the leg. Bran poultices and poppy head fomentations were applied, and an abscess formed, which burst about a month ago and was still discharging on admission. Soon after, the left leg also became swollen and painful, and on examination distinct fluctuation could be made out in the calf of the left leg. An incision was made with antiseptic precautions, and about five ounces of pus escaped. This afforded much relief to patient.

July 10th.—Back splints were applied to each leg, and both were slung. Plain carbolic dressing.

14th.—As patient's urine was dark and there were symptoms of absorption of carbolic acid, boro-glycerine dressings were substituted. A great deal of discharge comes away when the wounds are dressed. The patient is unable to retain her urine, and was ordered tinct. nucis vomica and tinct. belladonna, aa ♏iij, t. d. s.

18th.—The patient sleeps very well, and the incontinence of urine has ceased. There is still much discharge from the right leg.

28th.—The discharge shows signs of burrowing, about two inches above the internal malleolus of the right leg, and the sinus, about three inches long, was slit up by Mr. McDonnell, the house-surgeon.

29th.—Another sinus, two inches long, was opened up to-day. Poultices to be applied constantly.

August 1st.—The patient is improving in general health, but there is a good deal of pus discharged from the right leg. The wounds are syringed out with a gr. ij to the ounce solution of sulphate of zinc.

8th.—The pus pointing on the inner side of the leg, an incision was made and a drainage tube inserted.

September 1st.—The discharge is decreasing in quantity, and the patient's general health is improving. Extension has been applied to right foot.

26th.—There is effusion into the patient's right knee, and a blister was applied.

30th.—Effusion into knee-joint is less.

October 2nd.—The patient is now allowed to get up every day. A back splint applied to the right leg to counteract a tendency to inversion caused by contraction of the gastrocnemius.

8th.—Passive movement is effected of the right ankle-joint daily. The patient continues to improve generally. She left cured on the 22nd.

Removal of Wire from old case of Fractured Patella after Fifteen Months.

Annie B., æt. 39, fractured her patella fifteen months ago, and the fragments were secured in apposition by wire in the usual way. She now returned because her knee was painful, the cicatrix of the original operation was surrounded by a red inflammatory blush, and the middle third of it was depressed and occupied by a small white projection evidently containing pus, through which could be felt an end of wire sticking up from the level of the patella. On Saturday, March 22nd, Mr. Bloxam removed the wire from the patella, under an anæsthetic and with antiseptic precautions. The wound was brought together with horse hair sutures, and a small drainage tube inserted, an antiseptic dressing being then applied.

March 29th.—Antiseptic dressing was left off and a simple dressing applied.

April 3rd.—Patient was able to leave the hospital to-day.

This case illustrates a drawback to an otherwise useful and successful procedure. It does not occur very often, but when it does, its removal is very simple and does not entail much inconvenience. This is the first case of the kind which had occurred out of a great number of operations.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

OBSTETRICAL SECTION.

MEETING HELD FRIDAY, MARCH 4TH.

The President, Dr. A. V. MACAN, in the Chair.

DR. MASON exhibited ovaries removed for menorrhagia.

The PRESIDENT showed a two-headed child which had been delivered without artificial assistance—one head came first in tee delivery, then the breech and then the second head. He also showed a fibrous tumour which he removed from a woman nearly forty years of age.

DOUBLE VAGINAL ORIFICE.

Dr. WILLIAM FRAZER communicated the following case of a rare form of double vagina:—I attended a lady some time since who consulted me about the sixth month of her pregnancy; she had previously borne several children, with natural and easy labours, but for upwards of eight years before coming under my observation had ceased to conceive. She complained of an inconvenient swelling of the labia, which she thought was caused by a varicose condition of the veins, as the veins of the lower limbs were also swollen. This induced me to examine her with carefulness. I noticed that a projection about the bulk of a small apple sprang from the left side of the vagina, of dark purple colour, and consisting in great part of swelled veins. However, a closer examination detected that it was adherent only above and below—in fact, it constituted a perfect partition, extending upwards to the vagina for about an inch and a half; on one side was the usual orifice in the clitoris and urethra, and on the other a miniature opening of a smaller but well defined second passage. This supplemental vagina was quite unknown to the patient, who had never suspected its existence. It was capable of distension until two fingers could pass in; above, it terminated in the vagina common to both passages, and the uterus was perfect and normal. Delivery came on at its usual time, and was completed, as it always had been, without difficulty and by the larger passage, the septum lying to one side like a valve. In the course of a few months I obtained permission to examine the condition of parts. As all trace of swelling and varicose veins had passed away, this presented no difficulty. The septum in its structure was similar to the labium, and like it studded with the usual hairs; the natural orifice had its urethra, clitoris, and the lesser labiæ of small size; the supplemental opening had minute but distinct lesser labiæ, and a distinct fourchette; there was no trace of clitoris; the vaginal orifice was perfectly formed and surrounded by a strong and distinct sphincter muscle. There was nothing to prevent this passage being used for intercourse. The ordinary forms of double vagina—septum at upper part of a vagina and double uterus in various modifications—are all well known. This peculiar condition of a single vagina and perfect uterus above, and a septum in the double orifice, is, I believe, very seldom noticed -indeed, I have failed to find any record of such condition.

The **President** observed that if there were separate nymphæ to each orifice the case would be a rare one. The most uncommon form of malformation was when the septum went up the entire way.

Dr. **Frazer** said there was a distinct and separate sphincter to the second vagina.

DYSTOCIA CAUSED BY HYDROCEPHALUS AND PELVIC TUMOUR.

Dr. **Purefoy** narrated a case seen by him in consultation with Dr. Allen, in which the patient, a multipara, became profoundly prostrate from the suffering due to long continued but ineffectual labours. The os was found largely dilated, encircling a large mass which careful examination showed was a hydrocephalic fœtus; below this, posteriorly, was found an oval tumour very moveable and apparently pediculated—this was being driven down before the presenting part during each pain. With considerable difficulty this was pushed up and an opening made in the enormously-distended scalp, giving exit to several pints of clear fluid. Even in this collapsed condition the head was so large that it was found necessary to complete delivery with the forceps. When dealing with tumours thus obstructing delivery, if there is reason to believe their contents are fluid, the relative advantages of tapping them through the vagina or through the rectum deserve our particular consideration.

Dr. **Atthill** said he thought the tumour and the hydrocephalic child were mere coincidences. Of course they increased the difficulty of labour, but not the danger of the case. The question was how to deal with a tumour which could not be pushed upwards? His experience was, that it was wonderful how these tumours would get out of the way, and how little the patient suffered from their presence. He should have the greatest hesitation in tapping such tumours *per vaginam;* he thought such treatment extremely risky, because there was a danger of puncturing the vaginal wall.

Dr. **Byrne** remarked that where the tumour was solid the difficulty of the case was increased.

Dr. **Lane** asked was the child in Dr. Purefoy's case alive at the time of the operation? If it were dead there would have been no difficulty about lessening the size of the head by puncturing it.

The **President** said that in a bad case of hydrocephalic head, vaginal examination alone should not be depended on, as the head could be seen through the abdominal walls. The process of pushing up a tumour required a good deal of time, and was uncertain as to its results; if the child were dead, the operation would be made easier by perforating the head. It was not easy to tell whether a tumour was solid or fluid, because fluid tumour was sometimes made hard by jammed into the pelvis, and its true nature could not be ascertained without using an aspiration needle. If the tumour were fluid he would have no hesitation in aspirating, provided he was able to perform the operation antiseptically. In the case of a solid tumour it was different, especially when the medical man was called in late, because then the tumour might have undergone a crushing which would have rendered it liable to changes that would make it dangerous if pushed up. In a large majority of cases the uterus would pull the tumour out of the pelvis. If the uterus was contracting over the child and the head could not go down, the fundus would pull at the cervix and hoist it up further and further out of the vagina. If the tumour was fixed in the cervix and the head could not go down, the fundus pulled the tumour up out of the pelvis. That explained the success with which attempts were made to press fibrous tumours out of the pelvis.

Dr. **Purefoy**, in reply, said the main point of his paper was as to whether the operation should be performed through the vagina or through the rectum. With proper antiseptic precautions it was an operation attended with no danger. He adhered to his belief that the course of endeavouring to replace the tumour before the size of the head was diminished was the correct one. If he had first allowed the fluid to escape from the head, the latter would have been driven down into the pelvis, and would have become firmly wedged in the hollow of the sacrum, and its reposition would have become impossible; and after the head had been collapsed by the removal of a large quantity of fluid, and the tumour had been replaced, it would have been very difficult to apply a forceps. As to whether the child was alive or not he expressed no opinion; but the likelihood of its being alive might be judged of from the facts that the woman had been for eight or nine hours in a state of horrible suffering before he saw her, and that the child's head contained nearly five pints of fluid. The probability that it was alive was not very great; and the probability that it would have survived aspiration was exceedingly remote.

VESICULAR DEGENERATION OF THE CHORION.

Dr. **Byrne** submitted a case of vesicular degeneration of the chorion, which had been sent to his care and described by Dr. Hayes, of Tralee, as follows:—"It is a case of vesicular or hydatiform mole occurring in a women, æt. 60. It was covered over with vesicles—some as large as a bunch of grapes, others the size of a small pea, or smaller. The case was shortly this:—A few days since I was sent for to see a Mrs. C., wife of a labourer, æt. 60, rather a strong, healthy looking woman. She was attended for some days previously by the dispensary doctor for vomiting and uterine hæmorrhage. On examination externally, I found the uterine tumour about the size it would be in a woman between five and six months pregnant; internally, the os was sufficiently dilated to admit the finger, and I could detect soft globular masses. She stated that it was seventeen years since her last child was born; she had no miscarriages since. She menstruated regularly up to nearly four months since, when her courses ceased. She was under the impression they had ceased in the natural course from her age, but they came on again after three months and continued for the past month without ceasing. She was becoming exhausted, and vomiting set in. I gave her liq. ergot (Long's which I consider reliable and uniform) in ʒj doses every hour; after six or eight doses uterine contraction set in, and the whole thing came away *en masse.* She felt immediate relief, and is now quite restored, all hæmorrhage having ceased. I examined the mass carefully, but could find no trace of a fœtus; it was three times as large when passed as it is now, as the vesicles were large, filled with clear fluid, some pink-coloured. This case seems to me interesting, it being the first I have seen, and occurring in a woman, æt. 60, whose menses continued so long and never had any irregularity or illness; but, I suppose, a good many such cases are met with in Dublin." Dr. Byrne added that the facts were quite sufficient to warrant the conclusion that the case was one of vesicular degeneration of the placenta.

Dr. **Dill** said that she was considerably under sixty might be inferred from the fact that she had menstruated regularly up to the period when she became pregnant.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held March 31st.

The President, Dr. **Cleaver**, in the chair.

SURGICAL KIDNEYS.

Mr. Kilham showed specimens, and gave the following notes:—Geo. West, æt. 75, was admitted into the Sheffield Union Hospital on Feb. 4, 1887, with chronic cystitis. Was in hospital three years ago with stricture and retention of urine, and catheters were used. Has always passed mucus in his urine since that time. Has got much worse during the last eighteen months. No stricture or retention now. Died gradually of uræmia on Feb. 22. Post-mortem.—Both kidneys contained a number of abscess cavities containing pus and urine. Both pelves and ureters dilated.

STRICTURE OF PYLORUS AND ULCER OF STOMACH.

Dr. **HARGRAVES** showed specimens and gave the following notes of this case:—Patient, a man, æt. 31, a file-cutter, had been ailing with stomach disorder for five years, the symptoms at first being suggestive of disease of pylorus. He died of phthisis of right lung. The stomach was unusually large, having stricture of pylorus, orifice no larger than a goose-quill from primary scirrhus; also ulcer, size of a shilling, three inches from pylorus and midway between lesser and greater curvature anteriorly. The stomach was firmly adherent by the pyloric end to abdominal peritoneum at right side below the liver.

Mr. **SNELL** introduced a woman with small contracted pupils, Argyll Robertson's phenomena, optic atrophy, and symptoms pointing to locomotor ataxia.

DOUBLE OPHTHALMOPLEGIA.

Dr. W. R. **THOMAS** related a case of double ophthalmoplegia. On May 17th the patient, æt. 49, became dizzy, and fell, was unconscious for a short time, and when raised it was found that his sight was affected. When Dr. Thomas first saw him, in December, both eyes were very prominent from paralysis of ocular muscles. There was decided ptosis on both sides. The right eye was immovable, so also was the left; but on the left side there was a decided internal squint. The pupils were not affected by light or accommodation. Objects at a distance could be seen better than those near. Vision on the left side was much more indistinct than that on the right. There was no history of syphilis, rheumatism, cardiac disease, and no previous history of head symptoms. Dr. Thomas thought the attack due to hæmorrhage pressing upon the corpora quadrigemina on both sides, the floor of the third ventricle and parts around, and that this might be due to pre-existing disease, which had not given rise to any evident symptoms. The patient was improving.

Dr. **DYSON** brought forward a case of

ACUTE GASTRIC DILATATION,

which is rarely seen in private practice, and not frequently in hospital. The case will be found at page 419.

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France.

[FROM OUR OWN CORRESPONDENT.]

MEDICO-LEGAL ASPECT OF PERJURY IN CHILDREN.—At the last meeting of the Académié de Medicine, M. Motet, made an interesting communication on the perjury of children in a court of justice. He cited several examples relative to timid children, liars, and those possessing a too fertile imagination, who did not hesitate to accuse innocent persons of indecent acts, or even of attempted assassination, and he concluded that in such cases the *rôle* of the doctor was very important in a medico-legal point of view, as certain children are frequently the subjects of hallucination. One example will suffice:—on the 19th November, 1885, a boy called Morin, æt. seven and a half, did not return to his home all day. Search was made for him in every place without result until the evening, when a telegram from the police announced that he was found in a place a long way off from his home, two fishermen having pulled him out of the Seine, when drowning. He told his parents the following day, that he had met with a man who led him off by force to where he was found, and then knocked him over into the river. The description he gave of the man coincided exactly with a person who had been exhibiting an anatomical museum quite close to the parent's house. The man was arrested in spite of his protests, and the inspector of police believed he was on the track of a great crime; however, the innocence of the man was easily established by an alibi, and he was released. The magistrate then ordered a medical examination of the child, and Dr. Motet was sent for. He found the boy exceedingly nervous, and seemingly in fear of some impending calamity. He passed very restless nights, always dreaming of being thrown into the water. Long before the accident he slept badly, and micturated in bed, afraid to get up. The reason of this excitement was easily found, in the circle in which he lived he heard constantly of crimes of sorts, his parents being news-vendors, and to crown all, he had his door next this museum, outside of which one day, he heard the man in question, cry out to the crowd, "Come, in, you will see the head of Morin, who was killed by Mme. H.' Morin was his own name, and he took it naturally for himself, and fled. His falling into the water was accounted for by the desire to escape the dreaded pursuer.

TREATMENT OF NEURALGIA BY CHLORIDE OF METHYL.—At the Societé Medicale des Hospitaux—M. Debore, said that since 1884, his treatment of neuralgia by the chloride of methyl method embraced numerous cases. Over 150 persons suffering from sciatica, were almost all cured instantaneously. He did not succeed so well in lumbago. Great prudence should be observed when the patients were diabetic, albuminuric or very fat, and where there was œdema it should not be tried. After the application of the chloride of methyl, the skin remains permanently pigmented, so that where the face is concerned, the operation should be very quickly done and repeated.

THE TREATMENT OF SYPHILIS BY SUB-CUTANEOUS INJECTIONS.—At the same sitting of the society, M. Besnier replying to M. Balzer, on the new method of treating syphilis (subcutaneous injection of calomel, or other mercurial preparations), said that to a certain degree he accepted some of the declarations of his colleague, but he hesitated about others. With the yellow oxide of mercury, 20 grs., vaseline oil, one ounce (shake each time), an injection once a fortnight, but such was not the case with calomel: calomel, 30 grs., oil of vaseline, half-an-ounce, one injection in the gluteal region every fortnight. After three or four days, a small tumour appears at the seat of the injection, which gradually gets larger, and frequently after a fortnight suppurates. M. Besnier protested against considering those well who apparently left the hospital to return no more, for he had observed that in his service patients did not like the method, and when they were able, left him and entered into that of his colleagues who continued to employ the old method. He would not, however, deny that injections of calomel were of great benefit in secondary and tertiary syphilis, but mucous patches could not get well without cauterising. He cited two cases, one a patient who appeared to have been cured by hypodermic injections, a fortnight afterwards returned with mucous patches. Another was seized three weeks after treatment with meningeal syphilis of a severe character, and was only delivered by large doses of iodide of potassium. In conclusion, M. Besnier expressed the opinion that the treatment of syphilis by the new method, was not sufficiently tested to be employed in private practice.

CRIMES IN EUROPE.—From official statistics to hand, I find that the proportions of individuals condemned for homicide per each 100,000 inhabitants, is for Italy, 8·12; Spain, 7·83; Hungary, 6·09; Belgium, 1·78; France, 1·56; Germany, 1·11; England, 0·60; wounding with intent:—Austria, 248 out of 100,000 inhabitants; Belgium, 177: Italy, 162; Germany, 129; France, 65; The United Kingdom, 1·19 only. Indecent assaults:—Belgium furnishes 15·11; Germany, 24·03; France, 9·77; Italy, 3·77; United Kingdom, 1·70; Robberies:—Germany, 222; Italy, 154; United Kingdom, 147; Belgium, 128; France, 112; Spain, 56. Thus, if all the categories of crime were united and the figures added it would be found that Germany occupies the highest place in the scale of crime and *England the lowest.*

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 4, 1887.

LUNACY ACTS AMENDMENT BILL.

THIS Bill has now got clear of the House of Lords and has entered the Commons, where it is more likely to meet with a tedious passage owing to legislative congestion and the reforming zeal of a small band of well known lunacy legislators. It is much to be thankful for that it has escaped in such wholesale form from the House of Lords, despite the fact that it is more heavily weighted with debatable matter than its predecessors which, at an earlier stage came to an untimely end; and it is surely a good omen for the integrity of the measure that it has so far found its way into the lower chamber, and been propelled more smoothly than those which have gone before. Inasmuch, as any bill of the kind is sure to have obnoxious clauses here and there, and to be more or less incongruous, there is great reason for satisfaction that in so far as relates to private asylums, the Bill is founded on just principles, and is framed on reasonable and not too rigid lines. In this respect it maintains the same position as its predecessors, the alterations having little more than application to special cases and interests, and being also conceived in a reasonable, if not a too generous spirit. Considering all that has been said and written about private asylums, and all the imaginary horrors and fictitious stories which have been repeated again and again, a sigh of welcome relief must have been breathed over the first appearance of this measure, and a feeling of security must have been engendered by the assurance it abundantly contains, that it has been promoted on lines of justness and fairness to all concerned. While everything is done that ingenuity can devise to safeguard the liberty of the subject, to secure a proper and discriminate inquiry into the case of every alleged lunatic, to provide him with power of appeal under certain restrictions, to watch over him and follow his interests during his detention in the asylum, and in all respects to charge the state and the local authorities with the responsibility of his committal and detention; there has been no panic-stricken, indiscriminate, uncompensating abolition of private asylums. There has been no want of that spirit of even-handed justice which ought to obtain in England, if any where, and the legislature in so far as it has gone takes a broader, more tolerant and intelligent view of the question as a whole than certain *quasi* reformers in the House of Commons did some years ago. At the same time it behoves private asylums to have a thorough overhauling, to purge themselves of even the slightest appearance of abuse, and to show themselves at least equal in character and tone to any public asylum that may be pitted against them. We are not of those who believe that private asylums have been the sinks of iniquity, described by ruthless novelists and the harebrained agitator; but we have never contended that they are or were free from abuse. Abuses prevail more or less in institutions of the kind, and there is no use blinking the fact that in some measure this is inevitable, but the preventible abuses far outweigh the unpreventible, and are of a larger, more prominent and vexing character. Certain unpreventible abuses are impossible to absolutely sweep out of asylums as the dust which covers the floors and the walls. They are dependent to a large extent on the subordinate staff, and human nature as here exemplified in the past has not been of the best character. Many of the main faults and abuses were the natural outcome of this state of matters. But there are preventible causes, and such a staff should give way to one of better quality, one better paid, better trained, and more generously dealt with in matters of recreation, holiday, &c. Moreover, there is in many instances room for improvement in the dietaries in private, as well as in public, asylums, and far too little has been made of this in the past. Especially where a prolonged residence is necessary, does the question of dietary assume importance in the interest of the patients. Proprietors of private asylums have not shown a depth of philosophy in this respect. In saying so much we do so in full view of the fact (indeed because of the fact) that public asylums for paying patients are in this respect not any more commendable than private houses. If we speak of asylums generally, we cannot exclude pauper asylums altogether from these strictures, for many of their diet tables are conceived in anything but a liberal spirit. There can be no doubt that in the manner of food serving, if not in the quantity and quality, grave defects may be often found in private houses, and we have no hesitation in stating that some pauper asylums will compare favourably with asylums for paying patients in this respect. Altogether, the lunacy scare has brought with it a very wholesome lesson which teaches us how slippery a footing an asylum position of any kind is, how circumspectly all about it should be ordered, and how careful one should be, in a public or private asylum to avoid all danger of making haste to be rich. It teaches us also to abstain from every appearance that could favour such a construction being put on the management of our institutions for the insane, a construction which our profession of all others should be careful to eschew.

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CLINICAL TEACHING IN LONDON.

In a letter to a contemporary, Mr. James Hardie, of Manchester, repudiates the assumption that provincial schools are necessarily, or even usually, inferior in teaching powers to the metropolitan schools. Indeed, when the subject is carefully considered, it is difficult to understand how such an assumption could ever have established itself. It is evident, as Mr. Hardie hastens to admit, that there are to be found in London clinical teachers and material for clinical instruction, which, if they could be focussed and made available for the instruction of all London students, would be superior to any to be found elsewhere. It is equally evident, however, that as at present constituted, and as the teaching is at present carried on, this superiority cannot be shown to exist. There can be little doubt, that so far as the smaller schools, at any rate, are concerned, the teaching is not superior to that which obtains in several of the foremost provincial schools.

It is rather a pitiful spectacle when we reflect upon the rank which London might and should occupy as a teaching centre, that its actual position is so far below our ideal. The disadvantages under which London students labour are not all attributable merely to the subdivision of schools, and the larger schools are by no means necessarily the best. It is not easy to provide a thoroughly competent staff throughout, even in the most frequented schools, and side by side with men whose names are known and respected throughout the civilised world one finds men whose names and works are unknown outside their own lecture theatre. The difficulty of obtaining first-class men naturally tells more severely on the smaller schools since the remuneration is smaller, and the advantages pertaining to the position of lecturer are less. On the other hand, the mere personal contact between professors and their students and the greater interest which he is thereby enabled to take and to show in their welfare go far to compensate for whatever difference may exist in their teaching ability. In view of the comparative youth of many of our students, the better control which a personal acquaintance with individual students enables the school authorities to exercise, is a valuable safeguard for anxious parents, and affords some guarantee of assiduity at work on the part of young men but recently emancipated from the discipline of school life. In a large medical school the student can do to a very great extent as he pleases. The temptation to idle away the time and to contract expensive and vicious habits is greater, and the means of effective control less. The advantages attaching to small schools are therefore rather social than scholastic. From a purely educational point of view, and assuming that we have to deal with men who may be trusted to take advantage of the facilities which are offered to them, centralisation of teaching power offers the only reasonable chance of securing really first-class men to impart instruction.

So far as clinical teaching is concerned, what is required is that hospital practice instead of being reserved to the students of a particular school should be open to medical students as a body without distinction of school. This is the system which obtains abroad; it permits students to study particular branches of medicine, surgery, &c., under the men best known for their attainments, and in hospitals or institutions best adapted for the study of the particular subject.

It is as well to consider for a moment what a magnificent field London would offer for clinical study under such a scheme, comprehensively arranged so as to include both special and general hospitals, workhouses, infirmaries and lunatic asylums. Having once paid his fees, the student could study midwifery at a lying-in hospital, lunacy at Bethlem and so on. Instead of being restricted to the possibly crowded wards of his own hospital he could resort to others less frequented, where personal observation of the cases would be obtainable. This is doubtless possible to some extent under the present *régime* but only, for the most part, on the payment of fees in addition to the already exorbitant sums demanded for the full curriculum. The result of such a system would soon be to throw hospital appointments open for competition among the entire body of London students with the best results both to successful candidates and for the patients under their care.

It is possible that the scheme may appear Utopian and we are fain to confess that, as matters stand at present, there is very little prospect of its realisation. The greatest obstacle to its adoption lies in the vested interests of the actual teachers, none of whom would willingly sacrifice their private aims for the public good. If, as is not impossible, the present organisation of hospital management is remodelled and established on a more general and economical basis, the medical schools may perforce have to follow suit, and sink this rivalry in favour of common action. It is not altogether improbable either, that, should the scheme for a London degree become a *fait accompli*, the actual teaching authorities in becoming affiliated thereto, as part of a teaching university, may be brought closer together, and thus fulfil part at least of the object which is so much to be desired.

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THE DUBLIN HOSPITALS REPORT.

In continuation of the *resumé* of the Report published in our last issue, and the abstract of it which appeared in our Irish Supplement, we refer to the observations of the Commissioners on—

The Coombe Lying-in Hospital.—The Commissioners first deal with and condemn the system of self-election which exists in the Board of Governors of the Hospital, and, moreover, protest against the creation of patrons and similar honorary officers, who are, however, not permitted any voice in the management of the institution, nor in the election of managers. It is scarcely necessary for us to say that we approve to the fullest extent this condemnation of the self-elective system. In all self-elective Boards the executive authority gravitates into the hands of three or four active men, who attend the meetings regularly, and they, as a rule, take good care to ensure the election, when a vacancy occurs, of some person who has no decided views, is too busy to trouble them with his presence, and will, therefore, not interfere with their management. Hence arise all the abuses which are the natural outcome of administration by a *clique*, and it is notorious that the Coombe is far from being free from such consequences of the system. The Commissioners proceed to refer to the fact that there is only one Assistant Master, though the Charter provides for two. They attribute that condition of things to the unwillingness of students to pay the fee to the Master for the Assistancy, and express their opinion that the institution is weakened thereby, especially as the Master does not reside. While we cannot but concur in this opinion, we are not prepared to agree that the anomaly should be remedied by abolishing the fee, for it seems to us that it is quite reasonable to require a student who obtains the privilege of study and experience under the guidance of the Master to pay for it any sum which is consistent with the perfect management of the Hospital. After some remarks upon the necessity for selection amongst the students to whom the charge of cases is given, and upon the fact that the facilities for the teaching of extern female pupils are limited, the Commissioners refer to the fact that, out of a gross income of £1,600 the Governors have only managed to get together in subscriptions £302, which they very reasonably accept as conclusive evidence of the incompetency of the Board, their animadversions thereon being emphasised by the fact that some of the Governors do not themselves contribute anything to the Hospital.

The Westmoreland Lock Hospital.—The Commissioners, in the first place, comment on the fact that, notwithstanding the recommendation of the Commission of '54 and '58, this Hospital has not been used for clinical instruction. While admitting that the best opinions are at variance as to the desirability or possibility of admitting students to lock wards, the Commissioners conclude that, inasmuch as, in fact, the Lock Hospital performs no educational function, the grant to it ought to be withdrawn; and as, for the same reason, the Hospital would not be entitled to any share in the general fund, it must necessarily be shut up. The Commissioners think "in the highest degree" improbable that Parliament will consent to place the Hospital "in the singular position of being the only hospital of the kind supported" from the Civil Service estimates, and they, therefore, ask themselves the question, How is it to be supported? The answer they give is, that it can only be kept up by private charity or out of the rates, and as it is not to be expected that the benevolent would give their money for such purpose, the ratepayer is the only person who can be obliged to do so, and they strongly advise this solution of the difficulty, while insisting that, in such case, the existing method of government of the Hospital should be at once superseded by a Board elected by the ratepayers. The Report, having referred to certain alleged faults in the disciplinary arrangements and classification of inmates in the Hospital, notices briefly the suggestion, supported by the evidence of Drs. Fitzgibbon, Harrison, of Liverpool, and Kenny, that the inmates of the Lock should be accommodated in special wards of general hospitals. This is a proposition which involves such serious considerations that we cannot stop to consider it, and need not comment on it, save to say that it does not seem to us at all feasible or even desirable.

Cork Street Fever Hospital.—The Commissioners condemn the continuance of the grant to this Hospital, on the grounds—1. That its function of clinical instruction is not well defined. 2. That the provision for infectious patients should be, and is, legally imposed, not upon Parliament or upon private charity, but upon the rates, in support of which contention they point out the various Acts which make the treatment of infectious disease the natural work of the ratepayer. The Commissioners, on a calculation of income and expenditure, conclude that the withdrawal of the Parliamentary grant would involve a further call on the charitable or the taxpayers for £1,500 a year, and they wind up their Report by a strong expression of approval of the assiduity evinced by the Committee of Management, and by expressing the opinion that the Boards of Guardians will be "very willing to avail themselves" of such an institution.

We shall return next week to our review of the Report.

Notes on Current Topics.

The Control of Hospitals and their Funds.

The liberty which has always existed in this country as regards the foundation of hospitals, has of late years degenerated into licence. Since the law are absolutely silent on this subject, every insignificant and ambitious person who has been unable or whose purposes it would not have answered, to belong to already existing institutions, can start a hospital of his own and send round begging letters wholesale, soliciting public support. The committee may be men of straw and merely his nominees, the accounts may never be audited or if audited, never published, and the whole concern may be a private enterprise of the most unphilanthropic description without its being possible, except through the committee of management, to check or control its conduct. It is little less than a scandal that this state of things should, not only have been allowed to exist, but actually authorised to some extent by official recognition and admission to participation in public funds. The public are as much entitled to protection against possible misappropriation of funds in this way as they are against the manœuvres of other begging impostors. The grievance is a real one and has already received serious attention from persons who interest themselves in the proper management of the funds which the charitable public subscribe for the relief of the sick poor, a very small proportion of which, in some cases, ever reaches the intended recipients. It is sincerely to be hoped that their efforts to introduce some sort of order into this chaos may by-and-by be rewarded with the success they deserve. Nobody can accuse us of wishing to impose unnecessary restrictions when we maintain that, the right to ask for and receive public contributions for hospital purposes, should only be accorded on proof being furnished for the necessity of the appeal and then only on condition of the annual accounts being submitted for the approval of an official whose duty it would be to see that such funds have been applied in strict conformity with the object for which they were subscribed, and to curtail extravagance. We are even prepared to go farther and to claim that the accounts of *all* hospitals should be officially audited. Opportunity would thus be afforded to gain an insight into the cause of the extraordinary difference which exist between the cost of a bed at one hospital and that at another. Before measures are taken to secure additional funds, it would only be becoming to make sure that those already available are employed to the best advantage. The present crisis will not have been an unmixed evil if it should lead to the more efficient supervision and control of expenditure.

Prison Fare.

The present moment is singularly inappropriate for publishing lamentations on the unhealthy condition of Moorish prisons, to which a contemporary has committed itself. It is but a week or two since that the condition of many of our own prisons called forth very strong expressions from one of Her Majesty's judges, and was animadverted upon in the columns of that very contemporary. Moorish prisons, we can readily believe, leave very much to be desired from a sanitary point of view, but before we use our powerful influence for the purpose of introducing into them the latest improvements in ventilating shafts and water-closets, we should do well to put our own prisons in order. A committee appointed to investigate the condition of the latter reported that "nearly every requisite of humanity, and even of common decency was wanting." We have not yet heard of anything having been done to remove or remedy the conditions which gave rise to the above stricture, and our sympathy therefore should be reserved for our own poor prisoners who are herded together, the unconvicted with the convicted, and, in some cases without distinction of age or sex, in noisome dens with but inadequate provision for their physical needs.

A Standard for Milk.

Cases now and again occur in which samples of milk which have been certified by competent analysts to contain an undue proportion of water, have proved to come direct from the cow. This, of course, involves no reflection on the analyst who is guided in his decision merely by the proportion of solids not fat, which the sample of milk contains. The amount of these solids is singularly constant, yet it is quite conceivable that under certain circumstances they may fall short without the difference being justly attributable to the manipulation of the milk by the dealer. Clearly in such cases it would be unjust to convict the dealer, yet the latter has to suffer in consequence of his inability to prove his innocence. It has been suggested therefore, in order to meet this contingency, that milk containing less than the standard quantity of solids, shall not be saleable for human food. There are many reasons for approving this suggestion, first, a cow yielding such an inferior quality of milk is in all probability in a bad state of health, and may safely be assumed to be unfit to furnish what may be a contaminated and injurious food. In the second place, it avoids the possibility of a person being convicted for an offence of which he is innocent and, finally, it removes a difficulty from the task of successfully prosecuting offenders.

Medical Men and Dentists.

The question has recently been raised by a correspondent of the *Journal* of the British Dental Association as to the scale of fees to be charged by medical men to dentists and their families. We do not remember to have seen the question formally put before, but now that this has been done, we do not hesitate to express an opinion that dentists ought to be considered more or less in the light of brother practitioners. Their conduct towards medical men who are in need of their services is almost invariably characterised by courtesy and consideration, and the opportunity to reciprocate is one which should be seized with *empressement*. The status of dentists has made vast progress during the past few years, and their social position is now more in accordance with the highly-skilled services which they render to a suffering public. Dentistry is, properly speaking, but a department of surgery, and by no means the least useful. Dentists do more for our comfort and health than do many more purely surgical operations, and they do it moreover with an ease and a certainty which the others have yet to attain.

The Vice-Presidency of the Irish College of Surgeons.

Dr. Austin Meldon, Surgeon to the Jervis Street Hospital, and for some time a Councillor of the College, has announced his intention of seeking the Vice-presidency in June, 1888. We understand, also, that Dr. William Frazer who, for several years, occupied a seat in the Court of Examiners of the College will seek the suffrages of the Fellows on the same occasion. As we have already stated the Vice-presidency will be contested at the approaching election on the first Monday in June, by Mr. Croly, Senior Surgeon of the City of Dublin Hospital, formerly an Examiner in Surgery in the College, and now one of its Councillors, and Mr. Fitzgibbon, also Surgeon of the City of Dublin Hospital and of the Westmoreland Lock Hospital, who at present occupies a seat on the Council. The contest for the vice-chair has been very actively prosecuted, and the election is likely to be a very close one.

Illegal Certificates of Death.

It would be difficult to point out a more flagrant disregard of the law on the giving of death certificates than was elicited in the evidence given at an inquest at Newcastle-on-Tyne one day last week. From the report in a local paper which is before us the deceased would appear to have been attended by the unqualified assistant of Mr. Hardy, of Shieldfield. The case was diagnosed by him as one of heart disease, but the relations, dissatisfied with the treatment, sent for Dr. Arnison, who found it to be a case of double pneumonia from which the patient died shortly afterwards. Under the circumstances, the latter declined to give a certificate as to the cause of death, and Mr. Hardy was therefore applied to. Although he had never seen the deceased the latter gave the required certificate to the effect that death was due to acute nephritis (!). How he arrived at his diagnosis, in opposition to that of his assistant, without even seeing the patient, is a mystery. The coroner (Mr. Hoyle) very properly censured Mr. Hardy severely for his conduct, and expressed a strong opinion that the case ought to be investigated, for which purpose he should communicate with the Registrar-General. We shall be glad to know what steps are taken in the matter as it is much to be hoped that such cases will not be allowed to pass by without measures being taken to bring home to the offenders the impropriety and the illegality of such disreputable conduct.

The Parkes Museum.

The Council of the Parkes Museum have arranged for three demonstrations to be given of the object and advantages of the various appliances therein contained. The first of these demonstrations will be given on Monday, May 9th, by Professor W. H. Corfield, M.A., M.D.; on Monday, May 16, by Mr. Rogers Field; and on Monday, May 23rd, by Mr. Percival Gordon Smith. They will commence at 5 p.m. on each occasion. Members of the medical profession will be admitted on presentation of their cards.

Ice in Post-partum Hæmorrhage.

Several cases in which post-partum hæmorrhage was successfully stopped by the introduction of pieces of ice into the uterus, have been followed by symptoms of septicæmia. This fact, taken in conjunction with the recent researches of Prudden as to the presence of living bacteria in ice, may perhaps point to direct septic infection from the use of ice. Under any circumstances hot water is probably preferable as a hæmostatic agent, and the possibility of conveying septic germs in ice thus brought forward, is another and still stronger argument against the employment of the latter.

The "Appointed Day."

Lord Cranbrook, Lord President of the Privy Council has addressed a communication to the General Medical Council requesting them to advise him upon the desirability of postponing until the end of June the period at which the Medical Act of 1886 shall come into force. That Act names the 1st of June as the date after which the independent diplomas of licensing bodies shall cease to be registrable, and the conjoint examination schemes shall come into operation, but power is reserved to the Privy Council to extend the period for a month. It is of course to be presumed that the Medical Council will advise the extension of the time available to complete the new arrangements; indeed, even the extended period will be all too short to bring the mechanism of conjoint examination in Ireland into working order, and it would have been greatly to be desired if it had been possible to give the Irish licensing bodies an additional six months to set themselves in order. The Medical Council will not meet until the 10th of May, and the middle of the month will be reached before the Council can decide upon the conjoint scheme presented by the two Colleges, and upon the demand of the Apothecaries' Hall for assistant examiners. Moreover, the whole scheme itself is not yet complete, and innumerable difficulties have to be still surmounted to provide a *modus vivendi* for students who have passed one or more examinations under the existing system. The unsettled state of medico-educational affairs in Ireland has caused great inconvenience and anxiety to students who are coming forward for their examinations. They commenced their studies under the system previously in force in the College, entered for any lectures thereby required and worked up the subjects. Before long rumours are in the air that important modifications in, and additions to, this programme were in contemplation by the Conjoint Examination Committee, and, very naturally, the students became unsettled in mind and anxious for definite information, which it was not possible to give them. While we sympathise with them we can assure them that the Colleges and the Conjoint Examination Committee have done their best to avoid violent changes which would operate unjustly towards any of them. The examinations will be, in all essentials, conducted as heretofore, and the curriculums and subjects will be substantially the same. In the third and fourth examinations the additional subjects which have been heretofore required for the College of Physicians' diploma are super-added to the "Surgeon's" examination, and must be assiduously worked up, but in most other respects the examinations remain untouched. It is very necessary for us to remind students that after June next the power of remitting curriculum, exempting from examination, granting supplementary or special examinations, or in any other respect modifying the rules passes out of the hands of the Colleges. Those who fail to pass must take the consequences, and there will no longer exist the reprehensible system of concession to idlers which has heretofore been too frequent.

The Non-payment of Water-rates.

Several cases have recently been made public where inoffensive and law-abiding citizens who always paid their water-rates, had been subjected to very grave inconvenience and even risk to health, by their water supply being cut off in consequence of the non-payment of the rates by a recalcitrant or impecunious neighbour. As the law was all on their side a timely application to a magistrate sufficed to put matters right, but the fact of the water supply being cut off under any conditions raises an interesting question as to the advisability of allowing the employment of any such measure of coercion. Take the case of the occupier of a house who has been unable to settle with the company's collector. After the lapse of a certain period of time he is suddenly and without warning deprived of his supply of water. He has no other means of obtaining water, and to beg some from a neighbour is to expose both himself and his obliging friend to the penalties in that case made and provided. We will assume that the inability to pay is real and unavoidable, and the fact remains that the occupier has been deprived of an article which is indispensable to health, comfort, and even life. His drains are unflushed, his house is dirty, and a general condition of unwashedness at once becomes painfully apparent. Even if, under this extreme pressure (compared to which all other known methods of coercion are but as child's play) he contrives to beg, steal, or borrow the amount due, he is no better off for the water will only be laid on again on the payment of a comparatively heavy fine. Such measures are as detrimental to public and private health, as they are to christian morality. The man labours under a physical inability to obtain the water which he requires for his daily needs without committing an infraction of the laws. Verily, the custom is one which savours of Shylock. There are plenty of means of obtaining payment where it can possibly be obtained, without recourse to such barbarous proceedings. One good way would be to make the landlord responsible for the water-rate which should under no circumstances (except non-occupation) be liable to be cut off. Perhaps when a London municipality is created, which takes a more generous view of its duties, a limit may be placed on the grasping policy of the water companies and water rates will be collected like other rates, and not in a way which subjects human beings to the risk of serious deprivation, suffering, and disease.

An Anatomical Society.

A meeting of those interested in anatomical science will be held on Friday, the 6th of May, at 5 p.m., in the rooms of the Medical Society of London, Chandos Street, for the purpose of founding a society devoted to research in human anatomy, and to the allied sciences. Professor Humphry, of Cambridge, has promised to take the chair, and it is probable that Professor Cunningham, of the University of Dublin, will be designated Vice-President, and Dr. Thornley Stoker, Secretary for Ireland. The subscription will be probably fixed at £1 1s. a year, and teachers of anatomy who desire to join the Society as foundation fellows on these terms, should apply to Dr. Thornley Stoker, 16 Harcourt Street, Dublin. The transactions of the society will appear in the *Journal of Anatomy and Physiology.*

The Prince and Princess of Wales will open the new buildings of the London Hospital at five o'clock on Saturday, May 21st.

Attention is shortly to be called in the House of Lords to the regulations for the prevention of hydrophobia by Lord Mount-Temple who will present a bill on the subject.

The Irish Apothecaries' Company.

We hear that the Apothecaries' Hall of Ireland have asked the General Medical Council for three surgical examiners to supplement their Court, which in other respects they consider complete. It will be recollected that their original request was for *one* surgical examiner. We trust that the Medical Council will grant neither three nor one nor any assistant examiners to the "Hall," and we have every belief that they will decline to erect the Irish Apothecaries' Hall into an independent licensing body on any terms, to which conclusion we understand they will be moved by Dr. Struthers, of Aberdeen, who has given notice of motion to that effect. Indeed, we cannot see how it is legally possible for the Council to entertain the request of the "Hall" for assistant examiners, inasmuch as that request does not seem to be consistent with the clause of the Act which governs the question. As we have already explained, a licensing body applying for assistant examiners to enable it to examine independently has no *locus standi* before the Medical Council unless it can show in terms of clause 5 that it "is unable to enter into a combination for the purpose of holding qualifying examinations," and unless "the General Council are satisfied that (it) has used its best endeavours to enter into such combination and is unable to do so on reasonable terms," and unless, being so satisfied, the General Council "thinks fit to appoint" examiners as requested. The Irish Apothecaries' Hall has been accepted as partner by the College of Surgeons on very "reasonable terms," *i.e.*, that it shall prove its competency to grant a "medical diploma," and it has for a sentimental reason refused to comply with that requirement, which might have been readily done, and we, therefore, do not see how the Medical Council can lawfully, if ever so willing, admit the "Hall" to the privilege conceded by clause 5. But if the Council considers that the "Hall" comes within the operation of the clause it will then become necessary for them to consider the application of the "Hall" on its merits and decide whether or not that institution deserves to be erected into a separate licensing body, upon which question the whole of its previous history and origin enters into the discussion, and the challenge by the College of Physicians of its *status* and competency must be debated. Finally, if the Council should decide all these points in favour of the "Hall," it will become essential to consider very gravely how many assistant examiners should be granted, and in what subjects. We should be sorry to derogate from the professional competency of any of the examiners of the Hall, but we are aware that it will be strongly urged upon the Council that in no subjects save materia medica, chemistry, and pharmacy can the Court be considered reasonably competent to examine, and the Council will accordingly be strenuously urged, if they grant assistant examiners at all, to grant them in anatomy, physiology, and medicine, as well as in surgery, lest the examination for the L.A.H. should become a mere farce.

We are unfeignedly sorry to see the Irish Apothecaries' Hall placed in the position which it will occupy at the coming meeting of the Medical Council, but we cannot feel much pity for it, inasmuch as it has deliberately thrust itself into it. A very simple means was offered to the Governors of rehabilitation by a conjunction with the College of Surgeons, and they have refused the chance and preferred the appalling risk of extinction by the refusal of the Medical Council to give them a renewal of their independent existence. They, very reasonably, deprecated with ridicule the sentimentality of the Fellows of the College of Physicians who have preferred to incur the peril of breaking up Irish medical education rather than descend from their high horse, and now they, the "Hall," imitate that sentimentality by refusing to prove their title, because, in their opinion, to do so would be *infra dig.* No common-sense observer can have any respect for such high-flown nonsense.

Morphinomania and its Treatment.

The causes which determine the abuse of morphine in persons are numerous. It may have been taken in the first instance for the relief of pain, moral or physical, or for the sake of the sensations which it procures to its votaries. Once a person has become a slave to the habit, the abject state of prostration into which he is plunged on being deprived of his stimulant, generally prevents any effectual effort to break it. This sensation of utter lassitude and general malaise, which is so characteristic of its deprivation in those who have accustomed themselves to its use, is due, according to observations by Professor Ball and Dr. O. Jennings, of Paris, to the state of anæmia in which the tissues are left when the habitual stimulant is wanting, the nerve centres being the first to suffer from this state of things, hence the nervous agitation due to the cerebral anæmia. Under the influence of an injection of morphine, the circulation is activated and the tissues become turgid with blood. It occurred to these gentlemen to combat the collapse which marks privation of the drug by means of hypodermic injections of sulphate of sparteine which, by acting on the heart, relieves the anæmia and with it the symptoms of depression. The quantity used varied from one to two-thirds of a grain and its effect is marked and immediate. Nitroglycerine has the same stimulating effect on the circulation, but is ephemeral in its action and is apt to cause headache.

Bacteria in Ice.

For a long time the comfortable supposition has obtained that the all but omnipresent bacteria were compelled to regard as territory sacred from their ravages the ice into which water had been converted either by natural or artificial forces. The pleasing delusion, however, can now no longer be entertained, since direct proof to the contrary is forthcoming in the results of a patient and painstaking investigation into the relations of bacteria to ice, conducted experimentally by Dr. T. M. Prudden, the description of which was recently communicated to the New York Academy of Medicine. As an outcome of the researches thus conducted, Dr. Prudden is compelled to correct the popular impression that in the process of freezing impure water loses its contamination, this being true only in part as regards the bacteria contained in it. Different species of these organisms possess different capacities for resisting the destructive action of low temperatures, the hardiest varieties, unfortunately, being those which produce serious and fatal diseases in man, the bacillus of typhoid and the bacterium of suppuration being among them. It is satisfactory to learn, however, that freezing, like filtration, acts largely in the way of purification, some natural waters losing as much as 90 per cent. of their bacterial impurities in the process. But between freezing and filtration there is the vital difference that, whereas in the latter all forms of bacteria are removed in approximated equal ratio, in the former some of the most dangerous forms may remain, owing to their superior powers of resistance. The practical teaching of the results arrived at during the inquiry in question is, that the utmost endeavour should be made to obtain supplies of ice for domestic and therapeutic purposes especially, and whether natural or manufactured, from sources the purity of which is unquestionable. River water polluted by sewage can clearly not afford a desirable fluid for conversion into ice designed for any purpose other than that of cooling; but it is pretty certain that much of the ice consumed in such quantities at present in cities and towns would scarce pass uncondemned if examined from a standard of bacterial purity. Altogether, the inquiry raises very important points for consideration, and will certainly lead to more extended observations, and these again to ultimate improvements designed for the general good.

Ingrowing Toe-Nail.

The methods of treatment adopted with a view to ameliorating the painful condition known as ingrowing or infleshed toe-nail, numerous though they are, are rarely regarded as satisfactory; and any proposal for its radical cure, that offers prospects of a satisfactory result, are likely to be regarded with general favour. In this connection a paper published in the *Boston Medical and Surgical Journal*, from the pen of Dr. Cotting, consulting surgeon to the Boston City Hospital, possesses considerable interest, dealing as it does with an operation which, in the hands of its author and others, has been attended with much success. It consists in removing with the knife the diseased fleshy parts along with a good thick slice of the adjoining healthy side of the toe. The piece thus shaved off is limited by the edge of the nail, which must be left quite undisturbed, and which subsequently is left free from imbedding tissue, owing to the contraction of the cicatrising wound. The dressing employed, as recommended by Dr. Cotting, is lint or absorbent cotton, which is firmly compressed by means of a narrow roller bandage, oil silk being used as a covering for the whole. Hæmorrhage during the operation and dressing may be controlled, if necessary, by digital pressure made by an assistant on the sides of the toe; but no trouble need be apprehended on this score. The proceeding described has much of the element of simplicity to recommend it, and under an anæsthetic it is very easily carried out. The patient, moreover, may after it at once return to business, the inconvenience of the wound being even less than that constantly associated with the affection it is designed to cure; and it may possibly find adoption by those called upon to treat the troublesome condition in question. In the same paper referred to an interesting observation is made in relation to the subject of hereditary transmission of deformities. One of the cases operated on by the author, a young woman, had previously submitted to the same proceeding for ingrowing toe-nail on her other foot, at which time an older brother also received treatment for a similar ailment. Moreover, sixteen years previously the mother of these two patients had been treated by Dr. Cotting for the same affection, both sides of both toes being then shaved in her case. This made seven operations in this one family.

Hospital Reform.

Without descending to the details of Dublin Hospital reform which are enumerated in our review of the Report of the Hospital Commission, a general criticism of the tenor of that Report is called for. The subject with which the Commissioners have had to treat was a complicated one, the principles involved being open to dispute, the vested interests dealt with hard to adjust, and the legislative difficulties serious—and, in Ireland at present, the political encumbrances of the inquiry were particularly onerous. We are bound to do justice to the Commissioners—at the earliest moment—by expressing our entire approval of the spirit of their Report—our appreciation of the boldness with which they have grasped the abuses of hospital management with which we have long been familiar—and our earnest hope that their recommendations will be brought, without delay, to a practical effect. The systems of purchase of hospital appointments, of the self-election of managing boards, of sectarianism in such elections, of the appointment of medical officers by their colleagues, and of financial jobbery have been denounced as they deserve to be, and as long as these abuses have been recognised, and are likely to be dealt with in a practical way the public can afford to await the settlement of details which can always be amended by discussion and compromise.

We are, however, anxious to know when the recommendations of the Commission are to be pressed forward, because the experience we have already had of the delay in presenting the Report does not encourage us to hope for any great display of vigour in the matter. But the subject cannot be cushioned now that it has been brought —in all its points—before public notice. What has been long suspected by the uninitiated, and well known to the *cognoscenti* is now before the public on authority, and it cannot be tolerated that reforms shall be long delayed. A short Bill will be necessary to give them effect, and, as we think that all parties will be willing to bring the question to a settlement if they can, we do not anticipate that there will be much difficulty in arriving at a political understanding, favourable to the Commissioners' views.

Dr. Charles Mercier has been appointed to give a course of lectures on Neurology and Alienism at the Westminster Hospital Medical School. It was decided not to make any provision at present for special instruction in hygiene and sanitary science.

The "Royal" Academy of Medicine of Ireland.

The Academy met on the 20th of April to consider the propriety of asking for the prefix "Royal," which had been suggested to them last year, by the late Dr. Henry Kennedy. In consequence of a rumour that the proposal would be resisted by the anti-Royal party, there was a large gathering of Fellows and Members. It is unneccessary to opine consideration to the demonstration in opposition, further than to say that it was calmly disposed of by a vote of 54 to 3, and the Academy will proceed notwithstanding the triune phalanx.

We regret to announce the death of Mr. Chatto, M.R.C.S., the much respected librarian of the London College of Surgeons, at the age of seventy-seven.

Dr. C. R. Thompson, of Westerham, Kent, was thrown out of his carriage on Thursday night and sustained such injuries that he died the following day, never having recovered consciousness. On Monday a coroner's inquest was held, when a verdict of accidental death from fracture of the skull and concussion of the brain was returned.

The Council of the Mason Science College, Birmingham, invite applications, on or before the 30th of June next, for a Professor of Physiology, the duties of which will commence on the 1st of October, 1887.

Charles Baxter, an unqualified medical assistant, was convicted at the Central Criminal Court on Friday last and sentenced to fifteen years' penal servitude for the practice of criminal abortion in a young girl who died from the effects.

At the recent Honor Examinations of the Medical Faculty of the Royal University of Ireland, Miss Eleanor L. Fleury, passed with credit, obtaining seventh place. Miss Fleury was educated at the London Medical School for Women.

The sixth annual International Hygienic and Demographic Congress, under the patronage of the Crown Prince Rudolph, will be held in Vienna from September 26th to October 20th. A hygienic exhibition will also be held in connection with the Congress.

Dr. Batty Tuke, of Edinburgh, has been nominated one of the Vice-Presidents of the Psychological Section, and Dr. Lloyd Roberts, of Manchester, has been elected a Vice-President of the Obstetric Section, at the forthcoming International Medical Congress at Washington.

At the last election meeting of the Fellows of the Irish College of Physicians, Dr. Wallace Beatty, of the Adelaide Hospital, Dr. McDonnel Cosgrave, Assistant Physician, of the House of Industry Hospital and Dr. Duke, formerly Assistant Master of the Rotunda Hospital, were elected Fellows.

Germany.

[FROM OUR OWN CORRESPONDENT.]

THE 16TH GERMAN SURGICAL CONGRESS.

(Continued from our last issue, page 405).

At the close of Madelung's address on Obstruction of the Bowels, Professor von Bergmann showed two preparations illustrating the uselessness of operative treatment. The first was the intestine of a child, who had been attacked with colic a week before the operation. A cord was found originating in suppurating lymph glands, which starting from the base of the mesentery, was wound thrice round the whole of the intestines. An artificial anus was made, but without result. The second preparation was an invaginated intestine, which had simulated a tumour. Circular resection was performed, but was of no avail, as a large piece of intestine was atrophied.

A paper was read from Dr. Fenwick, of London, in which a cast of the prostate in the living was recommended as the best method of ascertaining the extent of enlargement of the part. The practicability of the plan was doubted.

Professor Helferich, of Greifswald, showed a case of myositis ossificans in a young man, æt. 24. The ossification had taken place in definite groups of muscles in a state of contraction.

Professor Volkmann related a similar case in which he had extirpated the bony parts in hopes of affording more movement. He found that the bone was furnished with a layer of cartilage, a proof that there was complete new growth of bone in the true sense of the word. The present view of an inflammatory process in myositis ossificans must be allowed to drop.

Professor Helferich next reported a case of extensive sarcoma of the clavicle. Similar tumours were also present on the spinous process of the vertebræ.

Dr. Bramann showed preparations of cystic degeneration of the skeleton, which he attributed to hæmorrhages.

Dr. Stetter, Königsberg, showed a carcinoma of the pylorus successfully removed from a woman, æt. 45, on February 17th. In consequence of an error in diet, vomiting occurred three weeks after the operation, and the wound reopened, and was not yet quite closed.

This led the way to the subject of resection of the stomach, and Rydygier, of Culm, reported that the case on which he had operated two and a-half years before was still living, and in good health. She was able to digest peas, sauerkraut, and salt codfish, &c.

Professor Petersen, Keil, reported on two cases operated on: one died six months after operation; the other, operated on on March 7th last, by Professor Esmarch, was already able to take ordinary diet.

Professors Wölfler, Gratz, and Kocher, Berne, also spoke.

The subject of renal surgery was introduced by Dr. James Israel, Berlin; Professor Madelung, Rostock, showed a case of atheroma of the kidney; whilst Dr. Lange, New York, and Tillmanns, Leipsic, discussed the operative removal of renal calculi.

Dr. Stelzner, of Dresden, showed a number of foreign bodies removed from the stomach of a would-be suicide. In December of last year a man, twenty-two years of age, was brought to him, who, with suicidal intent, had swallowed some pieces of glass and wood. Several pointed bodies could in fact be felt in the stomach. The stomach was opened and six pieces of wood a finger-breadth in width and 10 ctm. in length were removed. The intestine was then opened longitudinally, and from this four similar pieces were removed. Recovery took place without interruption. The man was sent back to gaol, brought before the court, and sentenced to several years' imprisonment. He then became ill again, not because all the foreign bodies were not removed, but because he had swallowed more. Laparotomy was again performed, and three pieces were removed. Rapid recovery again took place.

Dr. Stelzner also reported the case of a young man who tried to take away his life by thrusting a sewing-needle into his heart, 4 ctm. inwards from the nipple. When brought to the hospital no trace of the needle could be seen. The symptoms soon became so threatening that the speaker opened the pericardium. As he seized the vigorously pulsating heart between his fingers he could feel the needle lying transversely across the heart. An attempt to press forward the needle from behind did not succeed. The needle slipped away, and was felt later lying lengthwise in the heart. He then desisted from further attempts at removal. The patient made a good recovery, notwithstanding that a tampon of iodoform gauze which was employed at the operation to shut off the pleural opening slipped into the pleural cavity and was not found again. The patient was then a healthy, blooming man, but he still had the needle and the tampon within him.

As pendant to this Dr. Hahn related the case of a girl who in 1885, whilst knitting, was struck, one of the needles penetrating the heart and breaking off. Professor von Bergmann, who was called in in his (Dr. Hahn's) absence, six hours after the accident, slowly and gradually extracted it, the patient making a complete recovery, and the pericardium, contrary to expectation, not filling up with blood.

The deferred discussion on Obstruction of the Bowels then took place, in which Rydygier, Mikulicz, Königsberg; Schede, Hamburg; Schönborn, Wurzburg; Stelzner, and Trendelenburg, Bonn, took part.

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At the Societies.

MEDICAL SOCIETY OF LONDON.

On Monday evening last the annual *conversazione* of the Society was held at their rooms in Chandos Street. A very large number of Fellows were present, and the advantages which these occasions offer for friendly meetings were apparently appreciated to the full. In addition to a collection of etchings, mezzotints, photographs and paintings lent by various Fellows for the occasion, a number of specimens of art pottery, by Messrs. Martin Brothers, were exhibited, and during the evening Mr. R. Martin himself worked on the potter's wheel, his skill and dexterity exciting universal admiration. Another department of art was represented by the string band of the Royal Artillery, who supplied the sweet strains which form such an excellent background for general conversation and inattention.

The annual oration was delivered by Sir William MacCormac, on Abdominal Section for the Treatment of Intra-peritoneal Injury. After alluding to the very great progress which has been effected during recent years in this important department of surgery, he expressed his belief that the excellent results obtained were beyond doubt due to the employment of antiseptic precautions. Of scarcely less importance is the information obtainable for purposes of diagnosis by means of exploratory incisions, which were at present made by the surgeon without hesitation in view of the safety afforded by antiseptic surgery. These incisions afford in many cases the only available means of arriving at a diagnosis with sufficient certainty and promptness to enable further surgical measures to be taken with a fair chance of success. Sir William discussed more particularly the treatment of penetrating abdominal wounds and visceral injury as having received less attention hitherto than corresponding injuries to the stomach, kidneys, &c. The treatment of incised wounds of the intestines was for years a moot question, many eminent authorities advocating a purely expectant treatment, which experience has shown all along to be attended almost invariably by fatal results. The orator quoted some very remarkable cases of penetrating wounds of the abdomen, in which the intestines had apparently escaped injury, but he urged that these exceptions did not militate against the general principle that in such cases it was better to cut down and thoroughly examine the abdominal cavity, cleaning the peritoneum and suturing if necessary. To be successful, surgical intervention must be prompt, but the difficulty of ascertaining whether or not the gut is wounded, otherwise than by laparotomy, is so great that if we wait for unequivocal signs thereof, the chances of success are very greatly diminished. He showed that the disfavour into which the practice of probing abdominal wounds had fallen was altogether unwarranted, and was often a necessary proceeding in arriving at a diagnosis. Bullet wounds of the intestines are naturally very dangerous injuries, yet, as Sir William proved from cases which he had met with, it is yet possible to intervene with some prospect of success. The cases met with in civil practice are, for many reasons, far more favourable for operation than those met with in the hurry, dirt, and excitement of the battle-field. The great point to be kept in view is the desirability of restoring the continuity of the wounded or ruptured gut wherever this is practicable. With proper precautions fæcal extravasation can be prevented, and under favourable circumstances the most brilliant results can be and have been achieved.

Considerations of space prevent us doing justice to this erudite and interesting paper in the way we should have liked to do.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the last meeting of the Royal Medical and Chirurgical Society, presided over by Mr. G. D. Pollock, F.R.C.S., an interesting case illustrative of the influence of hereditary syphilis in determining the development of dementia in a child was communicated by Drs. F. Warner and Fletcher Beach. The subject of the paper was first seen in 1879, by Dr. Warner, who obtained a history of infantile syphilis, but the boy grew up to be strong and intelligent until he attained the age of seven. From this time a certain difficulty of movement set in, and fits of crying occurred, and in 1880 he became an inmate of Darenth Asylum, where he died two years later. *Post mortem*, a false membrane was found underlying the dura mater, to which it was adherent; it extended for a considerable distance along the floor of the skull, and was attached by a thin membrane to the pia mater also. The family history showed a neurotic inheritance, and syphilis in the father, and it was pointed out that the case bore out Heubner's contention that hereditary predisposition to nervous diseases in syphilitic children exerts an influence in determining the syphilitic poison towards the nervous system. Dr. Angel Money mentioned a case in which he had detected similar post-mortem appearances in a child twenty months old; and Dr. Warner referred to other cases in which he had observed progressive loss of mental power, unquestionably due to syphilis. As to the frequency of syphilitic imbecility, Dr. Fletcher Beach stated that only three undoubted instances had occurred in 1,600 at the Darenth Asylum.

An exhaustive analysis of a series of 93 cases of writer's cramp was next presented by Dr. G. V. Poore, this communication being supplementary to a former paper dealing with 75 other cases. Of the whole number of 168 cases thus collected, about one-fourth were referred to slight central changes in the brain or cord, while the remaining 117 cases exhibited now central change in the history of causation. The author terms the latter "neuro-muscular" cases, and gives as their characteristic features—1. Nerve tenderness; 2. Changed faradic sensibility in some of the muscles; and 3. Tremors. Muscular over-exertion was assigned as a prominent cause of the weakness, and the best results have been obtained from treatment by blistering, massage, and counter-irritation.

Dr. C. Y. Biss complained of the meagre details communicated respecting the patient's physical and mental state; and he narrated a case in which massage had effectually cured a long-standing cramp. Dr. Angel Money thought old and long-past hemiplegia might account for the onset of writer's cramp in some cases, and that nutritional defects of the motor cortical areas of the brain might also be liable in this connection. Dr. Garrod reminded the Society that impaired power of writing might arise from pressure on the nerves during sleep, and Mr. Godlee referred to impairments due to rheumatic affections.

Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

EDINBURGH UNIVERSITY, ELECTION OF ASSESSOR FROM THE GENERAL COUNCIL TO THE UNIVERSITY COURT.

Owing to the death of Dr. D. Rutherford Haldane, the post of Assessor from the General Council of the University of Edinburgh to the University Court has become vacant. The nomination of candidates took place at the statutory meeting of the General Council, which has just been held. Sir Alexander Christison, Bart., M.D., was proposed by Mr. Edmund Baxter, W.S., and seconded by Professor Calderwood, LL.D., and Dr. Patrick Heron Watson, F.R.C.S., LL.D., was proposed by Mr. R. Vary Campbell, Advocate, and seconded by Dr. Joseph Bell. The result of the preliminary vote was that 70 declared for Sir Alexander Christison, and 63 for Dr. Heron Watson. Having regard to the inadequacy of such a declaration from a constituency which numbers several thousands, Mr. R. Vary Campbell demanded a poll. The voting papers have now been issued, and must be returned to the registrar by the 10th May. It is to be hoped that all Edinburgh graduates who are entitled to a vote will make a point of expressing their opinion at this time. It is not merely a question of selection between two good men, for all must admit that with either nominee the personal representation of the general body of the graduates would be thoroughly provided for. But the election raises the much wider issue of the relative strength of certain opposing factors in the University polity. It cannot be denied that Sir Alexander Christison stands before the constituents as the chosen nominee of the Senatus Academicus. His election would mean a strengthening of certain views on University administration, with which the academic world is but too familiar, and which were re-stated but a fortnight ago in a remarkable manner by Professor Sir William Turner. It is not too much to say that, were this not clearly understood, Sir Alexander Christison would never have been asked to accept nomination, Dr. Heron Watson, on the other hand, solicits the support of the Council as the representative of that wider and broader school of thought, which, with equal loyalty to the University cause, holds the opinion that University interests will best be served by the transference of the main burden of administration from the shoulders of those whose functions are more properly teaching and research, to a responsible administrative body, so constituted as fairly to represent all the different elements which ought to possess influence in the University economy. If past services and experience count for anything, there can be no doubt that Dr. Heron Watson will receive by far the larger proportion of the medical support. As a tried teacher in the Edinburgh Medical School, and more especially as admittedly one of the ablest members of the Medical Council, Dr. Watson has the best credentials, while his breadth of culture and catholicity of sentiment were fitly recognised by the University when it included him among the men whom she delighted to honour at her Tercentenary Celebration, and admitted to the degree of Doctor of Laws.

Election of Representative of Edinburgh University to the General Medical Council.—An important point has just been raised in the Edinburgh University General Council as to their rights in the matter of electing the representative of Edinburgh University at the General Medical Council. At the statutory meeting of the General Council in April, it was moved, "That this Council represent to the University Court to memorialise the Secretary for Scotland and the Lord Advocate that the 'University' in the seventh section of the Medical Act of 1886, ought to be defined so as to declare or enact that the duty of appointing the member of the Medical Council who represents the University of Edinburgh lies with this Council." The discussion of the motion gave occasion to a very free expression of opinion. It was evident that a large proportion of the graduates are widely opposed to the present acceptation of the term "University." It was pointed out, however, by Sir William Turner that "the Senatus Academicus was the administrative body of the University under the Universities Act." In view of this, the learned professor proposed, as an amendment, "That it be a representation to the University Court that it is desirable to consider the sound construction of the Universities Act of 1858, read along with the Medical Acts of 1858 and 1886, relative to the election of the representative of the University in the General Medical Council." This amendment became the finding of the meeting.

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Correspondence.

"DEATH'S COUNTERFEIT."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With reference to this interesting paper and its startling disclosures published in your last issue, will you allow me to say that I contributed an essay on the same subject under the heading of "Buried Alive," to several successive numbers of *Health* about this time last year, and that this essay contains several of the "cases" narrated so graphically by Dr. Madden. It also contains two or more instances of the kind that came under my own personal cognisance, and I am glad to find that Dr. Madden holds that "there can be no doubt whatever of the actual occurrence of this fearful calamity (of live-burial) in many well authenticated cases." That too is my own decided belief, indeed, Hocker and others admit as much, and we know as matters of fact, that many distinguished men, such as Bishop Berkeley, Daniel O'Connell, the late Lord Lytton, and many others, were haunted with a dread of this kind for years before they died.

As regards Rungeet Sing's Sleeping Faqueer, if Dr. M. will kindly look up the number of *Knowledge* for September 1885, pp. 216-265, he will find the case and its surroundings described at length under the title of "Self-Inhumation, A Contribution to Human Hybernation," by me in the same. My scepticism on the point is, however, somewhat more pronounced than is Dr. Madden's, and as to the story of Vesalius and the Spanish gentleman's body, which he is said to have opened during life, the following is Prof. Ogston's version of it:—"The whole story of his (Vesalius's flight, &c., &c.) was, it turns out, an idle rumour, which originated after his death to account for a pilgrimage which he made to Jerusalem, in order to escape from Spain, where he was detained against his will by the bigoted Philip the Second, and enable him to return to his native country for which he pined," "Lectures on Medical Jurisprudence," p. 361. Such is the stock episode that has so long done duty for the reality in "tracts" and other ephemeral publications of that kind. Such is the legend that has been so often made to "point a moral or adorn a tale," and such, too, is the way in which myths are perpetuated in the present, or have been manufactured in the past.

I am, &c.,
W. Curran,
Brigade-Surgeon.

33 Auriol Road, Kensington, W.
April 29th, 1887.

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VAGINAL INJECTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The cases mentioned in your "Clinical Records" of the 27th ult., in which vaginal injections were followed by symptoms so serious as to simulate "metria," speak with no uncertain sound. There can be no question that the symptoms detailed were caused by a *small* quantity of the injection finding its way into one or both Fallopian tubes. A single drop of fluid passing from the uterus into one of the tubes has resulted in collapse, and will do so whenever it occurs. If this is the usual treatment of parturient women in Liverpool, so wonder pyosalpinx is endemic.

I am,, &c.,
Erdington William Donovan.

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MEDICAL DEGREES—THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of April 27th Mr. Thomas Laffan attempts to disparage what he yet lays claim to, which is a little inconsistent. Trinity College can take care of itself, and is at least as respectable as an unchartered "university" I need not name; therefore, I can afford to pass over the sneer at our "latinity," but I cannot see that the possession of the Membership of the Royal College of Surgeons of England, that of the King and Queen's College of Physicians of Ireland, or even the Licentiate and the Licentiate in Midwifery of the latter Corporation entitle a man to call himself "doctor." It is no question of "status" or anything but a question of fact. A "licentiate" or "member" of a corporation is not a "doctor," nor can be, no matter how long he may have usurped the title.

Yours, &c.,
W. T. Greene.

Moira House, Peckham, May 2nd.

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FOREIGN PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your annotation on Foreign Practitioners in England ought to receive serious attention from specialists and hospital physicians and surgeons. It does appear ridiculous that foreigners, whose names are unknown, should establish themselves as itinerant quacks in this country and receive marked patronage from men of position in the medical world, as is notorious in a very recent instance. This sort of thing cannot go on indefinitely. If it does continue, it must bring about a demoralising effect which will prove seriously detrimental to the general *morale* of the profession. Englishmen must live, even if they be doctors, and the prominent feeling is to do so honourably, but they cannot permit foreign oculists and masseurs to rob them of their hard-earned livelihood by the back-stairs encouragement offered to foreigners (minus legal diplomas) by men who should know better. I hope the profession will speak out freely upon this subject.

I am, &c.,

London, W., April 28. X. Y. Z.

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Literature.

BRIGHT'S DISEASE AND ALLIED AFFECTIONS OF THE KIDNEYS. (a)

After enumerating the causes of renal albuminuria, such as alterations in the blood-pressure, changes in the vascular tunics, degeneration of renal epithelium, and faulty blood-composition, our author describes various methods of ascertaining the presence of this condition, and he intimates more than once that "it must be regarded as exceptional for albuminuria to persist day by day for any extended length of time without changes in the kidneys being present." He intimates, indeed, further on that "it is these small quantities of albumen in the urine that are frequently of the gravest clinical significance," and his fixed opinion is that "it would be altogether unsafe to assume, when albuminuria is slight, that the cause is not serious, for as in intermittent albuminuria, so when albuminuria is slight, the most serious lesions of the kidney may be, and often are, in progress." These are grave statements, but though they appear to conflict with hose of Oliver, Saundby, and other pathologists, they are, nevertheless, worthy of thoughtful inquiry, and the author of them is evidently a man who has mastered his subject.

This is so much the case that, in fact, we cannot do justice to his work in these pages. We can only point out a few of his principal points or chapters, and ask our readers to study these for themselves. The chapters we especially commend are those on nephritis, acute and chronic, cirrhosis of the kidney—an especially able one—and those on the renal changes that are said or supposed to be due to scarlet fever and the puerperal state. He also discusses the lardaceous diseases of this organ, and those of our readers who rely much on drugs in the treatment of these lesions will find a sympathetic seconder in Dr. Purdy. He seems in this respect, indeed, to refine too much, at least for such antiquated fogies as we are, who readily confess our ignorance of the therapeutic value of several of the substances he enumerates, but all the same we consider that his research is accurate, his experiments suggestive, and his advice sound and judicious. In simply adding or advising that this valuable thesis should be added to the shelves of our labouring brethren everywhere, we are, we conceive, only doing our duty to them and ourselves.

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Medical News and Pass Lists.

Royal College of Physicians.—A Comitia of the College was held on Thursday last, the 28th ult., the President, Sir W. Jenner, Bart., in the chair. The chief business was the election of new Fellows. The following were chosen:—George Oliver, M.D. Lond., Harrogate; Robert Cory, M.D. Cantab., Lambeth Palace Road, S.E.; Henry Radcliffe Crocker, M.D. Lond., Welbeck Street, W.; Frank Buszard, M.D. Lond., Northampton; Robert Saundby, M.D. Edin., Birmingham; Charles James Cullingworth, M.D. Durh., Manchester; Wm. Julius Mickle, M.D. Toronto, Bow, E.; George Allan Heron, M.D. Glasg., Harley Street, W.; James Anderson, M.D. Aberd., Wimpole Street, W. There were also admitted as Members—D. Burgess, M.B., Jas. Calvert, M.D., Thos. Johnstone, M.D., and T. F. Pearse, M.D. Licences were granted to the ninety-two candidates who had passed the recent examinations, and whose names have already appeared in these columns. Communications were read from students of the Westminster Hospital, of Charing Cross Hospital, and the London Hospital, containing resolutions in support of the granting of degrees by the Royal Colleges. These were referred to the Committee of Delegates. The text of the address to Her Majesty on the occasion of her Jubilee was read and approved. The Quarterly Finance Committee submitted their report, which contained a recommendation that the stipend of the Registrar be raised to the sum of 500 guineas. The proposal moved by Sir E. Sieveking, seconded by Dr. Hare, and supported by Dr. Quain and the President, was received with much applause; and the President expressed the sense of the College in stating that neither money nor thanks could repay the debt which the College owes to Sir Henry Pitman. Sir Henry acknowledged the vote in feeling terms, and took occasion to present the College with a volume which he had compiled, to replace the only volume of the College annals (viz., 1771 to 1781) that is missing from the long series.

St. Thomas's Hospital Medical School.—The following prizes for the winter session, at this school were distributed to the successful candidates last week:—The William Tite Scholarship of £30 to Mr. Henry Burden; the Musgrove Scholarship of £42 per annum to Mr. Arthur Francis Stabb; the second tenure of the Peacock Scholarship to Mr. Francis Charles Abbott; the Mead Medal to Mr. W. W. Ord; and the Cheselden Medal and the Treasurer's Gold Medal for general proficiency and good conduct to Mr. Frank Fawssett.

University of London.—The following examiners for 1887-8, were elected at a meeting of the Senate on Wednesday last:—Chemistry.—Prof. J. Emerson Reynolds, M.D., F.R.S., and Prof. W. A. Tilden, D.Sc., F.R.S. Botany and Vegetable Physiology.—Prof. Bayley Balfour, M.D., D.Sc., F.R.S, and Prof. F. Orpen Bower, M.A. Comparative Anatomy and Zoology.—Prof. E. Ray Lankester, M.A., F.R.S., and Adam Sedgwick, M.A. F.R.S. Practice of Medicine.—William Cayley, M.D., and Prof. F. T. Roberts, M.D., B.Sc. Surgery.—W. Morrant Baker, F.R.C S., and Prof. Christopher Heath, F.R.C.S. Anatomy.—Prof. D. J. Cunningham, M.D., C.M., F.R.S.E., and Prof. J. Curnow M.D. Physiology.—Prof. E. A. Schäfer, F.R.S., and Prof. Gerald F. Yeo, M.D. Obstetric Medicine.—F. H. Champneys, M.A., M.B., and John Williams, M.D. Materia Medica and Pharmaceutical Chemistry.—J. Mitchell Bruce, M.D., M.A., and T. Lauder Brunton, M.D., D.Sc., F.R.S. Forensic Medicine.—Prof. G. V. Poore, M.D., B.S., and Thomas Stevenson, M.D.

Society for the Relief of Widows and Orphans of Medical Men.—A quarterly court of the Directors of the Society was held on Wednesday, April 13th, Mr. Tegart, V.P., in the chair. Three new members were elected and the death of one announced. Applications for grants were read from sixty-three widows, six orphans, and three orphans on the Copeland Fund, and a sum of £1,364 was voted to be distributed among them at the next court. The expenses of the quarter were £56 6s. 6d. Dr. Birkett, Dr. de Havilland Hall, Mr. Langton, Mr. Morris, Dr. J. M. Bright, and Dr. H. M. Duncan were elected to fill the vacancies in the court caused by the retirement of six senior directors. Mr. Fuller, Acting Treasurer, was nominated as Trustee of the Funded Property in place of Sir George Burrows, resigned. The annual general meeting was fixed to be held on May 18th, at 5 p.m.

Glasgow Faculty of Physicians and Surgeons.—At the April sittings in Glasgow of the examiners of the Royal Colleges of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow, the following candidates passed the final examinations for the triple qualification:—

Adie, Alfred A., Glasgow
Brodie, James Edinburgh
Bowker, Charles S., Appleby Magna
Clark, George A., Southsea
Cooper Wm. F., Birmingham
Davies, George W., Glasgow
Huntley, Edith Ara, St. Albans
Kapadia, S. A., London
M'Lean, Alfred Joseph, St. Helen's
Marquis, M. F. C., Glasgow
Rutherford, V. H., Newcastle-on-Tyne
Smith, Henry, Glasgow
Williams, Wm. H. G., Carmarthen

Society of Apothecaries.—The following gentlemen, having satisfied the Court of Examiners as to their knowledge of the Science and Practice of Medicine, Surgery, and Midwifery, received certificates entitling them to practise as Licentiates of the Society on April 14th:—

Bishop, Charles Rosser, M.R.C.S.
Dickinson, John Clough H.
Hinnell, Joseph Squier
St. Johnston, Charles
Roe, H. Havilland, M.R.C.S.
Tonks, H., M.R.C.S.

(a) "Bright's Disease and Allied Affections of the Kidneys.' By Charles W. Purdy, M D., &c. London: H. K. Lewis. 1886.

Notices to Correspondents, Short Letters, &c.

Brigade-Surgeon W. Curran.—Paper on "Excretal Therapy" received.

Mr. G. Halse (Manchester).—Nothing of the kind has come under our notice, write to the Editor of the *Educational Times* or similar journal, it is more likely to be known in that direction than by us.

Dr. R. E. T.—An excellent suggestion in the treatment of this "disease of misery" is made in the last volume of the Liverpool Medico-Chirurgical Reports by Dr. Alexander. We cannot do better than refer you to it as an answer to your query.

Dr. D. (Cannes).—The subject has been so thoroughly threshed out, that no useful purpose would be served by prolonging the discussion.

Dr. C. A. G.—We are a little crowded this week; will devote space to the subject in our next.

Dr. Wade (Chudleigh).—Your paper on "The Treatment of Epistaxis" shall appear in an early number.

BABIES.

To the Editor of the Medical Press and Circular.

Sir,—In your last number, under "Notes on Current Topics," you remark in the one on "*Babies*" and their great *mortality*, that thousands are killed by improper feeding and bad nursing. This no doubt is the fact, but I should be glad if the writer would direct public attention also to another great source of death, viz., *bronchitis, and congestion of the lungs*, in infants under eighteen months, from an injudicious and most careless exposure in all kinds of weather, during the winter months and early spring, of infants and young children *in open perambulators*, almost every day in our streets by careless *nurse-girls*, quite regardless of the strong east and north winds and a low temperature. When only the most robust persons durst venture abroad unless well protected, it is little less than suicidal that tender infants should be thus needlessly exposed, and I cannot but think that, were we more often to volunteer a little common-sense counsel to their careless or thoughtless mothers, we should win their gratitude and save many a little life. Only recently a patient of mine sent her child, aged 15 months, out in her *perambulator*, on the Tuesday; it was quite well; on the Thursday I was called in, when I found it suffering from *bronchitis and congestion of the lungs*, and it died on the following Monday.

I am, Sir, yours, &c.,

Scarboro', April 30th. M.D.

Dr. N.—The numbers are not as considerable as you seem to suppose, and there is every reason to anticipate a reduction. Should this occur we shall be glad to hear from you further.

Dental Student.—The Act was passed in 1878. No surgical qualification is at present required, but some surgical knowledge is insisted upon. There are at least two dental hospitals of standing in London.

"THE STONE WHICH THE BUILDERS REFUSED."

To the Editor of the Medical Press and Circular.

Sir,—Dr. Lauder Brunton's indebtedness to Dr. Potter's "Comparative Therapeutics" has been always very apparent to me, and I am glad to see that in his last edition Dr. Brunton acknowledges this fact. Some years ago I was telling Mr. Kempton, the English publisher of Dr. Potter's work, how very valuable I had found it, so much so in fact that I purchased several copies for presentation to my medical friends. He then told me that the *British Medical Journal* had refused to publish an advertisement of new books he had sent them, unless the name of "Potter's Comparative Therapeutics," which appeared among them, was withdrawn.

If I had relied on the *British Medical Journal* for my information about "new books," I should never have heard of this and some half-dozen other works to which I refer most frequently. Is this fair to the profession?

I am, Sir, yours, &c.

Bath, May 2nd. Percy Wilde, M.D.

Xanthos.—It is difficult to act the part of a consultant with only a written (and this an incomplete) description of the case. If in doubt, have a consultation, it is the safest and best plan.

Dr. M.—Your analysis of the Acts seems concise and exhaustive, although not quite what we should have thought students would have preferred. When the work is complete you can obtain an estimate from any publisher.

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Meetings of the Societies.

Wednesday, May 4th.

Obstetrical Society of London.—At 8 p.m., Specimens will be shown by Mr. Doran, Dr. John Phillips, Mr. Barton, Mr. Lawson Tait, and others. Dr. Matthews Duncan, Hæmorrhagic Parametritis. Dr. Lewers, On the Frequency of Pathological Conditions of the Fallopian Tubes as determined by Post-mortem Observations at the London Hospital.

Thursday, May 5th.

Royal Institution.—At 3 p.m., Prof. Dewar, The Chemistry of the Organic World.

Harveian Society of London.—At 8.30 p.m., Mr. Hugh Owen Thomas, The Physical Signs of Disease and Recovery of the Hip-joint, with a Demonstration of the Mechanical Fixation of the Joint. Dr. Stephen Mackenzie, Some cases of Hysteria. Mr. A. Q. Silcock, A fatal case of Hysteria.

Ophthalmological Society of the United Kingdom.—At 8.30 p.m. Living and Card Specimens at 8 p.m. Messrs. Critchett and Juler, (1) Guttate appearance of Fundus; (2) Peculiar Pigmentary Degeneration of Choroid. Mr. Ernest Clarke, Improved Artificial Eyes. Papers:—Mr. W. Lang, (1) A Fatal case of Meningitis after Excision of a Suppurating Globe; (2) On the Insertion of Glass Globes into Tenon's Capsule after Excision of the Eyeball. Mr. Nettleship, (1) Three cases of Night-blindness, with peculiar Retinal Changes; (2) Two cases of Quinine Amblyopia. Dr. Brailey, Recurrent Choroido-retinitis in region of Macula, probably an early stage of "Central Guttate Choroiditis." Mr. Mackinlay, Complete Self-enucleation of Eyeball.

Friday, May 6th.

Royal Institution.—At 9 p.m., Dr. Brunton, The Element of Truth in Popular Beliefs.

Saturday, May 7th.

Royal Institution.—At 3 p.m., Mr. R. Von Ledenfeld, Recent Researches on Sponges.

Vacancies.

Devonport Royal Albert Hospital.—Assistant House-Surgeon. Board and lodging, no salary. Applications, with testimonials, to the Chairman of the Managing Committee, not later than May 10th.

City of London Lunatic Asylum, Stone, near Dartford, Kent.—Medical Superintendent. Salary £500, with residence, &c. Applications, with testimonials, to to the Committee of Visitors, Guildhall, London, on or before May 17th.

Sussex County Hospital, Brighton.—Assistant Surgeon. Board, lodging, and washing, but no salary. Applications, with testimonials, to the Secretary, on or before May 18th. (See advert.)

National Hospital for the Paralysed and Epileptic, Queen's Square Bloomsbury.—House-Physicians, Senior and Junior. Salary of former £100, of latter £50, with board and apartments. Applications, with testimonials, to the Secretary, on or before May 7th.

Stafford County Asylum.—Resident Medical Officer and Superintendent. Salary £500, with unfurnished residence, and £200 in lieu of board. Applications, with testimonials, to the Chairman of the Committee of Visitors, on or before May 7th.

Baltinglass Union, Rathvilly Dispensary.—Medical Officer. Salary £145. Election May 11th.

Carlow Union, Ballickmoyler Dispensary.—Medical Officer. Salary £140. Election May 20th.

Appointments

Fox, G. M., L.R.C.P.Lond., M.R.C.S., Resident Medical Assistant to the General Hospital, Birmingham.

Grimsdale, T. B., B.A., M.B.Cantab., M.R.C.S., Honorary Assistant Medical Officer to the Liverpool Hospital for Women.

Holloway, W. G., B.A., M.B., M.R.C.S., House-Surgeon to the Hastings, St. Leonards, and East Sussex Hospital.

Jones, J. J., M.B., C.M.Glas., Medical Officer of the Laughton District of the Rotherham Union.

Lilley, J. H., M.A., M.B.Cantab., M.R.C.S., Medical Officer for the Burghill District of the Hereford Union.

Macpherson, A., M.D.Aber., Medical Officer of Health for Haslingden, Lancashire.

Milner, E. T., M.A., M.B.Oxon., Medical Officer to the Convalescent Hospital in connection with the Manchester Royal Infirmary.

Nevins, A. E., M.R.C.S., L.R.C.P.Ed., House-Physician to the Middlesex Hospital.

Oldham, M. W., M.R.C.S., L.R.C.P.Lond., Ophthalmic and Obstetric House-Surgeon to the Queen's Hospital, Birmingham.

Smart, D., M.B., C.M.Ed., B.Sc., Honorary Assistant Medical Officer to the Liverpool Hospital for Women.

Tomlinson, W. H., M.R.C.S., L.S.A., House-Surgeon to the Oldham Infirmary.

Williams, L., M.R.C.S., L.S.A., Assistant House-Surgeon to the York County Asylum.

Marriages.

Davenport—Sievwright.—April 28th, at Holy Trinity Church, Hobart, Tasmania, Arthur Frederick Davenport, M.B.Lond., M.R.C.S.Eng., of St. Kilda, Melbourne, to Alline, daughter of the late Major Allan Sievwright, Royal Artillery. (By cable.)

Esmonde White—Hornby.—April 28th, at St. Bridget's, Isleworth, Henry Lawrence, Surgeon Medical Staff, eldest son of the late Surgeon-General T. Esmonde White, M.D., C.B., of the Cedars, Ontario, to Margaret Anne, third daughter of Benjamin Hornby, Esq., the Highlands, Hounslow.

Deaths.

Chatto.—On April 19th, at Chapel Road, Notting Hill, John Chatto, M.R.C.S., Librarian to the Royal College of Surgeons, aged 77.

Crofts.—On April 25th, at Church Gresley, near Burton-on-Trent, William Carrick Crofts, M.R.C.S., aged 52.

Guthrie.—On April 18th, at Brechin, N.B., John Guthrie, M.D., in his 57th year.

Halket.—On April 17th, on his homeward voyage from Australia, John Halket, L.R.C.P.Lond., of Newcastle-on-Tyne.

Hingeston.—On April 25th, at Lyme Regis, William Hingeston, M.R.C.S.

Iliff.—On April 25th, William Tiffin Iliff, M.D.Lond., Medical Officer of Health for St. Mary, Newington, aged 63.

Nicolls.—At his residence, Belmont, Navan, co. Meath, Patrick Joseph Nicolls, M.D.

Pater.—On April 24th, at Oxford Terrace, London, William Thompson Pater, M.R.C.S., late Medical Superintendent of the County Asylum, Stafford, aged 52.

Trevor.—On April 25th, at Beaumaris, N. Wales, Arthur Tudor Humphreys Trevor, M.R.C.S., L.R.C.P.Lond., aged 42.

Varenne.—On April 22nd, at Kelvedon, Essex, Ezekiel George Varenne, M.R.C.S., aged 75.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. XCIV.] WEDNESDAY, MAY 11, 1887. [No. 20.

Original Communications.

ON HABITUAL CONSTIPATION IN CHILDREN,

AND THE METHODS OF TREATMENT. (a)

By WILLIAM H. DAY, M.D.,
Physician to the Samaritan Hospital for Women and Children.

Constipation is one of the commonest complaints in children for which advice is sought. Although it usually yields to suitable remedies, and the inconvenience is only transitory, it is sometimes exceedingly obstinate. I think it will be admitted that we are still apt to commit the error of endeavouring to overcome this sluggish state of the intestinal canal by aperients before seeking to ascertain the cause that has produced it. With the advance of scientific medicine the practice of giving purgatives for almost every ailment, trifling or severe (as in the case of bleeding in the old days) has been abolished, and a better system now prevails. Fortunately aperients are beneficial when the general symptoms are febrile or congestive, and the constipation is only temporary, or what we may term *acute*, but when the constipation is of a chronic character, and the child is habitually ailing in consequence, purgatives only aggravate the condition they are intended to overcome, and lower the general health. The frequent administration therefore of aperients for chronic constipation must be condemned, because in the long run it is doomed to failure. The use of them should be deferred, if not avoided altogether, for the longer such a system is persevered with, the stronger is the aperient required.

Causes.—Let us for a moment glance at the most common causes of constipation among children, and how they severally act in causing sluggish action or obstruction of the intestinal tube. There may be:—

1. Imperfect digestion and deficiency of glandular secretion from the mucous membrane of the intestinal tract.
2. Deficiency of nerve power, or want of peristalsis, more particularly in the large bowel. This condition is not unfrequently produced by the indiscriminate use of aperient remedies, or may follow a sharp attack of diarrhœa.
3. Dilatation of the intestine from debility, or from flatulent distention, or from fæcal accumulation.
4. Improper diet, as too little liquid food, or too much solid and indigestible material. Many of the patent foods for children, so largely used in the present day, fall under this category. Here may also be mentioned injudicious drugging with iron powders, carbonate of magnesia and the like.
5. Deficient secretion of bile (cold by checking the action of the liver is a cause of constipation).
6. Malformations of the lower bowel, and painful conditions of the anus, as ulceration, fissure, or eczema induced by ascarides, may lead the child to avoid the act of defæcation and to produce habitual constipation.

In a word most cases of constipation are due to a sluggish state of the muscular coat of the intestines, to a diminution of the secretion from the mucous membrane, or liver, or to improper dietary.

After rheumatic fever, pneumonia, and some other acute affections where the nervous system has been exhausted and the strength reduced, fæcal masses often collect in different parts of the large intestine. The same condition may give trouble after severe chorea. I may mention the sluggishness of the bowels in infants and very young children from the pernicious practice of nurses in giving gin, and cordials, generally containing opium to induce sleep. Thus constipation with its attendant evils, persistent bad health, and convulsive seizures is, too often, produced and maintained. The neglect in elder children of not getting the bowels to act regularly at the same time every day is another cause. If this healthy habit be disregarded, constipation sets in, the fæcal masses contained in the rectum become dry, and the longer they remain there, the more difficult they are to dislodge. Growing children, who are forced to pass a good deal of their time in the school-room, are apt to suffer from habitual constipation. Want of out-door exercise and fresh air favour sluggish intestinal action.

Diminution of irritability on the part of the muscular fibre of the intestine, is, I venture to think, analogous to the want of tone of the general muscular system, and may be due to actual loss of nerve power, or to mere functional derangement as we observe in hysteria.

Symptoms.—Children, as is the case with adults, are not all affected alike by constipation, they suffer in various ways. Some have no action of the bowels for two or three days together without complaining. Others eating precisely similar food are out of sorts unless they have a daily evacuation. Two causes operate in many cases to explain this. When the diet is concentrated and readily assimilated only scanty fæces are formed, whilst if the food abounds in indigestible products, the quantity of refuse matters becomes all the greater, and the intestinal canal is stimulated to more frequent action. Hence it is that some infants and very young children are subject to constipation who live almost exclusively on a milk diet. Moreover, among weakly neurotic children torpid bowels produce no inconvenience provided they have an evacuation once in every two or three days. Such children frequently reach adult life, habitually constipated, without feeling ill at any time. I believe the retained fæces do not irritate the mucous membrane in such as in bilious children in whom intestinal catarrh is easily provoked. Among the earliest noticeable symptoms are dulness of manner, lowness of spirits, indisposition to move, frontal headache, thirst, furred tongue, loss of appetite, and sallowness of complexion. After a time the abdomen becomes distended with wind, the descent of the diaphragm is impeded, and the child is always uneasy, and in more or less pain. Sleep is restless, and dreaming is common. Colicky pains, flushed face, and tense abdomen are often present. If constipation becomes chronic, fæcal masses lodge in the rectum, and the strongest efforts of the child will fail to expel them. A few scybalæ covered with mucus, or streaked with blood may escape, and sometimes this is followed by diarrhœa and intestinal irritation. This condition was marked in the case of an infant whom I saw with Mr. Marmaduke Shield, and which is reported in the *British Medical Journal* for July 24, 1886. Here actual intestinal obstruction was present, and only relieved by dislodging mechanically hard scybalous masses which obstructed the lower bowel. Such cases are common enough.

(a) Read before the Harveian Society of London, March 17, 1887.

Consequences.—Prolonged constipation of the bowels leads to chronic inflammation and thickening of the intestinal walls, dilatation of the tube, ulceration, and occasionally to perforation of the gut. In one case of typhlitis I saw with Mr. Irving Page at Wimbledon in October, 1881, in a lad, 15 years of age, there was a history of chronic constipation, combined with the habit of eating indigestible articles of food. The constipation was followed by great tenderness over the cæcum, insupportable pain, suppurative peritonitis, rapid collapse, and death. I was informed that at the post-mortem examination several small hard fæcal masses were found lodged in the appendix cæci, which was swollen and much inflamed, but no ulcerative opening could be detected from which the mischief so commonly spreads to the peritoneal cavity. From the history of the case, and the remarkably rapid progress of the symptoms, I expressed the opinion that perforation would almost certainly be found in the appendix cæci or cæcum. Mr. Bryant in his Harveian Lectures delivered before this Society in 1884, directs special attention to this fact. In speaking of the diagnosis between strangulation of the bowel and perforation, he says all the symptoms are mu ch more severe in the latter affection, the collapse is sudden, the skin is livid and clammy, the pulse becomes rapidly feeble, and death may ensue in a few hours. (*a*) In another case which came under my notice, a girl, 13 years of age, was the subject of troublesome inflammation of the cæcum. She had long suffered from habitual constipation, feverish attacks, and congestive headache. In crossing the Irish Sea from Kingstown to Holyhead in 1867, she was fearfully sea-sick and exhausted. This was followed by typhlitis and a tedious illness, lasting three months. Constipation was the primary evil in both these cases. A girl, 12 years of age, was admitted into the Samaritan Hospital under my care in 1885, with a firm, hard, and movable swelling over the cæcum; it was resonant, but tender on pressure, and there was considerable flatulent distension of the abdomen. The bowels acted imperfectly. I came to the conclusion that the tumour, which was the size of a small orange, was fæcal. The child was kept in bed, and a poultice applied over the abdomen. A mixture containing nux vomica and ipecacuanha wine was given three times daily, and a teaspoonful of olive oil and castor oil in equal quantities every night. In the course of a week the motions became softer and more copious, and by the end of a fortnight the swelling had nearly subsided. Disappear it never did entirely, as there remained some enlargement after regular action of the bowels had been established, due, I think, to a chronic thickening about the cæcum.

Dr. Bristowe has recorded the case of a girl, 8 years of age, whose bowels had not acted for seven weeks, opening medicines and enemata failing to relieve her. The patient's health at last gave way, and she died exhausted, three weeks after coming under treatment. At the post-mortem examination the muscular coat was found thickened from the ascending colon to the sigmoid flexure; the transverse and descending colon were enormously distended, and large tracts of ulceration extended from the cæcum to the rectum. The case is instructive as showing what an extent of dilatation and hypertrophy of the large intestine may take place from such long-continued constipation, and how the retained fæces becoming harder by time, and increasing in quantity, fret and irritate the mucous membrane into ulceration, and finally cause a complete stoppage. (*b*) In a similar case recorded by Mr. Gay, a boy, 7 years of age, did not pass anything from his bowels for three months, the fæcal matter was dislodged by enemata of hot water. These repeated operations at last brought away the fæcal matter, which had become hard and black like cinders. (*a*) It is evident, then, that masses of fæcal matter cannot collect in different parts of the intestinal canal without seriously affecting the general health and inviting local mischief. If impacted, they may cause ulceration from pressure and interference with the circulation, or be followed by fatal results, as we have seen. Mr. Bryant records the case of a little girl, 7 years of age, who had been constipated from birth, and who died, as he says, "clearly from constipation." After death "a mass of hardened fæces was found in the sigmoid flexure, completely blocking up the bowel which was collapsed below." (*b*) In every case of chronic constipation it is not enough to take the word of the mother, or the nurse, as to the regularity of the bowels, for that will constantly mislead us. We ought to examine the abdomen very carefully, and insert the finger into the rectum at the same time. Chronic constipation, as we have seen, not only causes the intestine to dilate, but weakens its expulsive power. In addition to the calamitous consequences I have alluded to, it brings about minor evils, as distension of the hæmorrhoidal vessels of the rectum, and even ulceration of the anal aperture.

Treatment.—When a child is said to be suffering from constipation we take stock of its general appearance, and if it looks robust and healthy we must not be induced to try too active treatment. If the constipation has produced no bad effects, local or constitutional, we rather trust to hygienic measures and diet, than to drugs. But if, as is common, the constipation is chronic, the face pinched and pallid, the sleep broken, and the appetite capricious, we are driven to select one or more suitable remedies to meet the case.

Habitual constipation does not long continue, as a rule, without exciting other derangements, and so the case becomes complicated. Above all the age of the child and the character of the food have to be carefully considered. We should strive to overcome the trouble by laxative food. Parents sometimes tell us that they cannot understand the cause of the constipation in their child when it has been fed mainly upon beef-tea and milk, and perhaps a little minced meat at dinner. How innocently has the trouble been invited. The diet has been so concentrated that when the stomach has completed its work of absorption there has been scarcely any residuum to be carried into the bowels to excite peristalsis. This is well enough in typhoid fever, dysentery, and peritonitis, where our aim is to keep the bowels at rest, and to diminish the excreta, but in chronic constipation no worse practice could be carried out. Highly nutritious food is conducive to constipation. If a child takes very little nourishment, or has suffered from a long illness, the intestine contracts from its emptiness, instead of expanding as it does when stimulated by a proper amount of indigestible food. Among the lower animals the carnivora are habitually costive, whilst the opposite condition applies to the herbivora, and some other grass-eating animals. The hare, rabbit, and the sheep, however, who also subsist on grass and vegetable foods, have very dry and hard fæces. These circumstances are therefore an indication to employ such articles of food in the human species as shall furnish a residuum after digestion. Bran, oatmeal, indian meal are useful laxatives when they do not disturb digestion. In the next place *regularity in the action of the bowels* is one of the most important points to attend to in the treatment of chronic constipation. The neglect of it frequently originates the trouble. The child should be taught at a certain fixed hour to make a voluntary effort at defæcation, whether the desire be present or not. If this ex-

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(*a*) "On the Mode of Death from Acute Intestinal Strangulation, and Chronic Intestinal Obstruction."

(*b*) *B. M. J.*, May 30th, 1885.

(*a*) "Path. Trans." vol. v, p. 174.

(*b*) *Op. cit.*, p. 19.

cellent rule be carried out regularly each morning the necessity for aperient medicines will often be obviated.

Of *enemas* I must speak in the highest terms when judiciously employed. They do not exhaust the child, they are always effectual when the rectum is loaded, and no drug given by the mouth can so easily dislodge the fæcal mass. But, like all mechanical measures, they require care in their administration. If simple enemata of warm soap and water, or olive oil and water, were more frequently resorted to, the convulsive contraction of the whole intestinal tube caused by irritating purgatives would be avoided. The hard fæcal masses irritating the rectum cause the child to put off the act of defæcation as long as possible, and occasions terrible pain and straining while the act is attempted. Nothing in these cases moistens the fæces so effectually as simple enemata. Nothing tends to facilitate the passage of the hard pebbly lumps through the lower bowel like oleaginous injections. A simple enema also excites the action of the colon, and obviates the tendency to atony or dilatation. When a stimulus is excited in the peripheral nerves of the mucous membrane it is carried to the nerve centre by the afferent or sensitive fibres, and then changes take place which result in an impulse to movement. If the fæcal matter is not alone sufficient to excite intestinal contraction, further stimulus is necessary, and this an enema will often bring about, which by increasing the contents of the bowels, sets up powerful reflex action, and expels them gradually or forcibly, according to the amount of fluid introduced. A lady consulted me some years ago for obstinate constipation in two of her children, respectively four and six years of age. Their health and appetite were good, constipation was the only trouble. A soap and water enema was ordered every second day, and friction of the abdomen for a quarter of an hour every night and morning. Of course care was bestowed on the diet, but no medicine was given. In this way the constipation was gradually overcome, and the bowels soon began to act regularly every morning. Now the enemas were used in such small quantities, and introduced so slowly, that there was no fear of over-dilating the rectum and weakening its expulsive effort. Sometimes about two ounces would be thrown up, and the same quantity repeated twice or three times in the twenty-four hours. This plan often succeeds in stimulating the action of torpid bowels, for the small quantity of fluid, injected at intervals, is retained, and time is given for it to soften the fæces, and to excite peristalsis. I have never known any harm to ensue from the use of a simple enema daily for weeks together. When simple enemata fail, Dr. Starr recommends one teaspoonful of oil of turpentine or castor oil; two teaspoonfuls of olive oil, the yolk of one egg thoroughly mixed, and added to four ounces of warm water. (*a*)

We know that infant feeding is the subject of great difference of opinion among mothers and nurses, and sometimes children thrive on a diet which doctors consider unsuitable. There is no doubt, I think, that some malted foods added to milk are both digestible and nourishing; they stimulate the bowels to regular action, the motions becoming normal in appearance and quantity, whilst body growth increases at a proper rate. I have known of many cases where Mellin's Food (which has now become a very popular preparation) has agreed well with young children, improving their nutrition in a remarkable manner. It is soluble in cold water, and said to contain 87 per cent. of dextrin, maltose, &c., but the efficacy of the food, according to Mr. G. Wigner, consists in its containing those nitrogenous and phosphatic principles which contribute to the growth of bone and tissue. The starchy and sugar elements are in small proportion. When mixed with milk its digestive power is increased, and is most valuable as a nutritous food. In June, 1884, I saw a child, eight months old, who was brought up by hand, and did not thrive owing to flatulent distension of the bowels and constipation, the motions being hard and pebbly with much straining in defæcation. Mellin's food, mixed with milk, quickly overcame these troubles, and the child soon became strong and healthy. In another case, a child, aged one year, also brought up by hand, was very constipated, thin, and whining, with the wrinkled face of abdominal trouble. It was rapidly passing from bad to worse. From the day Mellin's food was given an improvement set in, the sickness ceased, the abdomen became soft, and the action of the bowels was regular and healthy.

Constipation is common in young children during dentition if brought up by hand. The motions are chalky, and the child is flushed and uneasy. In these cases it is an excellent plan to dissolve two grains of podophyllin in two fluid drachms of spirit of wine, and to give three minims on a small piece of white sugar occasionally. This will often stimulate the liver to more abundant secretion. When the colon is loaded with impacted fæces, it may be advisable to excite the action of the bowels without delay, but care is necessary in the way we set about doing this. If there is no discomfort present, and the fæces are disposed to come down we should be in no hurry to do this till they have reached the rectum, and then an enema is the remedy of all others. The irritation excited by purgatives would enfeeble the tone of the bowel, and lessen its contractile power. When the fæces lodge in the pouches of the colon a dose of castor oil, which, according to Brunton, increases the watery secretion of the intestine above the scybala, will in the rush of fluid downward, carry all before it, and so freely and effectually open the bowels. It acts upon every part of the intestinal canal, beginning with the small intestines it forces down indigestible matters that may be irritating the mucous membrane. In very young children castor oil is one of our surest and safest purgatives; it acts speedily, it seldom causes griping, and is not liable to induce constipation afterwards. It is well to begin with a small dose, which is often as effectual as a large one.

Strychnia, or nux vomica, is one of the most valuable medicines for restoring tone to the bowel in chronic constipation. It stimulates the functions of digestion; it lessens flatulence, and in all cases of relaxation and want of nerve power in the intestinal tract, it proves of great service. In the absence of inflammation, or active irritation; in fact, when the spinal nerves are simply depressed, the value of strychnia as a therapeutic agent has been amply demonstrated. In combination with bitters and alkalies it is very useful when languor, loss of appetite, and impaired digestion are present; with nitro-muriatic acid it stimulates the liver, aids digestion, and removes depression. With iron, when there is anæmia it is invaluable, and the addition of a little compound decoction of aloes will stimulate the larger bowel to action.

Belladonna, from its well-known stimulant action on involuntary muscular fibre is another serviceable remedy in chronic constipation, especially if spasm be present. It has a tonic effect on the intestines, increasing the contractile power of the muscular coat, particularly when combined with a carminative, or bitter infusion. It increases the action of purgatives. When constipation is attended with flatulence or colic it is an excellent remedy. With an alkali and a few drops of tincture of nux vomica, it often proves effectual. Alone it will often relieve chronic constipation. Belladonna requires to be watched in its action. A small dose should be commenced with; at the same time children, if necessary, bear large doses remarkably well.

The late Dr. Graves, regarded nitric acid as a most valuable remedy in habitual constipation, and when it arises from torpid liver and feeble digestion, I have prescribed it successfully. With taraxacum, a few drops of tincture of nux vomica, and some bitter infusion, it answers well in these cases.

Calomel is a remedy of great efficacy, if the constipa-

(*a*) "Diseases of the Digestive Organs in Infancy and Childhood," 1886.

tion is attended with deficient secretion of bile. The indications for its employment are scanty and high coloured urine, furred tongue, frontal headache, irritable temper, and loss of appetite. Whatever may be urged against its special influence on the liver, it causes a free escape of bile from the intestinal canal. When the bile does not pass into the duodenum, and the motions resemble pipe-clay, an occasional dose of calomel (in the absence of any organic impediment) will soon alter the colour of the fæces by its action as a stimulant to secretion. In such cases as these a mercurial purge is indicated, if the child is strong enough to bear it. From the physiological experiments performed on dogs some years ago, it was inferred that mercury did not possess the action that had been so long attributed to it, that in reality it had no effect in increasing the biliary secretion. Notwithstanding, that subsequent experiments seem to confirm these views with regard to the behaviour of mercury on healthy organs, it does not follow that it has such action in diseased conditions. Mercury when judiciously employed has a very decided cholagogue action in derangements of the liver and intestines by eliminating bile, and it is through this action that constipation from defective secretion of bile is overcome. But we must be cautious in our selection of cases. It is not in every case of constipation, when the motions are chalky and hard that we are justified in giving a mercurial. The sympathetic relationship of the whole digestive system must be carefully estimated, and we must not look at the stomach, the liver, the intestines, or the brain in the light of independent organs, whose functions are separate and distinct. Mercury may overcome one form of constipation, where the liver seems specially at fault, but it may increase it in another, whilst such remedies which assist digestion in the stomach will remedy the trouble, and restore activity to the bowels. I hope this allusion to mercury, will not expose me to the charge of too strongly advocating its employment in the class of cases to which I have drawn attention. On the contrary, mercury is like a two-edged sword which cuts both sides: it rapidly produces a depressing and certainly injurious effect upon children, if continued or repeated too frequently. They bear an occasional dose surprisingly well. We are often called to see children whose parents have dosed them from time to time with calomel, or given them grey powder on their own responsibility. The consequence has been gradually increasing lassitude, pallor of the face, softness of muscle, and irritability of temper. When necessary, and it is used as an occasional purgative in suitable cases, the depression induced by it soon passes off, and the strength returns fourfold. It is the frequent employment of it which is so detrimental. As I have already stated the absence of bile in the motions of children suffering from constipation, does not invariably demand a mercurial; indeed, when given to weakly children, it may induce pain, griping and flatulence, without acting on the bowels, or influencing the secretions, whilst on the other hand, stomachic remedies that accelerate digestion will, in the course of a few days, render the motions softer, and of the normal colour. Mercury has probably rather an indirect than a direct action on the liver, but I will not attempt to speculate on the way in which it operates on the blood and tissues. It is enough to know that there are cases of constipation, in which a dose of calomel will unload the bowels, and give greater freedom to the circulation; in other cases, a few small and repeated doses overcome this sluggish state of the intestinal canal, and hurry the bile downwards. As an occasional purgative, in some cases of torpid bowels in children, the ease of its administration, its tendency to control sickness, and the very decided relief it gives to the abdominal circulation, entitle it to superior advantages over many other remedies of the same class. Just as mercury promotes the absorption of syphilitic products, and chronic effusions, and thickenings of joints, so does it in some unexplained manner stimulate the digestive functions, and bring about its well-known beneficial effects.

I need scarcely refer to the habitual constipation of young children of strumous or ricketty constitutions in whom the motions are often pale, grey, and hard, without a word of warning as to the use of mercury. In these cases mercurials would be injurious, and increase the headache and irritability which are frequently present. They would aggravate the cachexia, favour degenerative changes, and exert a depressing and irritating influence. A powder of carbonate of soda and rhubarb is preferable, or a dose of castor oil, or Squire's essence of sagrada.

If the child be of full habit, and the liver does not furnish its proper amount of secretion, saline aperients may be necessary, but they tend to increase chronic constipation in some subjects. A few grains of sulphate of magnesia in peppermint or dill water, to which a little syrup of ginger and tincture of cardamoms should be added, will answer in some cases. Such a sulphate will increase secretion from the intestinal mucous membrane, and where there is plethora produce a copious loose motion, if the child can be persuaded to take it with a good deal of water (though the quantity of the drug be small) whereas if not freely diluted it will fret and irritate the bowels without relieving them. In very young children a teaspoonful of fluid magnesia will often keep the bowels regular. It would be wearisome to dwell more upon drugs. The practitioner must select those which the case appears to demand, always paying special attention to the state of the digestive organs.

Change of Air and Exercise.—A child suffers from constipation in London, and goes to the country, or the sea-side, and loses it. This favourable change is frequently attributed to the drinking water, but is oftener due to the change of atmosphere and the improved state of the general health. Unfortunately in London and many other large cities and towns healthy exercise cannot be obtained to the extent it is in country districts. Working men and women in London for the most part lead sedentary lives; their younger children are kept in-doors nearly the whole day, or at least their exercise is very restricted. By exercise the respiratory movements are stimulated, and a freer action of the diaphragm and abdominal muscles greatly assist the viscera in the healthy performance of their functions. A lady once told me that from the moment her little girl took to riding on a pony, the bowels became regular. But exercise of whatever kind, riding, walking, or athletic, if carried beyond certain limits will increase the difficulty, particularly if children are weakly and studying hard at the same time. It should only be encouraged in moderation, or the trouble will increase. When carried to excess by pedestrians and mountain climbers constipation is invited from a semi-paralysed state of the intestinal muscular fibre.

Not less important is *warmth*. The child should be well clothed to protect him from cold, that he may get proper exercise in the open air when he is able to do so. *Sea-bathing* to rouse the skin to healthy action, and the *cold sponge bath in the morning*, if it excites a glow, but if the child feels chilly and uncomfortable after it, the water must be tepid. An occasional warm bath and a good rubbing after it, on going to bed, are not to be forgotten.

Massage of late years has come so much into use as a therapeutic agent, that the wonder is it should have been so long neglected. It is now allowed to be a powerful remedy in chronic constipation, and if the treatment be continued long enough, by a competent person, and the case is uncomplicated, a cure generally results. This soft and gentle rubbing, analogous to shampooing, is of great antiquity. Indians, Chinese, and Brahmins, Greeks and Egyptians, exercised this simple art of healing hundreds of years before the Christian era. Cleanliness, baths, care in diet, and anointing with oil were the chief remedies employed to cure the sick, and nothing more rational could be imagined in an age of superstition and ignorance. The kneading of the body by gentle manipulation and pressure, without causing pain, is attended with excellent results in allaying nervous agitation, as we see in the treatment of chorea, and in muscular weakness. Celsus with his clear perception said "the best medicine is to take no medicine," advice to be remembered in the nineteenth century. This process of stimulating enfeebled muscles to contractility, improves the circulation, and increases the temperature of the part; it stimulates the biliary and gastric secretions, it promotes peristalsis, and it forces the fæces down the torpid colon. This medical rubbing, therefore, becomes a valuable agent in chronic constipation, and if it be conducted softly and moderately, the process will be soothing and pleasant, and no child will object to it. The tips of the fingers of the right hand should be placed over the cæcal region, and slight friction be commenced over it; then carried upwards to the right hypochondrium. The friction may be continued for a short time, and then it should be practised across the body over the transverse colon to the left hypochondrium, and from this downwards along the descending colon to the left iliac region, where the friction may be firmer and the pressure greater, but not enough to cause pain. The whole proceeding should last about fifteen or twenty minutes. Among the opulent and well-to-do, the practitioner will find no difficulty in having this practice carried out. The involuntary muscles of internal organs are stimulated equally with the flabby voluntary muscles, and their nutrition is increased. Torpid movement of the bowels differs in degree and may have lasted for a long or short period of time, the longer it lasts the weaker does the contractile power become. If we are consulted early we shall generally succeed in relieving the symptoms by some artificial stimulus before the colon is half blocked. The character of the evacuation, and the information derived from a careful examination of the abdomen indicate whether this is likely to happen. If the sluggish action goes on and the bowels are imperfectly relieved, the general health will suffer till the excretory channels are set into proper working order, and the blood is restored to a normal state.

Baked apples, fresh fruit, well cooked green vegetables, brown bread made of coarse flour, Scotch oatmeal, Bragg's husk or wheat biscuits, encourage the action of the bowels, and are to be recommended. Stewed prunes will seldom be objected to. Children should be tempted to take a fair quantity of water with their food, as the fluid is a stimulant to intestinal movement.

Let me here call attention to a point of the greatest importance which I fear we are too prone to neglect in cases of threatening or complete intestinal obstruction. When chronic constipation has resisted one remedy after another, and the bowel refuses, in spite of all our efforts, to propel its contents onwards, surgical aid should be sought before it is too late. If the fæcal mass can be felt over the cæcum, or descending colon, and intestinal action cannot be excited, these parts become more and more distended and weakened by the accumulation. Every hour leaves the patient in a worse condition. Under these circumstances, operative interference may hold out the only chance of saving life. It is, therefore, well to bear this in mind, and to recognise the danger that further delay will invite, just as sometimes happens in laryngeal obstruction from croup and diphtheria when the operation of tracheotomy is postponed till the patient is asphyxiated, and the strength exhausted.

Step by step we are forced to the conclusion that we can lay down no hard and fast rules to follow in the treatment of habitual constipation in children. The cause must be ascertained and never lost sight of; age, strength, and temperament are to be well considered before we can successfully prescribe. Common sense must go with common experience.

Idiosyncrasy must not be forgotten. Individual peculiarities render some children very susceptible to the action of drugs, and this should always be taken into consideration. A teaspoonful of castor oil may be insufficient to move the bowels of an infant, and yet the same quantity never fail to prove an effectual aperient for some adults. Setting aside the known certainty in the action of a few drugs, we have stood still with respect to the agency of the many we employ. When the time arrives that we can reduce to precision and order the uses and action of drugs (and steady progress in the direction of therapeutics warrants this expectation), many fallacies will be exposed, and sound principles established for our guidance.

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A NOTE ON SIMULATING ULCER OF THE STOMACH.

By WILLIAM H. PEARSE, M.D. Edin.,
Senior Physician to the Plymouth Public Dispensary.

In the large outdoor clinique of the Public Dispensary a very great number of young women present themselves who complain of pain at the epigastrium after taking food. Out of the many hundreds of such cases which I have seen during the past ten years, but eight could be classed from the symptoms, as "ulcer of the stomach;" but I have a very strong impression that even these eight aggravated cases, and which had markedly the symptoms of ulcer of the stomach, in reality had not that disease, but that the symptoms were of hysterical or neurotic type.

The numerous cases of pain at the epigastrium after taking food are usually treated by diluted muriatic acid and quinine, taken after meals. Such of them as are of pre-phthisical type, are ordered half an ounce of cod-liver oil at bed-time, to be taken five or six evenings only, each week. As constipation often co-exists, they are told to drink the juice of five or six lemons each week. Pains are taken to prevent their suffering from cold feet at night. In the summer months a great many are induced to rise early and take a dip or swim in the sea, before breakfast, and before going to their daily work. I rarely or ever put such cases on any special diet, but advise them strongly to eat what they like best. Very often such cases have eccentricities of appetite, and prefer smoked and salted fish, salt meat, such as ham or bacon, to fresh meat; they often like pickled onions, vinegar, or fried or boiled onions, and Dutch cheese. My attention has been very specially directed to this subject, of the diet of such cases. Experience has shown me that such eccentricities of appetite should generally be yielded to. The patients who may have been suffering from such "indigestion" for many months, or even years, are very generally made free from their suffering in a few weeks. One has, I think, very carefully to remember, that a severe pain at the epigastrium after taking food, is not a disease or affection of the stomach, but rather that the affair is a neurosis, that it may have its chief determining causes, in very varied general conditions, both within the system and in environment. I will not enlarge on these conditions, for they are sufficiently indicated by the general type of the treatment pursued. But, as before remarked, out of the many hundreds of such cases, which included great differences in degree of severity, I could fix on eight only which could be fairly classed as like ulcer of the stomach. I say *like* ulcer of the stomach, because all of the eight got well, and with somewhat unorthodox treatment.

The symptoms in these cases were severe pain at the epigastrium after food, pain also around the left side and over spine. The severe pain did not cease until vomiting took place. In two cases there was marked wasting, but all the others remained plump. In four of the cases the symptoms had existed over a year, in three others, over six months.

There is often a highly neurotic condition of system, which may not show itself in downright hysterics; one such, who had very marked symptoms of ulcer of stomach for over a year, was an unusually well-formed, well-nourished girl, but of perverse and determined will. Another, with equally well-marked symptoms, was a stout, industrious, country servant of twenty-two. She got well in a month under muriatic acid and quinine, with the occasional use of Friedrichshall water. Another of over a year's duration, was that of a stout girl of eighteen. She had had one attack of hysteria. An elder sister had been very subject to hysteria. The fourth, of over a year's duration, had been under care for two years, with a good deal of moist râle in one lung; spontaneous dislocation of both sterno-clavicular articulations had evolved; she could put them out and in at pleasure. She was a girl of twenty-one, of perverse and strong will, and not much wasted.

One young woman, of nineteen, had been seized by the shoulders by a man, on a dark evening, when she was walking alone in the country. Frequent hysterical attacks followed during two months. These ceased, and then for a month followed well-marked symptoms of ulcer of the stomach. The symptoms passed off almost as suddenly as they came.

One girl of eighteen had been in a hospital for three months, under orthodox treatment, but without relief. She was emotional, but very intelligent. Her only brother was semi-idiotic. I put her on diet of mutton, potatoes with vinegar, and the tonic medicines referred to, and in a few weeks she was well. Two years after. she again showed symptoms of ulcer of the stomach, and had hospital treatment in a different part of England. She is now well. Some years ago a married lady of thirty sent for me; her sister had died under my care with phthisis. Her father had died at forty, of sudden pleurisy. She had come down here from town, where she had been under constant care for ulcer of the stomach for a period of three months; two consultants had seen her with her own medical attendant. I found her greatly emaciated. The lungs were sound. There was no uterine trouble. Though so emaciated, she was full of animation. After a very careful and anxious survey of her case, I sat down to take a general view, giving her full fling of talk, and felt pretty sure that the case was neurotic. I asked her what she would like to eat, her reply being "a mutton chop and stout." She had at once half a pint of stout with a mutton chop, twice a day. I told her to take potatoes with her chop, and vinegar if she liked. On the second day I found her better, and in less than a week she was out and about, well.

A lady of thirty, from town, came to me some years ago who had just undergone the treatment for ulcer of the stomach for some months in hospital. She was greatly emaciated. The liver was rather large, and there was some stain of jaundice in the skin. I ordered her a daily dose of Carlsbad, to be sipped slowly before breakfast, but not in such quantities as to purge, also muriatic acid and quinine after meals. I put her on ordinary diet—that is to say, mutton, chicken, fish, potatoes, vinegar, and lemons. She returned to me in a week, and said that she was well.

We all know that ulcer of the stomach does happen, but in nearly ten years, with a large outdoor clinique, and amongst the class of servants, shop-girls, &c., who are mainly subject to this disease, I do not think that I have encountered an absolute case, although so many closely simulated this disease.

Occasionally, but rarely, the muriatic acid with quinine treatment has failed to relieve the pain at the epigastrium, the patients having then obtained relief from bismuth.

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At an extraordinary meeting of the College of Surgeons on Thursday last, it was announced that Sir James Paget had consented to deliver the first lecture at the College on "Cancer and Cancerous Diseases."

SOME RARE PROFESSIONAL EXPERIENCES.

By Brigade-Surgeon W. CURRAN,
Army Medical Department (Retired).

(Continued from page 340.)

Excretal Therapy.

Though I have all but exhausted my knowledge of this subject in a paper headed "On the Place of the Excretions in Native Practice in India," which I wrote in the *Practitioner* for October, 1875, yet is there, I think, room for another short supplementary essay on the point, more especially so in connection with their employment elsewhere, and to this I now purpose devoting a few remarks.

To those of my readers who did me the honour of reading my former paper it will be unnecessary for me to say that the cow is sacred wherever Brahminism prevails, and that her excreta even, are everywhere regarded with reverence in Hindustan. No domestic office is discharged, or duty entered upon, by the orthodox Hindu peoples of that teeming country without some allusion to, or worship of, the emblems or the products of that consecrated creature, and ordeals of the kind here contemplated—"A native gentleman, who has been called to the Bar, after duly keeping terms in one of the London Inns of Court, has had to do penance on his return to India, before being re-admitted to the *Kaista* caste. The penance enjoined was the swallowing 'a certain substance,' besides giving alms to the Brahmins, and having his head and face shaved perfectly clean."—are even now of frequent occurrence in that country.

This being so, it is almost superfluous for me to observe that all the movements of this quadruped are watched with a view towards obtaining supplies of this kind, her every wish or want is consulted in the same direction, and pious members of that fraternity may often be seen sprinkling themselves with one at least of the products of all this reverence and attention. Old Fryer, (*a*) who was one of the earliest of our Oriental travellers, noticed this some two hundred years ago or so. Alluding to the "nastiness" of the Banyans of Surat, he says that surely they take delight in it, for surely they will fresh and fasting, besprinkle themselves with the stale of a cow, as you behold a good Christian with Holy water. Nay more; they use it (he continues) as a Potion, and bid the Devil do his worst after it." The greatest, or, at any rate, "the most convenient of all (Hindu) purifiers is, says Edward Moore, (*b*) the urine of a cow. Images are sprinkled with it. No man of any pretensions to piety and cleanliness would pass a cow in the act of *staling* without receiving the holy stream in his palm, sipping a few drops, &c. To strangers it is diverting enough to witness this spiritual sip, and it may be seen at the bazaar gates in Bombay, almost any morning at sunrise. . . . If the animal be retentive, a pious expectant will impatiently apply his finger, and by a judicious tickling excite the grateful flow. If he is heedless, however, he may perhaps by superexcitation, receive a greater boon than the "descendant of Surabhi," was implored to yield." Naked yogis may be seen any day, in the public thoroughfares, whose bodies are covered with this latter substance. It forms, I believe, a good preservative against flies and mosquitoes, and its antiseptic properties are turned to account at the Cape and elsewhere in the construction of their houses and other domestic appliances.

So sacred, indeed is this beast, that if we may credit the elder Mill (*c*) "a Brahmin may compound a theft, by swallowing for a whole day, the dung and urine of cows, mixed with curds, milk and clarified butter," and describing the yogis (saints or hermits) of the Brahminical re-

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(*a*) Dr. John Fryer's Account of India, reprinted from the Calcutta *Englishman*, p. 278.

(*b*) "The Hindu Pantheon," p. 148.

(*c*) "The History of British India," vol. i, p. 349.

vival who went stark-naked, and worshipped the ox, Mr. Talboys Wheeler (*a*) says that "they burnt cow-dung and reduced it to a white powder and made (out of this) an ointment with which they daubed themselves." Ward (*b*) who passed his life in the study of Hindoo theology and therapeutics, confirms this, and intimates that "the dry dung of the cow is eaten as an atonement for sin, and with its urine is used in worship. A Hindoo does not (he continues) carry anything out of his house in the morning, till he has rubbed his doorway with cow-dung," and the reverence, the awe in short, with which sacred animals or personages are treated in the glowing East, finds no parallel at all in the cooler or more critical West.

In the Punjab where the unbending rigidity of Hindu orthodoxy has been tempered by the more elastic Nationalising Sikism of Guru Gooind, "a sugared paste of milk, butter, urine and excrement," (*c*) is made to do duty, for the more substantial ingredients of the prescribed purification. But in the South where the old superstition is dying hard, like its compeers elsewhere, the process is a much more serious matter, and this process is so well described by one who has passed a lifetime in that region, that I must ask my readers to accept his version of it instead of mine. Narrating then the ceremonies as well as the sacrifices a restoration to caste entails in Southern India the Abbé Dubois (*d*) says, in reference to the "Punchayavayam" or the five things that proceed from the cow, namely:—"milk, butter, curd, dung and urine, all mixed together," that "the last of these, viz., the urine of the cow, is held to be the most efficacious of any for purifying all imaginable uncleanness. I have often seen the superstitious Hindu (he says) accompanying these animals when in the pasture, and watching the moment for receiving the urine as it fell in vessels which he had brought for that purpose, to carry it home in a fresh state, or catching it in the hollow of his hand to bedew his face and body. When so used it removes, he says, all external impurity; and when taken internally, which is very common, it cleanses all within." So that, like Cowper's sofa, it has "a double debt to pay." It must cleanse the soul from sin, and at the same time heal the ailments of the body, and in either case the medicinal or therapeutic virtues that are associated with this fluid have been believed in at one time or another from China to Peru.

This could be easily proved from the paper already referred to, but I am precluded from doing that by the fact of its accessibility and of my own desire of dealing with the matter on its merits, and I believe that most savage or semi-civilised people turn it to account in one form or another in this connection. "The salve which the Pathans use for wounds of all kinds is a mixture of turmeric powder and sugar formed into a thick paste with white of eggs, and kept moist by occasional additions of a saline secretion, of which the morning supply is considered the most superior. It effects are (says Dr. Bellew) very stimulating, and it soon raises an abundant crop of granulations that expedite the healing of the wound." (*e*) It is included among medicines by Hippocrates, and Pliny (*f*) recommended its employment contra oculorum albugines, as well as adversus canis rabidi morsus. Describing a drink of milk he received from a native in Central Africa, "seven-eighths of which were simply the urine of the cow," Col. Long (*g*) says that "this is a practice by-the-by which is common to all Central Africans, who never drink milk unless it is thus mixed," and as this beast is not here sacred, it is, I think, open to us to infer that the use or object of this "judicious blend" is medicinal. However that may be, Mungo Park (*a*) speaks of having received a sprinkling of this fluid as a bridal gift on the nuptial night of one of his friends, and we learn from Sucinfurth (*b*) that "ashes, dung, and the urine of the cow are the indispensable toilet requisites of the Dinkas of that country. Their milk vessels are washed with urine to compensate for a lack of salt," and the ammoniacal salts into which it is converted by decomposition may, for aught we know to the contrary, be stimulating and antiseptic. I believe that that thriving sect the Parsees, (*c*) the Quakers of India, as they are called, look upon it in this light, and there can be no doubt at all that millions of orientals regard camel's urine as both a diuretic and an antiperiodic.

As to the other or more solid excretion, whether it be that of man or beast, that too has been largely used in medicine and the arts, and there is no reason at all why, so far as I can see, these substances may not be as salutary or efficacious as were "fasting spittle," or the "blood of a black cat," "the entrails of a spider," or "the mandible of a caterpiller," or finally, as the "fœtus of a hare cut out of its mother's belly and dried," "garden snails," or even as that panacea of Sir Thos. Browne's "the left stone of a weasel." Yet, brother, were all these articles, aye, and others of even more questionable character, one time lauded by men of "light and leading" amongst us, and, in short, the old books are full of allusions to them.

Human dung, cows' and pigeons' dungs, (*d*) would appear to be the most sought after in those times, and as to the former, James, whose ponderous "Medicinal Dictionary" was dedicated to Dr. Mead and published in 1743, says that it "is mollifying, maturating, and anodyne, whence it is very serviceable in mitigating pains excited by charms, for ripening pestilential carbuncles, and for a phlegmon, particularly of the throat, as in quinsy. Some even prescribe it inwardly for the quinsy, to repress the paroxysms of fever, and for the epilepsy," and it is curious that the Southern Irish peasantry look upon goats' dung—as I was several times told on the spot—as a sovereign remedy in scarlet fever and measles. Caelius Aurelianus recommended a medicine prepared of the dung of the land crocodile as a cure for epilepsy, and Harris (*e*) tells us that "our people, when we had war with Macassar, found no antidote against the poisoned arrows of their opponents like to their own or others' excrements. As soon as they felt themselves wounded they instantly took (he says) a dose of the same, which presently provoked to vomit, and so by repulsion (as I conceive) and sweat freed the nobler parts from further infection."

Paracelsus (*f*) took his once famous *water of amber* and *water of dung* out of concoctions or distillations of cow-dung and doves' dung, and the eyes of our countrymen and others are to this day, and to their own destruction, often subjected to the influence of virgin and other more deleterious urine. The worst cases of gonorrhœal ophthalmia I have seen either in the Service or in London ophthalmic hospitals, were brought about in this way, and we have in this practice a verification of that trite saying that "nothing is so difficult to kill as an old

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(*a*) "The History of India," vol. iii, p. 393.

(*b*) "The History, Literature, and Religion of the Hindus," p. 29.

(*c*) "Thirty-five Years in the East," by John Martin Honeghbergher.

(*d*) "A Description of the Character, Manners, and Customs of the People of India," p. 22. He adds further on, p. 54, *apropos* of the fanatical followers of the Siva sect, that "they are under the reproach of eating as a hallowed morsel the very ordure that proceeds from their gurus (priests)." Huc and Gabet, and, it may be added, other travellers in Thibet, ascribe similar proclivities to the natives of that country.

(*e*) "A Journal of a Political Mission to Afghanistan." By H. W Bellew, p. 286.

(*f*) "Historia Naturalis," Lib. viii, 414, xxviii, 13 and 18.

(*g*) "Central Africa," p. 70.

(*a*) "The Life and Travels of,"—Nimmo's edition—p. 107. Readers of Carleton's "Tales and Stories of the Irish Peasantry," will not fail to remember the somewhat similar process Phelim O'Toole's mother resorted to, to shield him against the small-pox.

(*b*) "The Heart of Africa," vol. i, p. 88. Cameron says, "Across Africa," vol. i, p. 320, that "a native doctor in Africa treated destruction of the eye-ball and laceration of the lid with a plaster of mud and dirt."

(*c*) See "The Avesta, the Religious Books of the Parsees." By Arthur Henry Bleek, pp. 46-64 *et passim*.

(*d*) "Milman's History of the Jews," vol. i, p. 356.

(*e*) "A Complete Collection of Voyages and Travels," vol. i, p. 658. See also "The Voyages of Mendez Pinto." Lond., 1663, p. 30.

(*f*) "Myths in Medicine," p. 148, &c.

superstition, and the more unreasonable it is the harder it dies." (a)

Let us hope, however, that it is now, if not quite extinct, anyhow on its last legs amongst us. What I can do in this direction I have or will do, and I here purposely refrain from going into further detail as to the uses in medicine to which these vile substances were once put in these islands, or in our own midst. Whoever wishes to pursue this inquiry farther, or push it to the credit or otherwise of our own better taste or of our own more enlightened practice, can do so to his heart's content, through the materials supplied within or through such accessible authorities as Boyles "Medicinal Experiments." 1696: Kenelm Digby's "Receipts" 1668: Smollet, Turner, "De Morbis Cutaneis," 1714: and many others.

(Mrs. Guthrie says in her "My Year in an Indian Fort." vol. ii, p. 99 that in a "Treatise upon Cures," still extant published in the year 1621, ... "directions are given as to the proper way of rubbing wounds with cow-dung, and for an illustrations of that "last sad and revolting resource of thirst," which a party of Royal Engineers had once to employ, under a Captain Guy, in Western Australia. See "Connolly's History of the Royal Sappers and Miners," vol. i, p. 336.)

We may not be able to banish the use of these articles from Caffraria or Siberia, (b) Natal or Patagonia, where they have been employed medicinally, in one form or another for ages, but we may be more fortunate with the humbler or remoter people of our own islands, and it is clearly our duty to point out to them the inutility if not, indeed, the danger of such substances as we are here discussing. If they will, however, persist in using these things, let them at least withhold them from their own or their more helpless offspring's eyes, and to turn them to such account as they may in connection with their horses or their asses, their sheep or their pigs, let them do what they like with them in a word short of using them on their own vile persons or on those of their children, but we may even here step in and suggest that substances that are almost as cheap, and ten times cleaner, if they are not twenty times more efficacious, may be any day found at their grocers or in their druggists' shop. If not content with this, they wish to go farther afield, then, but not before, you may be able kind reader to humour their taste if you cannot restrain their curiosity or their ardour by pointing out a way and a medium in or on which they may practice with impunity, if with no benefit.

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Therapeutic Notes.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

SODIUM BENZOATE.

In a communication to the Clinical Society of Paris by Dr. Ruault (*La France Médicale*) recommends the topical application and internal use of benzoate of sodium for catarrhal and inflammatory diseases of the mucous surfaces. In diphtheria it is said to be particularly useful; the membrane melting down and disappearing under its influence. Two cases of diphtheria successfully treated by it, in children, aged 4 and 6 respectively, are recorded. The dose being 4 to 6 grammes daily; 12 grammes daily is the author's maximum dose for adults, through Nitznech has given 25 grammes. If its use is prolonged beyond 12 or 15 grammes gastric troubles are liable to be produced. 3 to 8 grammes daily is the usual dose of English and American physicians.

HYOSCINE.

M. Gley, at a meeting of the Societé de Biologie, on the 20th January, gave the results of his and Dr. Rondeau's experiments with hydrochlorate of hyoscine. The crystals of hyoscine hydrochlorate are white and soluble in water. On the rabbit and dog, the instillation into the eye of one drop of a one per cent. solution, produced in about 7 or 8 minutes a wide dilatation of the pupil. In the human subject dilatation of the pupil and paralysis of accommodation continued for five days after one drop of a one per cent. solution had been dropped into the eye. The alkaloid acts quickly and according to M. Gley is only feebly poisonous, 10 to 15 centigrammes injected under a dog's skin, produces no bad results.

SULPHUR.

Professor Hugo-Schulz, of the University of Greifswald, in the *Deutsche Med. Wochenschrift*, (No. 2, January, 1887) after many trials of sulphur in chlorosis, arrives at the following conclusions. In true chlorosis where iron is not producing the desired effect, sulphur may be given with advantage. After the employment of sulphur, for some time, iron acts with greater effect. In cases of chlorosis complicated with catarrah of the stomach sulphur is not well borne.

SMALL DOSES WHICH ARE EFFECTUAL.

In diphtheria, scarlatina, follicular tonsillitis, potassium chlorate in one grain doses every half hour affords much relief, and is curative. One-grain doses of croton chloral every half hour in many forms of neuralgia is beneficial. In obstinate urticaria, salicylate of soda in two-grain doses acts well. Sick headache is often relieved by one-drop doses of tincture of nux vomica every five minutes. Inflammation of the bladder is often relieved by one-drop doses of tincture of cantharides every hour. Aconite tincture in small doses is a favourite remedy with many physicians for the pyrexial state. Nasal catarrh (subacute) is often allayed by minim doses of belladonna tincture every half hour. Many other drugs can be given in very small doses, hyoscine, atropine, apomorphia, cannabis indica, arsenic, ergotine, &c. (*Nashville Journal of Medicine and Surgery.*)

The acceptance of homœopathy by many persons was in great part due to the smallness of the dose and the agreeable form in which the medicine was given. A fact which physicians would do well to bear in mind.

HYPODERMIC USE OF CALOMEL AND YELLOW OXIDE OF MERCURY.

At the meeting on the 11th March of the "Société Médicale des Hopitaux," M. Balzer detailed the results obtained in the treatment of syphilis by hypodermic injections of calomel. The formula first used was that known as Zeissl's, and consists of calomel 5 grammes, chloride of sodium 1 gr. 25 centigrs., distilled water 50 grammes. Afterwards Balzer suspended the calomel in vaseline, which he found more suitable, being not liable to irritate the tissues. The quantity of calomel used at each injection usually being 5 to 10 centigrammes. He selects the post trochanteric region as the most suitable for giving the injection.

A CHINESE ANÆSTHETIC.

A curious account of a Chinese anæsthetic is given in *Nouveau Rêmedes*. Dr. Lambuth mentions in his third annual report of the Soochow Hospital, an experiment made, at the suggestion of a Chinese doctor, with a substance resembling wax, but harder, and semi-transparent. This, in the form of a tablet, was cut into small pieces and digested in water for twenty-four hours, together with a small white woody excrescence. The liquid was then found to possess well marked anæsthetic properties. It was found that a numbness of the lips and tongue was produced, and that the finger immersed in the solution for some minutes could then be pricked with a needle without any pain being felt. The tablet was described as being the juice of the eyes of a frog. It was probably the substance obtained by the Chinese by placing a frog in a jar containing flour and irritating the animal, when it exudes a liquid which forms a paste with the flour. This is then dried and made into cakes bearing some resemblance to button lac.

DRUMINE.—A NEW AUSTRALIAN ANÆSTHETIC.

Dr. John Reid has published in the Australian *Medical Gazette* a paper describing a new active principle obtained from the *Euphorbia Drummondii*, a euphorbia growing in abundance in many parts of Australia, and dangerous to stock and sheep. Whether the principle is an alkaloid is doubtful. The therapeutic effects are very marked. Dr. Reid's experiments upon cats and on himself show that solution of drumine either injected or ingested has very striking anæsthetic properties. An injection of 4 minims of a 4-per-cent solution quickly relieved a case of chronic sciatica, and a second injection effected a cure. It relieves cases of sprain so promptly that lead lotions will be forgotten. Dropped in the eye it produces insensibility of the eyeball, and relieves tic. Placed on the tongue it produces anæsthesia, and loss of taste even to quinine.

(a) "Fergusson's Tree and Serpent Worship," p. 70.

(b) For the intoxicating use made of their own urine by the inhabitants of this country, see Church's edition of 'The Chemistry of Common Life," p. 381. The process however, exhilarating it may be, is both cheap and nasty, and not to be commended for the imitation of others, and as to the other countries here alluded to the reader will find references to them in *The Practitioner* as above *passim*.

Clinical Records.

THREE CASES OF STRANGULATED HERNIA IN WOMEN—OPERATION—RECOVERY.

Under the care of Dr. **Rabagliati**,

Senior Surgeon to the Bradford Infirmary and to the Children's Hospital.

The first case was that of a woman, æt. 64, who was suffering from cancer of the uterus. She was admitted to the Infirmary on Jan. 17, 1887, having been seen outside in consultation. She was then vomiting, and had a small tumour in left groin which was first observed the day before. She had had a dose of castor oil which aggravated all her symptoms. On admission, the tumour was the size of a tangerine orange, just below left groin, very tense, tender, and dull on percussion. The neck reached downwards below Poupart's ligament, and upwards just above it. Evidently a femoral hernia in a thin, emaciated patient. Taxis having failed to relieve, operation was had recourse to in the way to be described later. On the 19th January the temperature had fallen to natural at which point, and below normal it remained till the 24th, when it rose to 100·5° without assignable cause. When the wound was dressed on that day there was some thin discharge from its lower part, the rest having healed. An aperient was ordered which thoroughly relieved the bowels. The patient was discharged on February 5 quite cured of her hernia, although the cancerous condition of uterus still, of course, remained.

Case II, was in a married woman, M. J. H., æt 31, who was admitted on February 24, 1887, having been sent in by Dr. Sinclair, of Great Horton, who had failed to reduce by taxis. The operation was performed at 11.45 p.m. the same day. Patient had had a hernia for eighteen months, and wore an efficient truss. At 12.30 a.m., February 24, woke up with pain in her bowels, and felt a little lump in right groin. Before 1 a.m. she vomited and continued to do so at frequent intervals till 11 a.m., when she sent for Dr. Sinclair who found the hernia strangulated, and recommended her to come to the infirmary. She attributed the rupture to her being obliged to carry heavy pieces of cloth at her work, she and the woman who works with her having to lift between them pieces weighing 80 lbs. On admission, there was a tumour in right groin about the size of a walnut just inside line of femoral artery, rounded, tense, tender, without impulse on coughing—irreducible. Tumour tends to pass up over abdomen, the neck being stretched transversely as it were in a line with Poupart's ligament. Evidently a strangulated femoral hernia. Operation performed immediately on admission. Temperature was at 100·2° F. on the 25th, but fell to normal on 1st March, about which it remained during the rest of her stay in hospital. Wound dressed on 27th, when the note was "wound well together. Protective a little wet, but no serum obtainable on pressing wound." March 3 a dose of castor oil which thoroughly cleared out bowels. Patient now well, but did not leave hospital till 28th March to allow time for wound to consolidate.

Case III.—A woman, æt. 50, under care of Dr. Sutherland, Cleckheaton, who sent for me 21st March, 1887. Patient had suffered from right femoral hernia for over twenty years. The previous day it had come down, and had resisted all efforts to reduce. It was very large, the sac, when opened being as large as the palms of the two hands, It was thought best to operate at once, and this was done after taxis under chloroform failed to reduce. On the 26th March, Dr. Sutherland wrote to say "the patient was going on as well as he could expect. She was troubled with sickness the first two days, but the temperature did not rise till the fourth day when it reached 100·6° F. This was attributed to her getting a start or fright the night before by someone knocking loudly at the back door." The writer went on to say the danger was nearly over. These three cases were operated on in the same way as Dr. Rabagliati had now done for some years, during which time he was so fortunate as not to have had a single death. The operation was very simple, consisting in cutting down in the usual way, opening the sac, relieving the stricture and returning the bowel. Then in place of closing the wound as used to be done, he removed the sac by the knife, removing also any omentum which seemed cold, or did not readily go back. In these three cases both sac and omentum had been removed. In the last case the sac (exhibited to the society) was as large as the palms of the two hands, and the omentum (also shown) weighed six ounces. The bleeding was carefully staunched before returning the omental stump, by as many catgut ligatures as were necessary. After the sac was cut away, its edges were carefully brought together by fine catgut sutures, the parts being sponged quite clean. Antiseptic spray was used in the first two cases, but not in the last, although the parts were sponged clean with carbolic acid solution two and a-half per cent. After the edges of the sac had been brought together, a drainage tube was laid on the track to drain the superficial part of the wound, and deep sutures were then passed to draw together the subcutaneous tissues. Finally, the skin was united by fine sutures close together. The wounds were dressed about every second or third day, the drainage tube being shortened or removed as the nature of the case demanded. Union took place by first intention except where the tube passed, but this point healed also on its removal. Union is generally complete, and all need for further dressing dispensed with, in about a week. After that an aperient is given, and the case is practically over, although it is well to wait for some weeks for consolidation to take place. The advantages claimed for this method of operating were—first, greater safety to the patient. He remembered the time when an operation for strangulated hernia was a most dangerous one. Since he had followed this plan (originally, he believed, adopted by Professor John Wood, though this was not known to the writer till after he had followed it for some time himself) he had not lost a case. The reason for the greater safety was that inflammation, when it occurred, began in the sac, and when the sac was removed, that risk was removed also, and only a clean sutured edged was left as in ovariotomy, which usually healed by first intention. Secondly, there was a chance of not only curing the strangulation, but also of radically curing the hernia; and in point of fact he knew that several cases treated in this way had had no return for years. The method was applicable to men as well as women, although of course a little more management was required in the former when dealing with the cord.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Pathological Section.

Meeting held Friday, March 11th.

The President, Dr. Walter G. Smith, in the Chair.

SPECIMENS OF MALIGNANT DISEASE OF THE STOMACH, PANCREAS, LIVER, KIDNEY, ETC.

The **President** showed specimens of malignant disease of the stomach, pancreas, liver, kidney, &c., taken from a young man, æt. 20. The patient was admitted into Sir Patrick Dun's Hospital, January 11th, and died in great agony, January 22nd. Two years previously he was attacked with heartburn, retching and vomiting, and epigastric pain. Within the last two months he had become much worse, has lost flesh, and slight jaundice set in a few days before admission. The liver was enlarged, and the urine was scanty, high-coloured, and contained bile pigment. With acetic acid *alone*, *in the cold*, it yielded a precipitate insoluble in excess of acid, or by heat, and apparently of albuminous nature. The temperature was slightly pyrexial until the day before death. At the post-mortem the stomach was found to be greatly distended; pylorus constricted, and its walls dense and white; a mass of new growth in edge of falciform ligament, and one or two nodules on the liver; walls of gall bladder invaded by the neoplasm; cavity small, containing green mucus; cystic duct occluded; dense mass of new growth involving stomach, pancreas, right kidney, &c., and extending back to the spine. Left kidney healthy upon section; right kidney invaded by neoplasm; portal vein pervious; abdominal aorta constricted by surrounding mass of new growth; right upper surface or diaphragm studded with white nodules. An immense number of round, flattened nodules all over each lung, and also internally, radiating from root. Heart and pericardium normal. The disease probably originated in the stomach, and appeared to be carcinoma, although some of the microscopic sections rather suggested sarcoma.

Dr. **Scott** said that some days ago he examined a section cut from a diseased breast which he found to be undoubtedly carcinomatous; yet that section presented characters extremely like those of one of the specimens at present under the microscope. In both cases the cells grew in strings, somewhat like the arrangement of tendons. Here and there, in both cases also, were small growths of cells, so that the sections were almost identical. He had very little doubt that the present case was one of carcinoma.

The **President**, in reply, directed attention to the several cuttings under the microscope on the table. It would be seen that the section from the liver was beautifully mottled. The section taken from the pylorus exhibited a large amount of healthy gland tissue; but there were also one or two large nests of epitheliomatous cells. In another slide would be seen a mass of large, irregularly shaped cells, ranged partly in parallel groups and partly in a sort of cell nest. Dr. Purser, who had examined the specimens, felt some hesitation in naming the cells, but was of opinion that, though they looked like sarcoma, the case was, on the whole, one of carcinoma.

FIBRO-SARCOMA OF THE ORBIT.

Mr. **Swanzy** exhibited a fibro-sarcoma, about the size of an ostrich's egg, which he had successfully removed from the orbit of a boy, æt. 11, and which had a history of four and a half years. The eyeball had become dislocated upwards under the upper lid, by which it was completely covered, and sat on the top of the tumour, but retained its consensual motions to a slight extent, notwithstanding its very abnormal position. The palpebral opening was much distended, and through it was seen the surface of the new growth. The eyelids were increased in height and width so as to cover the very large tumour, except at the palpebral opening. The surface of the tumour, as felt through the eyelids, was quite smooth. After removal, the part of the tumour which had occupied the orbit was found to have a perfectly smooth, serous, membrane-like surface, while the walls of the orbit were likewise perfectly smooth, their periosteum presenting a tendinous, shiny surface. The tumour had no attachments to the orbital walls, and had evidently originated in the retro-orbital connective tissue. It was attached to the margin of the orbit all round by a fibrinous ring or band, which was the only structure necessary to divide during the operation, with the exception of the inner and outer commissures of the eyelids. Owing to the presence of the tumour, the orbit had become much increased in size, measuring 7 cm, vertically, 6·5 cm. horizontally, and 4·5 cm. in depth. The patient, who was exhibited, made a perfect good recovery.

Mr. **Story** said through the kindness of Mr. Swanzy he had an opportunity of seeing the case before the operation was performed. On the brilliant result of this operation Mr. Swanzy was certainly to be congratulated. He (Mr. Story) and other oculists who saw the case were at first of opinion that the tumour was a sarcoma of a fibro-cystic character, and he was surprised afterwards to find that it was purely fibrous and without any cysts. The enlargement of the orbit was very great. He had seen as great enlargement in other similar sarcomatous growths, but he never saw a sarcomatous tumour of the orbit where it was possible to enucleate the tumour, in such a way as had been done in the present case, from the orbit, and at the same time to leave a perfectly sound cavity with sound walls behind. Such tumours frequently had extensions protruding through fissures in the back of the orbit, or else had not originated in the cavity at all, but had made their way into it from other places, and when they reached the orbital cavity underwent their greatest development. It was most encouraging to gentlemen practising ophthalmic surgery to know that such a tumour as the present had been satisfactorily removed, and that the case had turned out so well. Neither he nor anyone else who saw the case expected that the operation would have been performed with the facility that it was.

SARCOMA.

Mr. **M'Ardle** read a paper on sarcoma, detailing cases which showed the deterioration of the different tissues of the body, apparently as a result of the disease. He noticed in all his cases a great diminution of the red corpuscles of the blood, and a slow and incomplete coagulation of that fluid. In these cases he met with spontaneous fractures, and on examining the bones he found them brittle, and the red marrow in a state of fatty degeneration. In seeking an explanation of the decrease of red corpuscles in the blood, he concluded that the destruction of the red marrow of the bones led to a diminution of their manufacture. He explained the emaciation of the patient by the lessened oxygenating power of the blood, which, in some of the cases, looked like serum, so poor was it in corpuscles.

In reply to the President, Mr. **M'Ardle** stated that in all the cases microscopic examinations of the tumours were made. In every case of sarcoma that had lasted above three months the patients were perfectly blanched. The central portions of the large bones, where there was no red marrow, were not much affected.

Dr. **Scott** asked how much diminution of the corpuscles occurred? Exact information on that point might supply a means of diagnosis in suspected cases. It was well known that leuco-cells which originated in red marrow could be distinguished from those which originated in other parts of the body. Mr. M'Ardle had mentioned cases in which the red marrow was gone. What evidence had he of diminution in the numbers of the cells?

Mr. **Wheeler** said that in many instances he had seen fractures of the shafts of bones occur in places where they were affected with sarcoma. In all these cases the bones were softened or in a state of fatty degeneration at the place of fracture.

Mr. **Story** asked what evidence was there of diminution of the red corpuscles in the place mentioned? He did not catch by what means Mr. M'Ardle proved that there was any defect in the red blood. An anæmic appearance in the patient was not enough to prove that the quantity of red corpuscles in his blood was not normal.

Mr. **M'Ardle** in reply, said that in practical surgery there were not many opportunities of making microscopic and other examinations. He did, however make microscopic examination of the blood of these patients; but he had not time to attempt an accurate enumeration of the red blood corpuscles. The appearance of the blood and the result of the microscopic examinations showed that the blood was poor in red corpuscles.

TREPHINING FOR EPILEPSY.

Mr. W. I. **Wheeler** gave a description of a calvarium and brain after trephining for epilepsy, and exhibited specimens.

Mr. **Story** asked what was the use of trephining for epilepsy and if the seat of the affection were, as Mr. Wheeler had said, the medulla oblongata or the pons. Epilepsy was interesting from an ophthalmic point of view. It was known that after epileptic seizures the patients frequently had either transitory or permanent affections of their field of vision; and it was a curious fact that these affections took the form of concentric limitations of the fields of vision of both eyes. It was well known to those present that when a patient suffered from a lesion at one side of the brain, whether caused by a tumour or otherwise, his visual apparatus was damaged, but the effect produced was that there was a loss by both eyes of one half of their field of vision, the halves lost corresponding to the visual centre on the side of the brain affected. But after epileptic seizures the limitation was concentric, though also affecting both sides; and the explanation of this, which has been put forward, assumed that the seat of the epilepsy was not in the medulla or the pons, but in the cortical centres. By a process of reasoning too long to enter into it had been shown that it was capable of demonstration that a functional lesion of two visual centres unequally accentuated on the two sides of the brain would have the effect of producing this concentric limitation of the fields of vision of both eyes. It would be very desirable for pathological purposes that in epileptic cases the fields of vision could be tested. His only knowledge of this matter was derived from the literature of the subject.

Dr. **Knott** said he would like to know something of the condition of the patient both before and after the operation, and also whether he complained of any visual disorder. Also, did he get the full benefit of the antiseptical precautions recommended by Dr. Ferrier?

Mr. **Wheeler**, in reply, said there was nothing wrong with the patient's vision, except that he was a little shortsighted, which, he said, he had been all his life, even when he had no fits, while he was away in the colonies, he being at that time between seventeen and twenty-one years of age. The reason why he (Mr. Wheeler) trephined at the place he did was that the patient had pain there, it being the spot where his head had struck a table while he was a boy. Pain was always produced by pressure on that spot, and the pressure also made the patient feel as if he was going to have an epileptic fit. It was a common sense rather than a scientific treatment; and he did not think of the medulla or the pons varolii, but only proceeded on the assumption that the pressure of a piece of bone was the cause of the epilepsy, and the result proved that it had a considerable amount to do with the epilepsy, for after the removal of the bone the patient had no more fits of epilepsy. As to Dr. Knott's question, all the antiseptic precautions were used with the exception of the spray, which he did not believe in.

The Section then adjourned.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Monthly Meeting—April.

Mr. I. Mossop, President, in the Chair.

Dr. **Goyder** detailed a case of

ULCER OF STOMACH.

E. K., æt. 23, domestic servant, was seen by me on Feb. 23, 1887, and complained of pain in the stomach, shooting through to the back, and of vomiting after food, had never vomited blood nor coffee ground matter to her knowledge. This pain had come on acutely after lifting a heavy box of coal, but she complained of having suffered from indigestion for some years. An alkaline bismuth mixture was ordered, which so far relieved her that she did not apply to me till a fortnight afterwards, the 8th of March. On the morning of that day she complained of having been ill all night, and being up several hours with sickness and excessive pain. As the girl felt rather better, she was up and dressed, bismuth was again prescribed, and she was ordered to rest. Next morning, March 9th, she was found again to have passed a bad night, with increased pain in the gastric region, and dull aching pain spreading over the bowels, the body was slightly tympanitic and tender on pressure exhibiting a low form of peritonitis. She was ordered to stay in bed, have turpentine stupes applied to the body, and opium and sedatives internally. At six the same evening I was suddenly called to see her. She had got up to pass water, fallen backwards in a state of collapse, been removed to bed, and during my stay of a few minutes gradually expired. Uncertain as to the cause of death, I requested and was granted a post-mortem examination, when the perforation of the stomach exhibited was brought to light. The ulcer was one and a half inches in diameter, with gradually raised edges, so that the thickness of tissue was half an inch, the perforation was round, and about three-eighths of an inch in diameter.

Mr. **Meade** said these cases generally occurred in servants, why it was difficult to say, except that they neglected themselves. He remembered making a post-mortem in a servant who had never consulted a doctor. She had died suddenly; he found perforation of an old ulcer.

Dr. **Bell** thought the absence of pain in some of these cases resulted from the ulcer not being reached by the food. There were generally paralysis of the intestines and bladder, and he asked if it were so in this case. Some cases of ulcer had been operated on with success. The abdomen was opened, the edges of the ulcer turned in and stitched, and the patients got quite well.

Dr. **Herbert Major** showed

THREE CASES OF SPASTIC PARAPLEGIA IN INFANCY.

The first was that of a male child, two and a half years old. Rigidity of the lower limbs was very marked, especially when his feet were placed on the ground, the heels being then drawn up and the calf muscles becoming tense and hard. The child was unable to stand unsupported. There was an absence of wasting, and no sensory impairment could be detected. On both sides the knee-jerk was active and probably excessive, no ankle clonus could be elicited. The left arm was weaker than the right, and the hand little used. The child was decidedly defective mentally. Double internal strabismus was present. The paralytic affection dated from birth. The second case was a boy of ten years, in whom weakness of all the limbs had been noticed soon after birth. He did not begin to walk until three, nor talk until between five and six years of age. When five years old had a severe illness, accompanied with convulsions. The parents were satisfied they could observe a gradual progressive improvement in the boy's walking power and general condition. At the present time he can walk fairly well, but always somewhat on his toes, and with the body bent slightly forward. No ataxia. Calf muscles full and large. Sensation normal. Marked excess of the knee-jerk on either side; no ankle clonus. As regards upper extremities, distinct choreic movement of the hands present; a glass of water could not be held without much spilling. The boy was fairly intelligent, but speech somewhat slow and drawling. It was remarked that this case might have a superficial resemblance to one of pseudo-hypertrophic paralysis, having regard to the large calf muscles; but that the excessive knee-jerk and the absence of dorsal curve or muscle atrophy in any region sufficed to prevent error in this direction. The third case was a lad of fourteen, in whom the extremities only had at any time been affected. When two years old he began to walk slightly with assistance, but always on his toes, heels being drawn up. Three years later the tendon Achilles on either side was divided by a surgeon, after which the heels could be kept down, but no improvement in locomotion resulted. He now uses crutches. The legs are very rigid, and, in progression, the calf muscles, as also the adductors of the thighs, are found to be in a state of extreme spasm, the knees rub forcibly against each other. Electrical re-actions normal. There was the same increase of the knee-jerk and absence of wasting or sensory trouble in the affected limbs as characterised the previous cases. Hands unaffected. Intelligence apparently normal. Allusion was made to the observations of Erb, Ross, and others, as to the nature of these cases. It was evident that they depended upon an abnormal state or deficiency of the crossed pyramidal tracts of the cord or the associated motor regions of the cerebral hemispheres. Stress was laid upon the fact of the affection being a birth palsy, the history never pointing to a sudden onset in a previously healthy child.

The **President** remarked upon the interesting nature of these cases and the impossibility of their treatment.

Dr. **Rabagliati** said one of these cases had come under his notice, and recognising its nervous origin, he had refused surgical interference, the case was sent to a hospital in another town, and the Achilles tendons divided, without benefit, however, to the general state.

Dr. **Rabagliati** read notes of

THREE CASES OF STRANGULATED HERNIA

occurring in women on whom he had operated by removing the sac, and all of whom recovered. These cases will be found under the heading of "Clinical Records." In the discussion which followed their recital:—

Mr. **Meade** in commenting on these cases inquired whether in attempting the radical cure, greater risk to life existed than leaving them alone? It was a great advantage when the case recovered, as their recurrence was not probable: but the advisability should be measured by the risk to life in special cases. Paget was of opinion that where a quantity of omentum was present, it was better to return it if the adhesions could be separated, as there was less risk of peritoneal mischief than in excising it. While he was favourable to Dr. Rabagliati's method, thought it must first be decided by statistics whether the attempt at radical cure was less fatal than the ordinary means.

Dr. **Bell** was of opinion that the recoveries in these cases were dependent on the antiseptic precautions now taken, and the greater sanitary purity of the hospital. Hitherto in ovariotomies and in opening hernial sacs, death frequently followed, doubtless from the entrance of septic germs into the peritoneum, formerly these cases did better out of hospital than in it. Now, this was fortunately reversed.

Dr. **HINE** congratulated Dr. Rabagliati on the result of his cases. Mr. Meade's and Sir James Paget's remarks were those of men of great experience. As to the risk, what was done towards cure in the old operation? Nothing! But now with the antiseptic precaution, the radical cure was to be preferred, the former might recur, the latter not.

Dr. **RABAGLIATI** in reply, said he now preferred the operation for radical cure, as his own experience, and that of other surgeons, showed there was less danger than when the sac was left.

Dr. **VAUGHAN**, House-Physician, Bradford Infirmary, exhibited the following Naked Eye and Microscopical Pathological Specimens: — 1. Complete calcification of whole pericardium. 2. Extensive hydronephrosis of both kidneys, with large calculi in kidneys and ureters; death with fatty embolism after fracture of neck of femur; said to be "quite healthy" up to time of accident. 3. Thrombosis in hepatic vein from smallest branches, through whole extent, and through inferior vena cava, and right side of heart into divisions of pulmonary artery; white thrombi *in situ*. 4. Large branching thrombus reaching from right auricle into branches of pulmonary artery. 5. Large intra-mural fibro-myoma of uterus, weighing 6¾ pounds, removed by hysterectomy by Dr. Rabagliati. 6. Perforating ulcer of stomach on smaller curvature. (Dr. Goyder's case.) 7. Specimens under microscopes: (*a*) Bacillus anthracis in organs of mouse (liver, spleen, and kidney); (*b*) Bacillus of leprosy in cutaneous tubercle and in liver; (*c*) Micrococcus of acute pneumonia; (*d*) Organism of green pus.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 2nd.

PROF. KAPOSI ON MYCOSIS FUNGOIDES.—At a recent meeting of the Imperial Society of Physicians of Vienna, Prof. Kaposi brought forward a case of "Mycosis Fungoides," and discussed the symptomatology, nature, and treatment of this rare and little-known disease. The patient, a man, æt. 36, suffered from mycosis fungoides since 1875. At that time were observed over the left pectoral muscle red and large patches out of which a tumour, of the size of a walnut, developed, which disappeared after some months. Similar patches and knobs developed at a later period on the back and other parts of the body, which afterwards also disappeared in part. Since 1876 the patient has been several times in Vienna where he was examined by Anspitz, Billroth, Neumann, and others. At that time there was also published a description of the case by Hochsinger and Schiff, who also observed a large tumour over the spine of the sixth vertebra. For the last two years the condition of the patient became very tormenting. At present a very large tumour which is in part ulcerated, is to be seen in the right axillary cavity, with numerous small and disseminated globular tumours on the chest. Over the lower ribs a "plaque" of blueish tumours, which are not painful, is to be discovered. An ulceration of a particular appearance is present on the axillary tumour, the latter being twelve centimétres long, and six centimétres broad. On the inferior part of the abdomen, one notices a depressed spot, over which appeared a swelling in 1882. During that time the knobs often assumed the size of hen's eggs, and then diminished or quite disappeared, without leaving any depression. The patient in question is, except the symptoms described, healthy. Alibert, in 1832, described this affection under the name of "mycosis fungoides;" later on the disease was described by other Frenchmen, Ranvier, Bazaine, Vidal, &c., under the name of "lymphadénite cutanée." Köbner, who had the opportunity of observing this affection in the Paris hospitals, described it under the name of "multiple fungous papillary swelling," whereas Anspitz called it "granuloma fungoides." Prof. Kaposi had, already in 1870, termed this affection "sarcomatosis cutis," and from observations of relative cases which he had seen, felt obliged to distinguish three types of the disease in contrast with the French authors who recognised two types only. The first type characterises itself by the following appearances: The individual is attacked by eczema of the trunk, of the form of "eczema squamosum," such as occurs in anæmic girls. The patients complain of painful itching, but which is sometimes absent. The patches on the skin become somewhat prominent after some years, and assume a deeper colour. These forms infiltrate and form small knobs, which soon disappear, and appear again on other places. This is the "période lichénoïde" of the French, or the "infiltration stage" according to Köbner. Later on, larger fungous tumours form, which assume the size of a fist, have a blueish-red appearance, and a rather solid and soft consistency. These tumours can be compressed, but they again resume their former size. These tumours are sometimes combined with ulceration-processes; the ulcers being of a muddy colour, and the loss of substance considerable. The seat of these tumours is, in most cases, on the trunk, but are occasionally seen on the face and the extremities. Death occurs under fever, marasmus, or as a result of a complication from the lung or the pleura.

The second type is characterised by the following symptoms: One observes here no eczema, but from the very beginning solid red and white patches, resembling urticaria, appear. They persist for a long time, spread on other parts, assume a brown colour, and are later on transformed into infiltrations, resembling "scleroderma," and at times "leprosy." These symptoms can also disappear and reappear without causing itching; later, knobs and large fungi form, which ulcerate. The final course is the same as that in the first type.

The third type offers the following appearances: From the very beginning of the affection numerous large fungi establish themselves, though the skin has not been diseased before. The latter part of the course of the disease in this type is shorter, but otherwise resembles the second. Rindfleisch, Hochsinger, and Schiff have found strepto-coccus, on the microscopical examination, in cases of mycosis fungoides. The opinion of Prof. Kaposi, however, agrees quite with that of Prof. Köbner, viz., that this micro-organism has nothing to do with the swelling. He is of the opinion that the histological examination in such cases is an evidence that we have to deal here with a sarcomatous disease, which justifies the term "sarcomatosis cutis," as he called the disease in question. As to the treatment of the patient whom Prof. Kaposi showed, subcutaneous injections of the arseniate of sodium are administered to him.

CONGRESS OF AURAL SURGEONS.—The congress of the aural surgeons from Switzerland and Southern Germany took place last month in Vienna, under the presidency of Prof. Politzer, of that city. There were present, among others Medizinahath Dr. Hedinger, of Stuttgart, Prof. Böcke, of Budapest, Prof. Urbantschitsch, with his assistant Dr. Eitelberg, of Vienna. Docent, Dr. Rohrer, of Zurich, Dr.

Gottstein, of Breslau, Dr. Hartmann, of Berlin, Dr. Delstauche, of Brussels, Dr. Gradenigo, of Padua, Dr. Morpurzs, of Trieste, and so on. Dr. Hedinger read a Paper on trepanning of the mastoid process, in which he said that he had abandoned his conservative stand-point in this question. Dr. Rohrer gave an account of a paper which had been sent by Prof. Bezold (who was prevented from attending the congress) on the experiment of Rinne, and added to this also his own remarks Delstauche spoke in French on the "redraissement of the nasal septum." Prof. Urbantschitsch read a paper on his newest experiments "on the behaviour of the sense of touch and temperature in unilateral acute disease of the middle ear." A decrease of the touch and the temperature-sense is combined with the presence of the acute "otitis media," this condition corresponding to the dull sensation which the patients have on the face and the head of the whole diseased side. This decrease is found to be most distinct and most striking in the surroundings of the ear, and towards the median line of the face. With the amelioration of the acute affection of the middle ear, the normal sensibility gradually takes place again, and proceeds from the median line towards the ear. Dr. Eitelberg, assistant to Prof. Urbantschitsch, at the Vienna Policlinic, made a short preliminary communication on the affections of the ear in childhood with reference to rickets. Dr. Gradenigo spoke on acute inflammation of the interior auditory meatus, and referred four clinical cases of primary acute inflammation of the interior auditory meatus with recovery, which arose from a rheumatic condition. He moreover demonstrated microscopic specimens illustrating total ossification of the labyrinths. Dr. Hartmann spoke on the therapy of acute inflammation of the middle ear, and said, among other things, that the ten per cent. solution of carbolic acid in glycerine had a very good effect, as it removed the pain instantly. Dr. Rohrer confirmed this statement, and added that he had availed himself of a twenty per cent. solution for the same purpose, and for avoiding the burning pains which such a solution caused in the auditory meatus, he brushed it first with cocaine. Dr. Nicanus, of Graz, on theoretical considerations, proposed the internal administration of nitro-glycerine against the nervous "tinnitus aurium," in cases of anæmic and chlorotic individuals. This opinion was strengthened by the statements of Dr. Pius, of Vienna, who saw a very good result in such cases. He administered a 0·00013 from 3 to 4 times a day. Dr. Gomperz of Vienna spoke on the use of antipyrin in cases of otalgia, and on the electrolytic treatment of "ostitis media granulosa." After the first application he already observed a considerable shrinking of the granulations; this method had moreover the advantage that it exerted a good effect on the granulations, even when the membrana tympani was intact. Prof. Politzer read a paper on the cholesteatomata arising from cysts of the mucous membranes. This scientific congress was also combined with an "ovation" to Prof. Politzer on his 25th anniversary as docent and a specialist in aural surgery. An international committee, at the head of which was Prof. Urban Pritchard, of London, had sent a circular, which was written in German, French, and English, to all aural surgeons and pupils of Prof. Politzer to the effect of participating in the festival on the above mentioned occasion. A full length portrait of Prof. Politzer which it is intended to place as a permanent "souvenir" at his clinic, together with an address which had been signed by 215 members (participants) enclosed in a splendid envelope was, presented to him by Dr. Rohrer, of Zurich, who addressed Prof. Politzer in an excellent speech emphasising his valuable contributions to otological science. In return, Prof. Politzer gave a review of the development of aural surgery during the last thirty years, and among other things warned his colleagues, especially the young ones, against too sanguine expectations in therapeutics and encouraged them to eager studies in pathological anatomy.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

THE SIXTH GERMAN CONGRESS FOR MEDICINE.

(*Continued from page* 406.)

Following the discussion on tuberculosis, Professor Lichtheim, of Berne, introduced the subject of Pernicious Anæmia. He did not agree with the views of Reyher, Runeberg, and others, as regarded its relation to bothriocephalus lutus, as out of his own cases (eleven in number) nine had no bothriocephalus. He inclined to the view that the disease was dependent on disease of the spinal cord, and claimed that the view was supported by post-mortem examinations. Grey degeneration of the posterior columns being found, with lesser participation of the roots, the peripheral nerves being intact. He allowed that much could be said in favour of the anæmia being primary, and the spinal disease secondary. In regard to treatment, he had tried Quincke's sodium chloride infusion, but without encouragement.

Jurgensen spoke of the association of the disease with anchylostoma in a case observed by him. Herr Litten, Berlin, had treated about 14 cases, and met with neither bothriocephalus nor anchylostoma, he could find no special cause for the disease. Numerous factors must unite to bring about the condition.

Localisation in Brain Diseases was the next subject, introduced by Professors Nothnagel, Vienna, and Naunyn, Königsberg. Nothing special was advanced beyond what was contained in Nothnagel's address lately delivered before the Medical Society of Vienna.

Professor Adamkiewicz, Cracow, followed on the Treatment of Neuralgia by Cataphoresis. The method consisted in the use of a "diffusion electrode," which connected with the positive pole of a constant battery, was placed without current upon the part affected. The circuit was then closed, and gradually the current raised to 7 m.a. Kept at this point for about two minutes and gradually reduced to zero. He had permanently relieved several cases at a single sitting, especially such cases as were acute, and when the nerve affected was superficial.

Professor A. Fraenkel, Berlin, spoke on the pathogenic properties of the bacillus of typhoid, and Professor Rossbach, of Jena, on three subjects in succession—1. The physiological importance of leucocytes wandering from the tonsillar and lingual glands. 2. Chyluria; and 3. A breathing chair for emphysematous and asthmatic cases.

Professor Litten, Berlin, discussed the connection between Diseases of the Stomach and Displacements of the Right Kidney. He brought dislocation of the kidney into direct relation with dilatation of the stomach. In thirty-three cases of stomach dilatation he had observed displacement of the right kidney seventeen times. Tight lacing in women and indigestible food swallowed without proper mastication, led to dilatation of the stomach, and this to the kidney displacement. Professor Nothnagel had seen the diseases together, but he could not accept Herr Litten's theory of causation. He had observed very successful treatment in some cases.

Whooping-Cough was next discussed by Vogel, Munich, and Hagenbach, Basle, and a large number of others.

Other subjects discussed were—The Dissemination and Treatment of Typhoid Fever, Finkler, Bonn; The Occurrence of Spirochaeæ forms in Koch's Comma Bacillus in the tissues of Cholera Intestines, Kühne, Wiesbaden; Diabetes Mellitus, von Merring; The Acids in Carcinomatous Stomachs, Cahn; Muscular labour or rest for Cardiac Cases, Liebenstein; Acute Diseases of the Central Nervous System, Schultze, Heidelberg; and Absorption of Food, by Dr. Müller, Berlin. Wiesbaden was again chosen as the place of meeting for 1888.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 11, 1887.

THE TREATMENT OF INTRA-PERITONEAL WOUNDS.

THE audacity of surgeons during the last decade in devising and carrying out the boldest innovations in the surgical treatment of abdominal disease and injury, has brought this department of surgery well to the front. Nowhere have the advantages afforded by the system of surgical procedure inaugurated by Lister been more fully perceived and applied than in operations involving the manipulation of that sensitive and delicate membrane, the peritoneum, and the organs which it invests, or to which it is adjacent.

It is, therefore, no matter for surprise, but rather for congratulation, that Sir William MacCormac, though not exclusively or even principally addicted to "abdominal surgery," should have chosen this particular topic for his theme in delivering the Annual Oration at the last meeting of the Medical Society of London to which we alluded briefly in our number of last week. Inasmuch, however as the subject has now become vast in proportion to its importance, the orator wisely confined his remarks more particularly to the treatment of wounds involving the peritoneum and its contained viscera. It is the more commendable seeing that this subject is one in respect to which some uncertainty still prevails, as to when, and under what circumstances, the surgeon should interfere.

The question to be decided is hardly as to the proper treatment of an equivocal damage to one or other of the abdominal viscera, and especially the intestines, since surgeons are pretty well agreed as to what course ought to be pursued in the interests of the patient. The days are past when any doubts obtain as to what should be done in cases where the intestinal walls have been cut, lacerated, or otherwise injured. No surgeon with any knowledge of the subject would hesitate for a moment, in presence of the *fait accompli*, to cut down and repair the damage by approximating the cut edges to the best of his skill and ability. The difficulty lies in the diagnosis. The symptoms of intestinal injury are in some cases to, so little marked, so ambiguous, and so little pathognomonic, that the surgeon not unnaturally hesitates to commit himself to an operation which, if unnecessary, will have exposed the patient to considerable needless danger, and place the surgeon in an uncomfortable position. On the other hand, the expectant treatment is less applicable here than elsewhere, seeing that if the would-be operator waits until the symptoms leave no doubt in his mind as to the nature of the injury, the success of the operation is seriously imperilled by the commencement of the very processes which it is the object of the operator to forestal and prevent.

We should be glad to think that this embarrassing and painful dilemma had been solved to some extent by the painstaking and interesting paper for which we are indebted to Sir William, but this we are unable to concede. He is evidently in favour of interference, somewhat on the plan laid down in a game called whist, "when in doubt play trumps," but beyond the cautious enunciation of a general principle, we cannot see that any advice is given which will enable the surgeon to decide, in the different cases to which we have alluded, whether or not he ought to open up the abdomen and explore the cavity. Indeed, the intrinsic difficulty of the problem is rather intensified by a more complete knowledge of the danger which attends delay, and the possibility of an unnecessary and therefore, a fruitless operation.

The orator gives an interesting recapitulation of a number of cases in which some abdominal wounds have been received, presumably without visceral injury, which however, he is careful to state, must not be taken to justify any dallying with suspected cases of injury. Contrarily to the generally received maxim, as to avoiding the use of the probe in abdominal wounds, he advises a careful exploration of the outer wound in order to obtain whatever information may be available as to its nature and extent. He emphatically proclaims that no hope can reasonably be entertained of spontaneous repair of a damaged intestine without fæcal extravasation taking place, the effect of which will inevitably be to set up acute and fatal peritonitis.

In cases of gun-shot wounds, the surgeon is exposed to less risk of error, and his duty in such cases is clearly traced. Unfortunately the results of treatment are not as satisfactory in such cases, for obvious reasons, as in others where the damage is more limited and easier to repair. They are better, it is true, in civil practice from the fact that the damage is generally the result of a revolver bullet, which is possessed of less power for harm than the Chassepôt or the Martini-Henry.

The paper is interesting and instructive, notwithstanding its failure to elucidate this *questio vexata*. It is always well from time to time to review the progress which has been effected, and to compare results. It serves to stimulate further research, and enables one to form a suitable opinion as to the value of the innovations which may or may not be improvements. From Sir William's experience on the field of battle, his utterances on matters appertaining thereto, are entitled to respect, though, from his own account, the circumstances are not such as to offer the best chances of success for the unfortunate victims of international amenities.

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THE DUBLIN HOSPITALS REPORT.

St. Mark's Ophthalmic Hospital.—The Commissioners remark that this institution has since 1855 grown in accommodation from ten daily-occupied beds to thirty-four, and from an expenditure of £456 a year to £1,468. They go on to quote the opinions of Mr. Swanzy and Mr. Fitzgerald in favour of the amalgamation of this Hospital with the National in Molesworth Street, and the contrary opinion of Mr. Story, who urged that competition in teaching is a very important factor in the success of hospitals, and in the education of the student. We entirely concur in Mr. Story's view, and dissent from the theory which is at present the fashion, that patients are better, or even as well, treated, or students as thoroughly instructed in big institutions which have a monopoly of teaching, than in smaller ones competing against each other for the patronage of pupils and patients.

We, therefore, fail to see the force of the recommendation of the Report that these hospitals shall be amalgamated, and as, according to Mr. Swanzy, nothing less would meet the case than a hundred-bed hospital at a cost of £4,000, and as the Commissioners admit that a large sum would be needed to build and outfit such an institution, besides an additional £1,500 a year to maintain it when complete, we opine that the realisation of their recommendation is a long way off.

The Hospital for Incurables.—As this hospital is not a clinical teaching institution we need not dwell upon the recommendations of the Commissioners further than to note that they express the opinion on this ground that the work done by the institution should be paid for by private charity, or by the ratepayer, and not by a grant from Parliament. They consider that there will be no great difficulty in securing from the benevolent the necessary money to recoup the loss of the Parliamentary grant, and, in proof of this, they point to the fact that the income of the institution was increased from £1,594 in 1854 to £5,418 in 1884, entirely by increased energy and success in begging.

It seems rather hard upon the hospital to punish its administrators for their assiduity in importunity by depriving them of all public support.

The Mater Misericordiæ Hospital.—The Report speaks of this hospital, and very deservedly, in a tone of warm approbation. It alludes to the lavishly generous outlay of money upon it, the excellence of its plan of construction, and the perfectness of its nursing system. The total income of the hospital is set down at £8,238, including £500 from the Corporation, but of this sum £4,600 only represents the cost of maintenance of the institution and its patients. This gives a bed cost of only £28 15s., of which £16 2s. 7d. is the outlay on the patient. If these figures are calculated upon exactly the same basis as those referring to other hospitals, the "Mater" is by far the most economically managed hospital in Dublin, even when allowance is made for the fact that the nursing is given gratuitously by the sisters of mercy.

The Commissioners speak with marked approval of the fact that the "Mater" was the first hospital in Dublin to adopt the London system of appointing assistant medical officers. They remark upon the fact that the medical staff is, and always has been, exclusively Catholic, which fact the sisters of mercy mitigate by the explanation that they have always excluded Protestants because some other hospitals excluded Catholics, but that there is no actual rule of exclusion in existence or in force.

The bias of mind of the Commissioners is marked by the fact that they accept this very lame explanation without comment, and avail themselves of the opportunity to fire a shot at the equally objectionable sectarianism of the Rotunda Hospital.

Jervis Street Hospital.—The purchase system obtaining in the appointments to the medical staff is the first point which the Commissioners note with reference to this hospital, but they touch this blot in a very tender way compared with the slashing denunciation of it to which they give expression in connection with other hospitals. The only fact which seems to mitigate the buy-and-sell system of appointment in Jervis Street is that the sum paid by the incomer is only £500, and that £200 of this goes to the charity; but the system is utterly indefensible here as elsewhere, and we are sorry to observe that the Commissioners gloss it over as they have done.

The financial condition of the hospital is the subject of serious comment by the Commissioners, for it appears that whereas the maximum yearly income of the institution is £2,000, the governors have spent £35,000 on the new building, to pay which they have sold out

£19,000 of capital and owed £16,000 at the date of the Report, of which they have since been able to wipe off a part. But the fact remains, that if the debt were all fully paid, the hospital would have a normal income of only £1,600 a year, so that it will be quite impossible to occupy the beds unless, by stupendous efforts, they succeed in attracting a greatly increased annual revenue.

The Commissioners refer pointedly to the fact that the average beds occupied is only 25—a fact which is very startling as bearing upon the efficiency of the hospital, not only as a charity, but as a teaching institution. The licensing bodies have shut their eyes for some years to the fact that the opportunity for instruction in Jervis Street is altogether insufficient, because they expected that, on the completion of the new hospital, a large bed power would accrue to the institution; but if, as the Commissioners infer, this cannot take place, we really cannot see how the reception of the certificates of study from the hospital can be any longer continued.

The Commissioners, very reasonably, consider the financial condition of the hospital to be doubly serious, because, if the House of Industry Hospitals are closed, their patients will naturally gravitate to Jervis Street, where, under any circumstances which can be hoped for, they cannot be accommodated, considering that their maintenance would cost £6,000 a year.

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THE ANTI-TUBERCULOUS ACTION OF IODOFORM.

With the assistance of our German correspondent we have kept our readers *au courant* with all that has transpired of interest at the recent Congresses of Medicine and Surgery, and in our columns to-day will be found additional letters from Berlin and Vienna relative thereto. We desire, however, to emphasise their importance by calling special attention to the address of Professor Bruns before the Surgical Congress as a valuable contribution towards the settlement of the question as to whether iodoform has really any anti-tuberculous action or not. The author took up very strong ground at the outset, maintaining that the contradictory statements met with on the subject were explainable by the fact that the drug had not been used properly, and that as used it was scarcely possible any decisive results could be obtained. He claimed that the injection of iodoform into cold abscesses was decisive on the point. He had treated fifty-four cases in this way. After asperation of the pus he injected a 10 per cent. mixture of iodoform in glycerine and alcohol. No reaction followed and no iodoform intoxication. In a few cases a single injection sufficed to bring about a cure; generally, however, two to three injections were required in intervals of from three to four weeks, before the abscesses disappeared. The cure generally lasted several months. Of the 54 cases, 40 were healed, amongst them numerous and large abscesses with contents of 400 to 2,000 grms. These observations were in complete agreement with those of Mikulicz, Verneuil, and Billroth. The healing of such abscesses by such means showed that iodoform had an anti-tubercular action. This did not depend upon its caustic action in destroying the bacilli, but upon the iodoform destroying the tuberculous tissues on the surface of the abscess, and leading to normal granulations. In order to determine the action of the iodoform on the bacilli, some of the abscesses after injection were opened and extirpated. In this way eight preparations were obtained, which were thoroughly examined microscopically. Only such abscesses were chosen as were shown to be tuberculous. The results of the investigations were as follows:—The first change noticed was that after some weeks the tubercle bacilli in the abscess walls had disappeared, whilst those in the central apparatus were still present. Numerous healthy granulations developed, until the tuberculous layer was completely mixed with the fluid contents of the abscesses. The vascular system then became obliterated. The granulations became converted into connective tissue, the connective tissue exudation became absorbed, the other—that from the walls—ceased. All this showed that iodoform was capable of destroying the tubercle bacilli, and that it was thus possessed of a specific power over them. During the discussion that followed, Herr Sænger said he had been making investigations into the powers of iodoform, not necessarily into its germicidal power, or its capability of hindering the growth of micro-organisms, but into their behaviour under the influence of the drug. He commenced his labours with the staphylococcus pyogenes aureus, but found it unsuitable for the object he had in view. He then took the bacillus anthracis, and found that, after a time, it ceased to grow and to propagate itself in contact with iodoform. He inoculated mice with idodoform anthrax bacillus cultivations with marked result. If the inoculation took place with such cultivations that had been prepared three days, the animals died the day following. If the cultivation was older than three days, death was postponed, and if older than six days death did not as a rule take place at all. This showed, as he thought, that the virulence of the poison was weakened by the iodoform. He then tried to ascertain whether the action of the iodoform was local or general. A pocket was made in an animal, and anthrax cultivations were introduced. They died in from a quarter to half an hour. If iodoform was introduced into the pocket, however, some time before the bacilli, the animals did not die, a proof, as he claimed, that the iodoform had rendered the bacilli innocuous, and that iodoform thus possessed a local antibacillary power. For the surgical treatment of wounds it would be necessary first to render them aseptic, otherwise the germs present might penetrate into the body, and their virulence would then be uninfluenced by the application of iodoform.

We may point out that, although to some extent contradictory at first sight, the statements of Bruns and Sænger are in reality in perfect agreement. The tubercle bacilli contained in a cold abscess are in reality outside the circulation, and are shut up in a closed sac, easily accessible and admirably adapted for the somewhat slow unfolding of the powers of the iodoform. 'Germicide will scarcely be any longer a proper designation, since it acts by preventing development of fresh bacilli rather than by destruction of those already developed; in other words, by depriving of virulence such as do develope under these unfavourable conditions.

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Notes on Current Topics.

Chemical Feeding.

A correspondent, writing to an American contemporary, has been poking fun at the various enterprising chemists who have made more or less a specialty of providing chemical foods containing the equivalent of incredible quantities of nutriment. He ventures to express the hope that the time will come when, the gynæcologist having removed all the abdominal organs, the lightened body, artificially fed, may go on its way rejoicing through years of usefulness. The latest addition to the already extensive list of artificial food stuffs is reported to be "lobster peptonoids," 'possum peptonoids being already a thing of the past. We do not deny, he says, the value of peptonoids, but he objects to the assumption that they are likely to be good for varicella which has a watery eruption, simply because they have been found useful in diarrhœa which has watery stools. It seems that the products of real digestion are more than "suspected" of giving rise to symptoms of poisoning under the influence of slight variations from the normal, and that a man may consequently be poisoned by the products of his own digestive apparatus. He remarks that our time-honoured pepsin lies under an accusation of causing blood poisoning, because "it always had a guilty smell like old anatomical specimens, and an ancient and corpselike taste." But the world then took it at our valuation with that childlike confidence which it has always displayed towards us. Things are no longer as they were, and men who now refuse to take their theology from the priest are apt to cavil with their physician and his physic. The ultimate destination of these lobster peptonoids will probably be in the Lethe of oblivion, along with celery and coca, cerebro-stimulators, liquid foods "each teaspoonful representing a pound of steak, one chop, six eggs, and half-a-dozen raw oysters, with a loaf of stale bread," and the thousand and one quasi-remedies which chemical and pharmaceutical ingenuity devise and force upon us. It will soon become necessary, says the correspondent, to avoid the employment of remedies with such specious claims, even if in doing so we shut the door on that most invaluable preparation the "lobster peptonoids."

Prescribing Santonin.

The good effect of santonin in promoting the expulsion of ascarides has led to its very general employment in this connection, though a considerable difference of opinion exists as to the limits of safety within which it may be prescribed. The usual dose of three or four grains for an adult not unfrequently yields negative results, while in other cases even less than this is found equal to effecting the required end. An explanation of this variability is to be found in the fact that, owing to its ready solubility in the gastric juice, santonin may be entirely absorbed by the stomach in ordinary doses, none of it passing on into the intestines, whereby its vermicide power is not exerted. In order to prevent the occurrence of such failure a correspondent of the *New York Medical Record* suggests the general adoption of a plan founded on an observation of Kuchenmeister's that in order to destroy the worms in the intestines, santonin must be in a state of solution. The medium to be used for the purpose is oil, of any description preferred, since when so dissolved it is not acted upon by the secretion of, nor absorbed by, the stomach, but the whole mass passes on into the bowel, where the lumbrici encounter, and are killed by, it. The mode of administration recommended by the correspondent of the *Record* is to give three grains of santonin dissolved in two ounces of oil, this amount to be divided into four doses. The addition of one drop of wormseed oil to each dose also is advised, on the ground that all ethereal oils are poisonous to lower organisms. In case an aperient is required subsequently, castor oil in two drachm doses is suggested, in order that the santonin may not be hurried out of the alimentary canal too speedily, and before it has had time to exert its full destructive influence.

A Munificent Jubilee Memorial.

It is reported from Montreal that that city is to be provided with a magnificent memorial of Her Majesty's Jubilee by the generosity of two prominent citizens, Sir Donald Smith, Member of the Canadian Legislature, and Sir George Stephen, President of the Canadian Pacific Railway. This is to take the shape of a hospital having accommodation for two hundred patients, and costing fifty thousand pounds. The two gentlemen in question have announced their intention of giving each half a million dollars for the purposes of the institution, thus leaving one hundred and fifty thousand pounds as an endowment fund after the cost of building is defrayed The condition attached to the gift is that the name given to the new charity shall be "the Royal Victoria Hospital," and the city has been asked to grant a site for its erection in a suitable position. The sum annually receivable from the endowment fund of one hundred and fifty thousand pounds will, it is thought, provide for about one-half of the expenditure of the institution, and the remainder will, of course, be looked for from voluntary subscribers. Such an example may well excite our admiration, and evoke the wish that a similar spirit of patriotism might stir sundry of our domestic millionaires to emulate the generosity thus shown by our Canadian cousins in celebrating the fiftieth year of the Queen's reign.

Foreign Correspondence.

We are glad to be enabled to inform our readers that n addition to our special correspondents in Paris and Berlin, we have made arrangements with a well-known Vienna physician to contribute specially to this journal a weekly letter comprising everything of interest in the celebrated clinics and medical societies of Vienna and other centres of the Austrian Empire. Our correspondent has this week commenced with a *resumé* of the paper by Professor Kaposi on the rare and little known affection "Mycosis Fungoides;" he has also summarised the proceedings of the recent Congress of Aural Surgeons. Our readers will, we hope, appreciate this addition to the Foreign Correspondence Department of the *Medical Press* as evidence of our determination to keep them *au courant* with everything that transpires of interest in the medical world.

A Speedy Cure of Whooping-Cough.

Mohn, a Norwegian physician, is reported to have been able to cure whooping-cough by means of inhalations of sulphurous anhydride. In the first instance this was done accidentally while disinfecting some rooms, subsequently it was done by burning six drachms of sulphur per cubic metre of space; the bedding, &c., being well exposed to its influence. After the room had been closed for four hours, ventilation was restored, and the children put to sleep in the beds, impregnated with the sulphurous vapours. In the morning the cough had ceased. As there is a decided epidemic of the distressing complaint all over the country, there will be no lack of opportunities for putting this treatment to test.

The Cocaine Craze.

This craze, the melancholy effects of which are now daily becoming apparent both at home and abroad, has been succeeded by the inevitable reaction. After having been lauded to the skies its effects in every conceivable affection, from a preventive of sea-sickness to a cure for warts, instances are not wanting to prove that, in addition to having been immoderately and absurdly overrated, it is capable and even likely to lead to grave constitutional disturbances if due care be not shown in its administration. Dr. Matteson, of Brooklyn, has grouped together in a paper, with a very pathetic moral, a large series of cases in which its use has been followed by death or symptoms of extreme gravity. In some of these cases, which have been collected from the most varied sources, the result was attributable to the quantity of the drug employed, but this cause was by no means invariably present. In doses of a grain, and sometimes even less, alarming constitutional symptoms have occurred. In ophthalmic work very disagreeable symptoms have been known to follow the instillation of a few drops of a four per cent. solution into the eye. In dental practice, for the purposes of which, larger quantities of the drug are necessary, by subcutaneous injection, the patient has narrowly escaped paying for his want of courage with his life. Indeed, the results which have been recorded only during the last month or two, are calculated to damp the enthusiasm of dental practitioners in their endeavours to make the extraction of teeth a painless instead of a painful operation. It is so palpably useless in obstetrical and most forms of gynæcological work, that it would probably rapidly have fallen into disuse even if no other reason existed for discarding it from the obstetric bag. The most curious feature in the instances which have occurred, is the extreme variability of effect produced by the same dose in different people. If this be due to idiosyncrasy on the part of the patient, their individual susceptibility to this particular drug is more general than is the case with any other therapeutical agent. A far more reasonable hypothesis is that the quality of the drug is not always the same, and that its potency varies accordingly. When it was first introduced great care was used in the preparation of what was then one of the most costly drugs obtainable. Since its price has fallen to about a fiftieth of what it was, it is not impossible that less discrimination is shown in choosing and preparing it. If proper care in dosage and otherwise were sufficient to enable it to be used with the assurance of no ill-effect following, then the outlook would be comparatively cheerful, but as a matter of fact, the cases reported are due as often as not to doses of the drug hitherto considered perfectly safe but even ridiculously small.

Extraordinary Scene at an Inquest.

An extraordinary scene took place in a Coroner's Court, at Akenham, near Ipswich, last week. The Coroner, Mr. Vulliamy, had intimated his intention of holding a secret inquiry into the circumstances attending the death of Bertha Wall, aged 16, a pupil of the Ipswich High School, whose body was found in a pond a few days previously, popular interest having been roused by the belief that the girl had been seduced. After the Jury had been sworn, the Coroner requested the representatives of the Press to withdraw, but they refused to do so; and one reporter raised the objection that the Court had not been opened in proper form. After some wrangling, the Jury were again sworn, and the customary proclamation having been read, the reporters were again ordered to withdraw. On again refusing, the Jury upheld them, and said they would refuse to serve under the circumstances, and rose in a body to leave the room. The Coroner threatened that he would fine them, and called in the Chief Constable, who forcibly removed the reporters. The Jury, still refusing to hear the evidence, except in the presence of the representatives of the Press, the Coroner adjourned the inquiry for a week, and the proceedings terminated amid a scene of great confusion.

The Punishment of Abortion-mongers.

It is comforting to find that the individuals who derive a precarious income by procuring abortion are occasionally brought within the reach of the law and receive condign punishment. In London two persons have been sentenced each to fifteen years' penal servitude last week for having performed an illegal operation on a young woman which resulted in her death, and almost at the same time three other persons received five years each for a similar operation at Leeds with the same untoward result. One's satisfaction, however, is lessened by the fact that the punishment only appears to attend such operations when they prove fatal to their victim. It is exceedingly rare that any cases come before the courts where the *attempt*, successful or otherwise, is made the subject of the charge. Although the nature of the offence binds all the parties concerned to secrecy, a little careful observation on the part of the police would often suffice to bring home the offence to people who are too skilful or too cunning to allow themselves to be committed on a charge of murder. If the police only displayed the same energy and detective ability in the search after this disreputable class of persons that they do, spasmodically, in the hunt after the comparatively harmless fortune-tellers, it cannot be doubted that, even if not prevented, the calling would be rendered infinitely more hazardous than it appears to be at present. In an infinitesimal proportion of the cases only, do the police get wind of the matter, and then, for the most part, by the intermediary of the coroner's officer. The indifference of the police in this respect is not creditable to the force, and calls for more stringent measures. For one *maladroit* who is caught in the meshes of the criminal law, hundreds, if not thousands, escape. Pills are openly advertised which claim to be possessed of the power of remedying the effect of sexual indiscretion, and no attempt is made to restrain their sale.

The General Medical Council.

As previously mentioned, a meeting of the General Council has been summoned for the present week, and by the time this reaches our readers, the future existence or extinction of the Apothecaries' Societies of England and Ireland will have become a matter of debate. Last week a new representative was appointed by the Royal College of Physicians of Edinburgh in the person of Dr. Batty Tuke, vice Dr. Haldane, deceased, who had served the College in this capacity for so many years. Dr. Tuke is, we believe, the first alienist who has obtained a seat on the Council, and we congratulate both him and the Edinburgh College on the choice.

Mad Dogs in the Metropolis.

THE total number of stray dogs taken by the police to the Dogs' Home in the month of April was—(so a police statement recently published states)—1,043; 10 were killed in the streets as mad or ferocious, 7 by the police, and three by private persons, and one suspected of being mad died at the police station. Of these the diseases certified by veterinary surgeons are as follows:—Number afflicted by rabies, 5; epilepsy, 3; heart disease, 1; ferocious or savage, 2; total, 11. Forty-seven private persons are known to have been bitten during the month by dogs not suspected of being mad. It may be added that the number of dogs afflicted with rabies or other diseases which were killed in March were 6, as follows:—Rabies, 1; epilepsy, 2; convulsions, 2; and ferocious or savage, 1. In February the number was 11, as follows:—Rabies, 2; epilepsy, 6; convulsions, 2; ferocious or savage, 1.

The Life Tax of the Railway System.

WHILE the relatively small number of killed and wounded among the passengers on our railways may well be a matter for some congratulation, that which occurs among the servants of the companies, as shown by statistics, is still appalling in its magnitude. The fact that much of this latter mortality is due to the carelessness and the foolhardiness of the men themselves is in itself no adequate reason for considering that nothing can be done to minimise their disastrous consequences. In most departments of manufacture employers have to make due provision against accidents from this cause, and it may fairly be questioned whether the railway companies fulfil these requirements to the extent they should do. The mortality among passengers amounted to 500, and the injuries to 1,500, and among railway servants, 459 fatal, and 5,490 non-fatal accidents. Thus five men are killed on an average in four days, and sixty injured more or less severely. It certainly behoves railway companies to consider seriously whether measures cannot be taken to lessen the number of accidents. A more systematic surveillance and a more rigidly enforced code of regulations could not fail to economise this terrible waste of human life.

Inspection of Examinations.

WE understand that up to last week neither the English nor Scotch Branch Councils had selected any candidates for the inspectorships of examinations to which the General Medical Council will appoint at their forthcoming meeting. The Irish Branch Council has selected for recommendation—in Medicine, Dr. J. M. Finny and Dr. Walter Smith; in Surgery, Mr. Bennett and Dr. Mapother; and in Midwifery, Dr. More Madden and Dr. Kidd, jun. The predominance of the influence of Trinity College and Sir Patrick Dun's Hospital in the Irish Branch Council is here made manifest, while the selection of Dr. Kidd, jun., as a possible inspector of examinations in which he is necessarily devoid of the essential experience, seems so peculiar as to require explanation. Dr. F. W. Kidd is a rising young man, intelligent, well educated, and in the best report, but he would probably not consider himself specially qualified to supervise the gynæcological examinations of Universities and Colleges.

Alcoholised Medicines.

IT has been found necessary in certain States of America and in Canada to intervene with the aid of the law, to prevent the selling of whisky and spirits by chemists under pretext of dispensing prescriptions. A few well-directed prosecutions and exemplary fines have had a salutary effect on such practices which did not reflect any credit on the chemists who condescended to carry them on. A somewhat similar movement has been undertaken in this country, where for some years medicated wines have been sold as medicines. Medicines they doubtless are in some cases, but as they are of the nature for the most part of "pick-me-up," there is no reason why they should not pay their *quota* to the revenue. The Board of Inland Revenue have decided that in future a wine licence will be required by every person who sells them.

The Church and Alcoholism.

IT is satisfactory to note that the value of promoting sobriety in the masses has been fully appreciated at the Vatican. Leo XIII has inaugurated a campaign, in which the admirable organisation which he commands will aid the cause of abstinence, and place a check on the ravages of intemperance. In a recent pastoral to the clergy of the United States, the Pope has strongly insisted on the necessity of making continued efforts to stem the tide, and the desirability of the clergy making an example to their flocks of moderation and sobriety. The movement, it is true, is not a new one. The Church has ever been opposed to undue and illegitimate indulgence of the passions, but it is nevertheless necessary from time to time to renew the stimulus, and urge on the war against this scourge of the human race. The Catholic Union in America for the observance of total abstinence now numbers over a hundred thousand adherents, and it is satisfactory and comforting to find that the medical profession have ably seconded the clergy in their efforts to rescue their charges from the misery and degradation which follow the abuse of alcohol, and the melancholy effects of which will be handed down to generations as yet unborn. Nobody is in a better position to appreciate the gravity of the results of alcoholic excess than medical men, but it is to be feared that the spirit of routine is sometimes allowed to dominate the reasoning powers in ordering alcohol without sufficient cause. When scrutinised, the indications for the employment of alcohol are found to be in reality very few, and it ought no more to be ordered at random than any other potent drug. Its powers for good, though undoubted, are limited, and it involves disastrous consequences which are peculiar to itself. We are no advocates for the enunciation of hard and fast rules on the subject, and we only ask medical men to order alcohol on the same conditions as they would prescribe digitalis for instance.

The Penge Case.

Dr. Bristowe has written to a contemporary urging the signing of a petition in favour of Louis Stanton, the sole remaining prisoner in the celebrated Penge case. Apart from the fact that serious doubts were entertained by many as to the accuracy of the verdict which found them guilty of wilful murder, the two female prisoners were long since liberated, and the brother died of phthisis some five or six years since. The prisoner, on whose behalf the petition is proposed to be presented, has now done eleven years of penal servitude, and it certainly seems hard that the same grace should still be withheld after so many years of punishment.

The Medical Register for 1887

has just been issued, having been unavoidably delayed a good deal by the immense number of alterations which the election of Direct Representatives last November, rendered necessary, and also by an improvement of the work consisting in the heading of each page with the initial letters of the names contained therein, so that, at a glance, the contents may be diagnosed. The increased bulk of the Register is not a subject of congratulation to the profession, considering that it represents a monstrous increase in the medical population of Great Britian, and a corresponding increase in the competition for livelihood within the profession. In four years the Register has increased by 219 pages, which represent an addition to our ranks of nearly 5,500 new registrees, and this does not by any means represent the actual number of newly-qualified practitioners, because large numbers, in addition, obtain degrees but do not register, and, moreover, the Register has been, by the efforts of Mr. Miller and his brother Registrars expurgated, during that period, of a multitude of names of deceased persons and room has thus been made for a large additional number of new-comers. The statistical part of the Register has been revised and extended, and a table has been added showing that there are, at this date, actually resident and registered practitioners in England 18,074, in Ireland 2,671, and in Scotland 2,510, making a total strength of the working profession in this country, 23,255. What we have said as to the care with which the Medical Register for 1887 has been produced applies equally to the Dentist's Register and the Medical Students' Register which have reached us. Having in years past found it necessary to complain of the inaccuracy of these Medical Registers, we are gratified to be able to testify to the obvious effect of the work of Mr. Miller, Dr. Heard, and Mr. Robertson, the three Registrars, upon the work. Whatever incorrectness remains is only the inevitable result of the carelessness, and, shall we say, stupidity of some practitioner.

Mr. W. E. Robson.

A correspondent calls our attention to the advertisements of this person in connection with "Warner's Safe Cure," and asks what his Colleges are going to do about them. The profession should be aware that he has been already expelled by the Colleges of Physicians and Surgeons of Ireland in consequence of his disreputable advertising, and has been accordingly struck out of the Medical Register. He has, therefore, no right to represent himself as a lawful practitioner, and he may, at any time, be prosecuted and fined £20. It is clearly the duty of the General Medical Council to enforce the law against such persons, but, as that body has shirked this and many other troublesome functions, it becomes necessary for the Colleges to make their diplomas respected by preventing their use by persons who have no right to them. We hope the Irish Colleges will not hesitate to prosecute Mr. Robson. The case against him is perfectly clear, and would involve very little trouble or expense in its prosecution, and it seems to us that the Colleges owe it to their own dignity and to the profession not to permit the precedent to be established of treating their expulsion as a mere *brutum fulmen*.

The Royal Society.

The following fifteen candidates have been selected by the Council of the Royal Society to be recommended for election into the Society. The ballot will take place on June 9 at 4 p.m.:—Mr. J. Y. Buchanan, Dr. J. T. Cash, Sir J. N. Douglas, Professor J. A. Ewing, Professor G. Forbes, Dr. W. R. Gowers, Professor A. B. W. Kennedy, Dr. G. King, Sir J. Kirk, Professor O. J. Lodge, Professor J. Milne, the Rev. O. Packard-Cambridge, Mr. G. J. Snelus, Lord Walsingham, and Mr. W. Whitaker.

Uniform of the British Soldier.

That distinguished authority on all things British, "the intelligent Foreigner," has recently noticed more in sorrow than in anger, the cruelty to soldiers inflicted by means of the modern manner of dressing the noble defenders of our country, and the grotesque, not to say very ridiculous, figures those defenders are thereby forced to cut, even in the presence of fair nursery maids, who would fain follow the drum. Our foreign visitor is struck with surprise and wonder at the ordinary head dress of the soldier. Of the glengarry cap he involuntary asks himself, What is it? He observes that it offers no protection to the eyes of the wearer, and that, worn as it is, damped over right, and piched up, it barely covers the parting in the middle of the hair; then he observes what he not unnaturally mistakes for ropes, but what really are ribbons, which from the back of the head wave loosely in the breeze, but tie nothing, and are in all respects useless. But the acme of absurdity is seen in the miniature pork-pie cap worn by the Household troops, Cavalry and Guards, in undress, its shape reminding our foreign friend of an empty *terrine de foie gras*, or rather it would be empty, except for a very small portion of one side of the wearer's head that probably finds admission just within its rim, for it also is worn over the ear, and there secured by a marvellous arrangement of leather strapping, extending thence round the chin, and as more frequently happens, from about one inch or so under the military nose. The manly torso of the guardsman or trooper whose head-gear is the little pork-pie dish above alluded to, is encased—very tightly encased—in what is said to be a jacket, the object and purpose of which seem to be to minimise to the utmost extent free action of chest and limbs. The nether portion and lower extremities of this human form divine are packed up and encased, as if for immediate dispatch "this side up, with care." The material in which they are so packed is cloth, not canvas. But what between the "unthinkables" being strained upwards by means of braces, downwards by means of straps, and moreover being themselves what is called close fitting, no wonder that as the soldier so cramped has passed our foreigner, and paces majestically in front of him, the latter utters an exclamation of amazement that so much of what is immodest and of what is utterly useless could be possibly combined in the costume of any one individual.

It is, indeed, well nigh incomprehensible how completely the millinery department of the army gets the better of the sanitary, medical, financial, and common sense bureaux. Soldiers' dress has apparently been designed so as to violate all the principles and defeat all the purposes which might be supposed to influence the matter. It is very expensive, which produces so much unnecessary burthen on the taxpayer, and so much hindrance to every gentleman who wishes to serve his country as an officer. It is of such a colour as to make every spot or drop of rain glaringly manifest, and to attract the fire of an enemy. It is so heavy as to handicap the marching capacity of the soldier, and to concentrate upon him miseries of tropical heats. It is so tight, starched, and restrained as to make locomotion a misery and effective fighting an impossibility, and finally, it is frequently so ridiculous in appearance as to inspire even the outer barbarians to contempt and laughter. It produces admiration or excites approval in none but nursemaids or school girl, and has no meaning whatever for any sensible man. It would be quite easy to design costumes which would attract people who delight in clothes, and yet be comfortable, useful, healthy, and inexpensive, but so desirable a consummation cannot be attained because the old fogies who arrange the soldiers' millinery, are not endowed with any ideas beyond those which animate school girls and "society."

In addition to those Fellows of the Irish College of Surgeons whom we have already announced as candidates for seats on the Council of the College, Dr. Montgomery Ward, Surgeon to Mercer's Hospital, has announced his intention to compete.

Fraudulent Dispensing.

At the Westminster Police Court last week a chemist was summoned, under the Adulteration of Food and Drugs Act, for selling a preparation of quinine not of the nature and substance demanded. The district board inspector took a prescription for 24 grains of quinine bisulphate to the defendant, and when compounded the medicine was found to contain only 14·56 grains, a deficiency of nearly 40 per cent. Defendant "could not tell how such a mistake occurred." Fined 40s.

Army Medical Service.

We are requested by the Director General of Her Majesty's Army Medical Service to announce that the usual examinations for commissions in the Medical Staff of the Army will not be held in August next, there being no vacancies.

Dr. James Little, President of the Irish College of Physicians, entertained the Lord Lieutenant on Wednesday last at a banquet in the College. As the press was excluded, the medical profession was not, in any way, included in the official acknowledgments of the evening, and His Excellency's medical staff were not recognised in the invitations, it is to be assumed that the entertainment was unofficial, and, therefore, not calling for remark.

Carmichael Prize Award.

A meeting of the Irish College of Surgeons was held in the Board Room, on Monday, the 9th inst., at 1 p.m., to receive the report of the Adjudicators on the Carmichael Prize Essays. The President Sir William Stokes occupied the chair. The arbitrators awarded the prize of £200 to the writer under the name, "Every man a debtor to his profession," and the second of £100, to "Aristides." On opening the envelopes containing the names of the authors, it was found that the successful competitors were, for the first prize, Walter Rivington, F.R.C.S.E., Finsbury Square, London, and for the second, Thomas Laffan, M.R.C.S. Eng., Cashel.

An Anatomical Society for Great Britain.

A meeting was held at the rooms of the Medical Society of London last Friday for the purpose of founding an Anatomical Society, Prof. Humphry, of Cambridge, in the Chair. Resolutions were passed in favour of founding a society which should be called the "Anatomical Society of Great Britain and Ireland," the scope and object of which is to be the anatomy, embryology, and histology of man and of animals in so far as they throw light upon the structure of man. The next step was the election of officers, including a president, secretary, and a large number of members of council. It was objected, however, that to elect these officers *en bloc*, as suggested by the promoters, would not be the proper course to adopt, and after a good deal of discussion it was decided to proceed to the election of the president and secretary, who should form part of a committee to be elected forthwith to consider the constitution of the society and report to an early meeting. The first meeting of the Society will take place shortly, and will be duly announced.

At the Societies.

HARVEIAN SOCIETY OF LONDON.

In introducing Mr. Thomas, of Liverpool, to the Society on the 5th inst., Mr. Owen (the President) remarked that many persons are apparently unaware whether the inventor of Thomas's splints is still alive and in practice, or had gone the way of so many of the benefactors of the human race. He had often heard the friends and patients of children who were wearing the apparatus call it "St. Thomas's" splint; this was evidently a mistake, for though Mr. Thomas had by his practical ingenuity conferred great and lasting benefits on certain subjects of joint disease, it was impossible to canonise him during his life-time. He confessed a great debt of gratitude to Mr. Thomas for his splints, and also for his coming up to London to give a demonstration upon their application. Mr. Thomas, who will be remembered by many of our readers for his practical papers in the *Medical Press* on "Fractures of the Patella," then gave an excellent practical address upon the subject of hip-joint disease.

PATHOLOGICAL SOCIETY.

At the last meeting of the Pathological Society of London, Mr. Jonathan Hutchinson exhibited a specimen of diseased knee-joint, taken from a lady forty-five years of age, which had been the site of a chronic inflammation for three or four years, but had only been acutely inflamed for only two months. The whole of the cartilage of the joint and large portions of the tibia and femur were destroyed, but there was no suspicion of Charcot's disease in the case, nor any indication of tuberculosis. A case resembling the one described was referred to by Mr. Eve, as having been brought before the Society by Dr. Lediard, and Mr. Macnamara suggested in explanation of these examples of injury that they were degenerations of joints and bones associated with lesions of nerve centres of a character different from that obtaining in Charcot's disease.

Mr. Thomas Smith next showed several examples of arthritis occurring in persons advanced in years. In one the knee-joint of an old woman suddenly filled with fluid, and after amputation the joint cartilage was found everywhere thinned, the ligaments lax, and the synovial fringes enlarged. There was clear evidence of tubercle, the presence of which was confirmed by the patient's family history. In another case the wrist-joint of a man, aged 70, was found the seat of pulpy degeneration of the synovial membrane; the ligaments had given way, and the bones of the arm were separated from the wrist. Mr. Hutchinson, remarking on the cases, said he had seen a few cases of senile arthritis, but he was unable to affirm anything positive as to their being of tuberculous origin, and Mr. Godlee mentioned a case of arthritis of the wrist in an old man, which, after incision of the swelling and removal of cheesy matter did extremely well. Mr. Macnamara insisted on the frequent occurrence of tubercular disease of bones, and thought the evidence very strong which went to show that strumous disease in such situations was in reality tuberculous.

The difficulty sometimes arising on the attempt to diagnose the origin of certain diseased conditions was illustrated by a case described by Mr. Hutchinson, in which a tumour over the inner condyle of the femur could not with certainty be said to be syphilitic or not, for though such an origin of the growth was suggested by some things, the clinical evidence was against it. The President, Sir James Paget, said he had himself seen the case during life, and had then no doubt of its being a sarcoma. Mr. D'Arcy Power mentioned a similar case of tumour, which, however, was unquestionably syphilitic.

Dr. G. A. Pitt next described a case of primary carcinoma of the liver with secondary growths in the same organ and in the lungs and abdominal viscera. He thought that the falling of portions of new growth into Douglas's pouch gave rise to the secondary developments; a theory accepted by Dr. N. Moore, but rejected by Mr. Lawson Tait, who thought the current views as to malignant disease of the peritoneum required revision. Mr. Godlee and Dr. Griffith also joined in the discussion.

Two cases of diffuse sarcoma of the spinal pia mater in girls aged respectively 22 and 2½, formed the subject of a communication made by Dr. Pasteur, for himself and Dr. Coupland, and were commented on by Drs. Ormerod and Long Fox; and the remainder of the evening was occupied with the exhibition of a specimen of aneurism of the inter-auricular septum, and the delivery by Mr. Lawson Tait of an explanation of his views on extra-uterine pregnancy.

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Edinburgh.

[From our own Correspondent.

Edinburgh University and Medical School.—The summer session of the medical classes in connection with the Edinburgh University and the Edinburgh School of Medicine commenced on the 3rd May. The attendance promises to be as large as ever. The increased facilities for practical work in connection with the various departments are being fully utilised. The laboratories have also been opened, and there is a good representation of original workers. The new laboratory in connection with the Royal College of Physicians of Edinburgh is being rapidly arranged. The building which has been acquired appears most suitable in every way. The College is sparing no expense to have the laboratory perfectly equipped. It is to be open, free of charge, to any one who is able to furnish evidence that he is engaged on a feasible research. The Committee of Management, who act in co-operation with Dr. G. Sims Woodhead, the Superintendent, has been constituted so as to suitably represent the different branches of medical science.

Post-Graduate Course in Edinburgh.—Arrangements are in progress for the continuance, this autumn, of the post-graduate course in medicine in connection with the Edinburgh University and School of Medicine, which proved so successful last year. Detailed statements of the classes will be published shortly, but it is well that those who may be able to arrange a holiday in September or October should know of this possibility of utilising some of their vacant hours.

Medico-Chirurgical Society of Edinburgh.—The first meeting of the Medico-Chirurgical Society of Edinburgh for the summer session was held on the 4th May, Dr. Blair Cunynghame in the chair. Dr. G. Sims Woodhead showed a specimen illustrating Tubercular Invasion of the Bronchus, and also microscopic sections from a case of Purpura Hæmorrhagica. Dr. Byrom Bramwell read a joint communication by himself and Dr. W. Allan Jamieson on a case of Pigmentary Sarcoma, primarily of the skin, secondarily affecting the brain and other organs. The paper will be published *in extenso*. Dr. Woodhead said that the etiology of melanotic tumours was among the most interesting and difficult problems with which pathologists had to deal. He discussed the question of a possible primary cause, such as a blow, which might be expected to set up an ordinary tumour and lead in addition to extravasation of blood. The pigment thus set free in the lymphatic circulation might in turn act the part of a secondary exciting cause, whose irritation induced the multiple, metastatic, pigmented tumours of which they had so good an example before them. Dr. Foulis drew attention to the fact that in the case before them the localities chiefly affected were of epiblastic origin. Dr. Russell questioned whether the circulation of free pigment could be accepted as an efficient irritant. He was of opinion that they must predicate some specific condition of the constitution, such as had been suggested by Sir James Paget. Drs. Taylor, James, and Cathcart also took part in the discussion. Dr. R. Peel Ritchie read a paper on the Remedies used by the Caffres to prevent Blood-Poisoning from Anthrax. Dr. Ritchie had received from a distinguished agriculturist in South Africa two plants belonging respectively to the Leguminosæ and the Compositæ, which had the credit of preventing the appearance of symptoms after exposure to the splenic fever virus. This was a most important line of inquiry in view of the prominence into which the subject of anthrax had come of late. Dr. Ritchie discussed the different forms of bovine disease which might be confounded with anthrax, and indicated that apparently the disease in question was anthrax proper. He was not sure that the drugs would be found to sustain their reputation, but he intimated his willingness to have them subjected to searching tests in the new laboratory of the College of Physicians.

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Glasgow.

[FROM OUR OWN CORRESPONDENT.]

THE TREATMENT OF CHRONIC PURULENT INFLAMMATION OF THE MIDDLE EAR.—The Glasgow Southern Medical Society met on Thursday last, Dr. Edward Macmillan, Vice-President, in the chair. Dr. James Erskine read a paper on the Treatment of Chronic Purulent Inflammation of the Middle Ear. He commented upon the popular prejudice against the proper treatment of that disease of the ear, and spoke of the various reasons why it had been so much neglected in the past. After insisting upon a thorough examination of every case before adopting any treatment, he gave a short review of the causes and history of cases of purulent otitis media, referring to the local and constitutional influences affecting their course and termination. Scrupulous cleanliness was shown to be the great *desideratum* in the treatment of the disease, and could be secured by syringing with a solution of the ordinary antiseptics, a small india-rubber ball-syringe holding about two ounces of water being used for that purpose, the part being afterwards carefully dried, and the appropriate powder, lotion or ointment, then employed. The "dry treatment" by means of cotton-wool and insufflation of boracic acid was also explained. The various means of dilating the external meatus, the removal of polypi and sequestra, and the treatment of perforations in Shrapnell's membrane were described. The necessity of Politzerising or using Valsalva's method for expelling fluid from the tympanum, and the advantage of using Hartmann's small metal tympanic tube for removing pent-up steatomatous material were shown. Each of the complications affecting the temporal bone and the brain along with its sinuses was briefly referred to. Dr. Erskine advocated the removal of the malleus, and even of the whole tympanic membrane, as proposed and carried out by German aural surgeons, in order to secure free drainage and prevent the dangerous and fatal complications that may attend purulent otitis media. Artificial tympanic membranes were also described, specimens of them and also of the various instruments used in the treatment of that disease being exhibited. Some of the points in Dr. Erskine's paper were discussed by the members, and he was thanked for bringing the subject before the Society in a thoroughly practical form.

THE REMOVAL OF GALL-STONES BY ABDOMINAL INCISION.—The Glasgow Medico-Chirurgical Society met on Friday last, Dr. Joseph Coats, President of the Pathology Section, in the chair. Dr. W. G. Dunn related a case from which he removed a large number of gall-stones by an abdominal incision, The patient was a bolt-maker by trade, which occupation, he thought, had something to do with the production of the disease, from the bending movements of his body while at work. The emaciation had been very great, and there was much pain in the region of the stomach. An abscess formed in the abdominal wall, which being incised, the gall-stones were obtained, and the patient made a good recovery. At the same meeting Dr. Lindsay Steven showed specimens from a case of multiple aortic aneurism causing erosion of the vertebræ. The aorta was affected with atheroma and calcareous infiltration. It was remarked that the erosion had affected the bodies of the vertebræ much more than the intervertebral discs. Little stalactites of bone were observed projecting downwards at the edge of the eroded parts, apparently resulting from inflammatory action. Mr. A. E. Maylard showed microscopic sections and preparations of the tissues of a limb amputated for infantile paralysis. The patient was a girl, æt. 18, and suffered from an incurable ulcer of the foot of the paralysed limb, as also from chilblains, and for this reason the leg was amputated. There was great development of subcutaneous fat, and the muscles were also mostly converted into fat. The bones, which were exhibited, were very thin, but the blood-vessels were not much affected.

ANDERSON'S COLLEGE MEDICAL SCHOOL.—In connection with the reconstitution of Anderson's College under the scheme of the Glasgow and West of Scotland Technical College, the Medical Faculty of Anderson's College will in future be carried on as a separate incorporation, under the title of "Anderson's College Medical School." The first meeting of the governors of this body was held on Friday last, when twenty-two of the thirty governors were present. Mr. Thomas A. Mathieson was elected president, Mr. Jacques Van Raalte, vice-president, and Mr. John Kidston secretary and treasurer. A donation of £500 was intimated from Dr. David Mackinlay, and a committee was elected to look out for a suitable site for the erection of buildings for the school, and to report to a future meeting of the governors.

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Obituary.

DR. WILSON FOX, F.R.S.

DR. WILSON FOX, Physician in Ordinary to the Queen, died on Tuesday, the 3rd inst., of pneumonia complicated with cardiac weakness. He was educated at Bruce Castle, Tottenham, and passed through his medical curriculum at University College. For some years he practised in a provincial town, Newcastle-under-Lyme, being attached as physician to the North Staffordshire Infirmary. He afterwards came to London, and was appointed Assistant Physician to University College Hospital in 1861, where he held the chair of Pathological Anatomy until the year 1867, in which year he was appointed Holme Professor of Clinical Medicine. His earlier lectures at University College naturally drew his attention to the incomplete knowledge of the pathology of phthisis, and his name will ever be connected with the early researches on the pathology of tubercle. His lectures on this subject were among the most instructive and suggestive of the day, and were eagerly read by the profession, although the opinions expressed by him at that time differed from those now generally accepted.

Perhaps diseases of the lungs added largely to Dr. Wilson Fox's notoriety as a consultant, but he was considered a sound physician throughout, and for many years has been engaged in an extensive and lucrative practice. Dr. Fox was universally beloved; he was of particularly gentlemanly bearing, and of most pleasant and attractive manners. He was of delicate appearance, and, indeed, was never in good health, having suffered somewhat from the effects of inflammation of the lung and pericarditis, with which he was attacked some ten or twelve years ago. Only a few days before his death he was summoned to the death-bed of his brother in Devonshire, from whence he was travelling to Fieldfoot, an estate which he possessed in the North, when he was taken ill on Thursday, the 28th April. He stopped at Preston, and was there seen by Sir Wm. Roberts, Sir Wm. Jenner, Dr. Russell Reynolds, and Dr. Arkell. His symptoms, however, increased, great prostration ensued, and he expired on Tuesday, the 3rd May.

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Correspondence.

"DEATH'S COUNTERFEIT."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—From Dr. Curran's letter in this day's *Medical Press* it might possibly be inferred that the cases of lethargy or trance referred to in my recent paper on this subject were taken without acknowledgment from some communications of his published in *Health* last year, and in *Knowledge* in September, 1885. I would therefore beg to point out that most of the cases alluded to may be found very fully detailed in a paper of mine published in the *Dublin Journal of Medical Science* for April, 1881, and, moreover, that until to-day I had neither seen or heard of Dr. Curran's more recent, and I have no doubt, very interesting papers. So much for the question of priority. With regard, however, to the far more important point under consideration, namely, the actual occurrence in well authenticated cases of lethargy or trance so profound as to be confounded with death, I am glad to learn that Dr. Curran's views are apparently in accordance with those I have so long maintained in my papers on the subject.

I am, &c.,

Merrion Square, Dublin, Thos. More-Madden.
May 4th, 1887.

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CHILD CRYING *IN UTERO*.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In a medico-legal view, I think the following case well worth reporting:—On the 7th of January last I was called upon to attend Mary R. (aged 22 years), a travelling photographer's wife in her first confinement, who was lodging in this village at the time. I was informed on my arrival by the midwife that the show had come away, and that the woman had had labour pains for a few hours before. On examination I found the os dilated to about the size of a shilling. I left instructions as to the case, and returned to see the woman at 11 p.m. The os was then well dilated, and the case looked as if it would end as a natural labour; but at six o'clock on the morning of the 8th I was sent for, and finding the head locked in the brim of the pelvis, "not having made any advance since my last visit," I ruptured the membranes, gave a dose of ergot, and applied the long forceps with some difficulty. I then waited for the first pain, and made traction, when the child (still *in utero*) was heard to cry audibly, not only by myself, but by midwife and another woman who was in the room. At each pain when traction was used this occurred until the head was outside the vulvæ. The child was alive and healthy when delivered, and is still alive.—Yours truly,

R. G. Loverock.

Literary Notes and Gossip.

We understand that Dr. Frederick Robinson, author of "A Diary of the Crimean War," is engaged on a "New Religio Medici," or the relation of religion to the healing art.

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A distinguished alienist and writer has passed away in the person of Dr. J. Stewart Jewell, of Chicago, at the age of fifty. Deceased was the founder and editor of the American *Journal of Nervous and Mental Diseases*, and at the time of his death held the chair of Psychology in the Chicago Medical College.

⁂

We are asked by Dr. Shoemaker, editor of the *Philadelphia Medical Register*, to state that during the six days' session of the International Medical Congress to be held in that city in September, the *Medical Register* will be issued daily, and will contain a complete report of the General Session and all of the Sections, so that those who cannot attend the Congress, are offered the opportunity of reading a full report of the proceedings daily.

⁂

Dr. Jas. Macaulay, in his new work, "Victoria, her Life and Reign," waxes eloquent in the progress of chemical science and medicine in the Victorian epoch. He instances the discovery and use of chloroform and kindred anæsthetics for the alleviation of suffering. The substitution of the salts of morphia and of quinine for the crude opium and bark of other days are also examples of benefits, not for the practitioner of the healing art only, but for settlers and travellers in regions of danger to health. Every department of medicine, and many of the industrial arts, have profited by the new activity of chemical research.

⁂

We have received the first number of a new monthly publication, the *Journal of Hydrotherapeutics*, dealing with health resorts—home and foreign, balneology and hydrology, mineral springs, &c. The journal, we are informed, is to be strictly scientific, and this assurance is not superfluous in regard to a subject in which there is such temptation to leave the paths of virtue for the more flowery realms of idle fancy. The number before us contains several readable articles by such men as Sir Edward Sieveking, Dr. Prosser James, Dr. Durand Fardel, Dr. Thorowgood, &c., and promises well for the future. There is certainly room for a journal dealing with the subjects alluded to, and we trust it may be appreciated by the profession generally.

⁂

The Registrar-General's Annual Summary, dealing with the vital statistics of London and twenty-seven large towns, has now appeared. This publication always possesses a great importance for those who are engaged or interested in sanitary progress. It is satisfactory to find that the death-rate of the nine millions of people living in the twenty-eight largest towns, did not exceed 20·9 per 1,000, being 1·5 below the mean rate in these towns for the ten preceding years. These figures will compare very favourable with the statistics of any urban population in the world. The differences, however, in the increment of mortality of different places which go to make up the average, are still sufficiently marked to call for serious considerations.

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The *International Journal of the Medical Sciences* for the current quarter, contains an interesting contribution from Dr. H. C. Ernst, of Harvard, on the subject of rabies, bearing on researches carried out by himself as an independent and even sceptical observer. From complete, absolute scepticism the writer has changed to a belief in a portion, at least, of Pasteur's assertions. There is a paper by Mr. Victor Horsley on the means of topographical diagnosis of local disease affecting the so-called motor region of the cerebral cortex; and one, *inter alia*, by Mr. W. Adams Frost on cocaine and its employment in ophthalmic surgery. The number is well up to the usual high standard of this publication.

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By the death of Drs. Alfred Meadows and Wilson Fox, the metropolis loses two of its most eminent physicians, and the profession two of its most appreciated writers. There are probably few among us who have not read or consulted Meadows' "Manual of Midwifery," or his "Prescribers'

Companion," both of which ran through five editions. Much other work emanated from his pen, which we have not space here to recount, but everything he undertook in this direction evidenced the fertility of resource and scholarly diction of an author "to the manner born." Dr. Wilson Fox was best known as an author for his "Diseases of the Stomach," and for his chapters in "Reynold's System of Medicine" on pneumonia, syphilis of the lungs, and diseases of the stomach. The Transactions of the Medico-Chirurgical and of the Pathological Societies were also enriched with many of his contributions.

⁂

The scheme for case reporting arranged by Dr. W. H. Allchin, of the Westminster Hospital, certainly does not err on the side of brevity. It is complete to such an extent that a student who undertook to ascertain the clinical history of a case strictly in accordance with the instructions laid down or suggested, would probably spend the best part of his period of clerking at the task or perish in the attempt. When Baglivi (or somebody else) gave birth to the celebrated aphorism *ars medica est tota in observationibus*, it is in the highest degree improbable that he had any idea of such extensive *observationibus* as these. Although we cannot conscientiously recommend anyone to cultivate a habit of submitting his patients to the entire cross-examination, the author's assistance cannot fail to be of value even to practitioners who, in face of an obscure case, are desirous of knowing how to go systematically to work to elicit the facts, a habit which is, as a general rule, soon lost in active private practice.

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The last half-yearly part of the *Liverpool Medico-Chirurgical Journal* contains several articles of interest, notably one by Dr. Hyla Greves "on diphtheria and post-diphtheritic paralysis." Several cases are detailed, and Dr. Greves gives it as his opinion that paralysis results from the morbid process starting in the peripheral nerves of the part originally affected and spreading up, causing degenerative changes in the ganglionic cells of the cord. In the report of the hygienic treatment of "struma" at the Liverpool Workhouse, Dr. Alexander makes a happy suggestion, which boards of guardians would do well to note. He proposes that several hospitals or unions should combine to have some houses built on the worthless land among the Welsh hills, where strumous gland cases should be allowed to live a wild life amidst the sunlight, the fresh air, and the sea breezes. "Six months of suitable air with the plainest possible diet would be far cheaper, and would probably have the effect of ever afterwards relieving the rates of their maintenance in hospital." Diet and drugs often fail unless combined with fresh air, and in existing convalescent homes the time allowed is too short, or the place is unsuitable, or the rules are too restrictive. Recent progress in ophthalmology is ably reviewed by Mr. Edgar Browne. Dr. Oliver contributes a paper on the etiology of chlorosis, and states that he has often obtained a history of an inveterate habit of swallowing large quantities of bird seed, uncooked rice, and even nut shells. This, rightly or wrongly, is certainly believed in by "old women" as a cause of green sickness, and as Dr. Oliver arrived at this conclusion from his own observations, the justification is curious.

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New Books and New Editions.—The following have been received for review since the publication of our last list, April 13th:—L'Enseignment Actuel de L'Hygiene, par le Dr. Loewenthal. The Treatment of Spina Bifida, by James Morton, M.D. The London Hospitals and the Jubilee. Treatise on Diseases of the Skin, by J. McCall Anderson, M.D. Photography of Bacteria, by Edgar M. Crookshank, M.B.Lond. The Dissector's Guide, by D. J. Cunningham, M.D., F.R.C.S. The Prevention of Consumption, by C. Candler. Scheme for Case Reporting, by W.H. Allchin, F.R.C.P. Anatomy, descriptive and topographical, by Carl Heitzmann, M.D. Easy Methods for the Examination of Milk, by P. Keith, F.C.S. Text-book of Organic Materia Medica, by Robert Bentley, M.R.C.S. Principles and Practice of School Hygiene, by Alfred Carpenter, M.D. Essentials of Bandaging, by Berkeley Hill, F.R.C.S. (Sixth Edition.) Congenital Club-foot, its Nature and Treatment, by R. W. Parker. M.R.C.S. Treatment of Disease in Children, by Angel Money, M.D. The Officinal Materia Medica, by F. T. Roberts, M.D. Syllabus of Materia Medica, by Drs. Harvey and Davidson. Neurectasy or Nerve-Stretching, by John Marshall, F.R.S., F.R.C.S. Three Lectures on the Anatomy of Movement, by F. Warner, M.D. Schmiedeberg's Elements of Pharmacology, translated by Thos. Dixson, M.B. The Principles and Practice of Operative Surgery, by Stephen Smith, M.D. Annual Report of the Holloway Sanatorium.

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Royal College of Surgeons of England.—The following candidates having passed all the necessary examinations were at an extraordinary meeting of the Council on May 5th admitted Members of the College:—

Andrews, Frederick William
Arnison, W. Drewett, M.B. Dur.
Bacot, W. Rickward, L.S.A.
Baldwin, Harry
Ballance, J. Descarrieres, L.R.C.P.
Barker, Alleyne, H. L.R.C.P.L.
Barr, Horace Carlos, L.R.C.P.L.
Barrett, Edward Ernest
Barton Francis A., L.R.C.P.L.
Batchelor Charles, L.R.C.P.L.
Bishop, Charles Rosser, L.S.A.
Blurton, John Frederick
Bowden, Ernest Edward, L.S.A.
Bower, William G., L.R.C.P.L.
Brackenbury, H. B., L.R.C.P.L.
Brook, William F., L.S.A.
Brooke, Charles Edward
Browne, Robley Henry John
Burke, H. Morton, L.R.C.P.L.
Burt, Cyril Cicil Barron
Carter, Robert James, L.S.A.
Caudwell, Eber, L.R.C.P.L.
Chilcott, Aurthur E., L.R.C.P.L.
Clarke, A. E., L.K.Q.C.P.I.
Cockill, W. Baron, L.R.C.P.L.
Connolly, F. Glynn, L.R.C.P.L.
Cox, A. H. Lissant, L.R.C.P.L.
Coy, W. Filmer, M.D. Kingston.
Dalgliesh, John W., L.R.C.P.L.
Dane, Robert, L.S.A.
Davenport, Cecil J., L.R.C.P.L.
Davies, Hughes Reid
Ellison, E. Henry, M.A., L.S.A.
Farrar, Reginald Anstruther
Fox, George Martin
Fox, S. C. Gundry, L.R.C.P.L.
Gardner, Ernest F., L.R.C.P.L.
Garman, E. C., L.R.C.P.L.
Giddings, George Thomas
*Goodman, Roger N., L.R.C.P.L.
Goodwin, F. C., L.R.C.P.L.
Gowan, Bowie Campbell, L.S.A.
*Green, Conrad T., L.R.C.P.L.
Greig, Duncan McBean
Hallilay, Richard Percy, L.S.A.
Hamel-Smith, Lionel
Harris-Liston, Llewellyn, L.S.A.
Harrison, Henry, Leeds
Hensley, Arthur Egerton, L.S.A.
Hinnell, Joseph Squier, L.S.A.
Hosegood, Samuel Price, L.S.A.
Hudson, Henry, L.R.C.P.L.
Hutton, John, L.R.C.P.L.
Iddon, Thomas Whittaker
*James, Authur William, L.R.C.P.
Jaques, John Warren, L.R.C.P.
Joseph, Arthur Hill
Kerans Felix
King, Preston, L.S.A.
Labey, Julius, L.R.C.P.L.
Lankester, Francis J., L.R.C.P.L.
Lawrence, Thomas Wm. Pelham
Lumley, Charley Armstrong
McLean, W. W. Laroche, L.S.A.
McLurg, John, M.D. Toronto
McVety, A. F., M. D. Kingston
Marston, Henry John, L.R.C.P.
Megginson, Mowbray
Metzgar, Charles, L.R.C.P.L.
*Miley, Miles, L.R.C.P.L.
Mould, William T., L.R.C.P.L.
Naumann, John C. F., L.S.A.
Osmond, Edward, B., L.R.C.P.L.
Parry, Wm. T., M.D Toronto
Parsons, Charles O., L.R.C.P.L.
Paul, Arthur E., L.R.C.P.L.
*Peake, W. Pemberton, L.R.C.P.L.
Penno, Francis, F. L., L.S.A.
Pitcairn, John James, L.R.C.P.L.
Pratt, William Sutton, L.S.A.
Pullan, H. N., L.K.Q.C.P.I.
Pye, Thomas, L.R.C.P.L.
Rees, John Morgan
Roberts, Shirley, L.K.Q.C.P.I.
Robson, R. Barker, M.B., Dub.
Rutherford, John V. Walton.
Sharman, J. S. W. E., L.R.C.P.L.
Short, James Joseph, L.S.A.
Shute, G. Sidney, L.R.C.P.L.
Sidebotham, E. J., M B. Cantab.
Skill, James Maurice
Smith, Arther H. L.R.C.P.L.
Smith, E. S., L.R.C.P.L.
Somerset, Edward, L.S.A.
Stokes, F. Wm., L.K.Q.C.P.I.
Stuart, Thomas E., L.R.C.P.L.
Swyer, Robert, L.S.A.
Thompson, W. H., M.D., Q.U.I.
Todd, H. B., L.R.C.P.L.
Travers, A. Lindsay, L.R.C.P.L.
Turnbull, George Lindsay
Turner, Ernest Blaker
Tweed, E. R., L.R.C.P.L.
Venis, Walter, L.S.A.
Vincent, H. E., L.R.C.P.L.
Vinter, S. Garratt, L.R.C.P.L.
Waites, R. F., L.R.C.P.L.
Walker, Benjamin, L.S.A.
Wallis, Maurice E. Arnold
Ward, John Alfred, L.S.A.
Wedgwood, Wm. B., L.S.A.
Wheeler, James Atkin
Whiston, Philip H., L.R.C.P.L.
Wigglesworth, V., L.R.C.P.L.
Wight, John Cam, M.B. Melb.
Williams, William, L.S.A.
Woods, Ninian Wildridge

* Candidates under the Regulations of the joint Examining Board in England.

Society of Apothecaries.—The following candidates having passed the necessary examinations in the Science and Practice of Medicine, Surgery, and Midwifery, received certificates entitling them to practise as Licentiates on April 28th:—

Bowden, Ernest Edward
King, Preston
Rees, John Morgan
Short, J. J.
Somerset, Edward
Stephens, Richard John.

The Hospitals Association.—We are requested to announce that the annual general meeting of the Hospitals Association will be held at the rooms of the Society of Arts, John Street, Adelphi, on Wednesday, 18th May, at 5 p.m., at which the President, Sir Andrew Clark, Bart., M.D., F.R.S., will preside. Subsequently, at 8 p.m. same day, the ordinary evening meeting will be held at the rooms of the Medical Society of London, at which a paper will be read by Dr. Wm. Collier, on "The best means to prevent the Abuse of Hospital Charity," Sir Andrew Clark, Bart., M.D., F.R.S., in the chair.

Medical Stores for the Navy.—We are asked to announce that the Director of Navy Contracts has accepted the tender for the supply of spread plasters for four years of Mr. A. de St. Dalmas, of Leicester, manufacturer of the well-known belladonna and other plasters.

Notices to Correspondents, Short Letters, &c.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE RICHARDSON ELECTION FUND.

We are asked by the Hon. Treasurer to this fund (having for its object the election of Dr. Richardson to the General Medical Council) to state that it closed on the 23rd ult., and no further subscriptions can be received. The Hon. Treasurer has been compelled to return two or three subscriptions sent during the past few days.

Jacobus.—There is not the least chance of the Preliminary Examination being granted by the Irish College of Surgeons in consideration of the Jubilee.

KENNEDY DEFENCE FUND.

The Honorary Secretaries beg to acknowledgd the following contributions to the above fund, which is being raised to pay the legal expenses incurred in refuting a cruel and groundless charge, particulars of which will be found in an advertisement in the last number of the *Medical Press*. The Committee invite the co-operation of all members of the profession in promoting the defence fund, and request that subscriptions be forwarded to the honorury treasurer, Dr. M'Veagh, 1 Rutland Square East, Dublin :—

Sir Prescott G. Hewett, Bt.	£5 5 0
Patrick Thompson, Esq. ..	5 0 0
Sir William Jenner, Bt. ..	3 3 0
Sir Joseph Lister, Bt. ..	3 3 0
James Little, M D. .. .	3 3 0
Sir James Paget, Bart. ..	2 2 0
Sir George Burrows, Bt. ..	2 2 0
Sir William Bowman, Bt...	2 2 0
Sir Andrew Clark, Bart. ...	2 2 0
Sir George Edward Paget, K.C.B.	2 2 0
Sir Charles A. Cameron ..	2 2 0
Thomas A. Cusack, Esq. ...	2 2 0
George H. Kidd, M.D., F.R.C.S.I.	2 2 0
P. B. Kirkwan, Esq. ..	2 2 0
Charles Frederick Knight, M.D.	2 2 0
Thomas Peter Mason, M.B., F.R.C.S.I.	2 2 0
Peter McDonald, Esq., M.P.	2 2 0
Christopher J. Nixon, LL.D., M.D.	2 2 0
F. Alcock Nixon, F.R.C.S.I.	2 2 0
M. A. Ward, M.D., F.R.C.S.I.	2 2 0
Sir Henry Wentworth Acland, K.C.B.	1 1 0
The Right Hon. the Lord Mayor of Dublin ..	1 1 0
Lennox Browne, F.R.C.S.	1 1 0
Sir Spencer Walls, Bart.	£1 1 0
J. T. Banks, M.D., D.Sc. ..	1 1 0
William Bruce, M.D. ..	1 1 0
Arthur H. Benson, M.B., F.R.C.S.I.	1 1 0
J. Hawtrey Benson, M.D. F.R.C.S.I.	1 1 0
J. H. Chapman, F.K.Q.C.P.I.	1 1 0
Mervyn Drake, Esq. ..	1 1 0
Robert H. Davis, J.P. ..	1 1 0
Joseph D. Fisher, Esq. ..	1 1 0
Kendal Franks, M.D., F.R.C.S.I.	1 1 0
E. Dwyer Gray, Esq., M.P.	1 1 0
Nathaniel J. Hobart, M.D.	1 1 0
Richard J. Kinkead, M.D.	1 1 0
Arthur V. Macan, M.D. ..	1 1 0
John McCarthy, Esq. ...	1 1 0
Robert McDonnell, M.D.	1 1 0
Alderman John O'Connor, M.P.	1 1 0
Josesh M. Redmond, F.K.Q.C.P.I.	1 1 0
George Rowles, M.R.C.S.	1 1 0
W. G. Ternan, L.R.C.S.I.	1 1 0
Robert Wade, L.R.C.S.I.	1 1 0
J. Kellock Barton, M.D., F.R.C.S.I.	1 0 0
Edward Hamilton, M.D., F.R.C.S.I.	1 0 0

G. W. G.—We do not know the drug from actual experience, nor is there much at present in the country for testing on a large scale. A friend, however, who received a small supply from a resident, informs us that, so far as he has been able to try it, the results have been disappointing.

Mr. Vincent.—There seems to be a most unaccountable delay in the issue of the Report of the Hydrophobia Commission, but we have reason to believe that it will not be altogether favourable to Pasteur's theory.

London Graduate.—The annual meeting of Convocation will take place on the 10th inst. There is no indication of any intention to carry the suggestions of the special committee into effect. The suggestion to alter the name to the "Imperial University" will certainly meet with the fate it deserves.

Lowestoft.—It is very difficult to decide what to do in such cases. The most dignified course is to do nothing and hope for the best.

Indigenous.—Graduates of foreign universities have no right to practise medicine in England, but it is not easy to interfere with their doing so. The gentleman you allude to has arrived in England, and gives an address at the St. George's Club, Hanover Square.

S. M. J.—An attempt is being made to place the company on a better footing. It is certain that there is ample scope for improvement so far as the management is concerned.

Z.—No. Next time, perhaps.

Dr. H. (Edinburgh).—We know of no really reliable text-book on the subject, but there are plenty of them. Consult advertising columns.

H. S. P.—The Congress commences in September next. You can obtain all the information you require from the gentleman whose name appears in the circular. It appears to promise success.

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Meetings of the Societies.

WEDNESDAY, MAY 11TH.

Society of Arts.—8 p.m., Mrs. Ernest Hart: Cottage Industries in Ireland.

Royal Microscopical Society.—At 8 p.m., Dr. Maddox: On the Different Tissues found in the Muscle of a Mummy.

Epidemiological Society of London.—At 8 p.m., Dr. Arthur Ransome: Some Evidence respecting Tubercular Infective Areas.

British Gynæcological Society.—At 8.30 p.m., Specimens will be shown by Drs. Granville, Bantock, Fancourt Barnes, Grigg, and others.—Dr. Routh: On the Various Modes of Treatment to be adopted for the Worst Cases of Uterine Flexions.

THURSDAY, MAY 12TH.

Royal Institution.—At 3 p.m., Prof. Dewar, The Chemistry of the Organic World.

FRIDAY, MAY 13TH.

Clinical Society of London.—At 8.30 p.m., Mr. Godlee: Some Cases of Abdominal Cyst following Injury. Dr. Vivian Poore: A Case of Spasmodic Torticollis, probably due to Cerebral Lesion. Mr. Stephen Paget: A Case of Suppuration in a Chronic Gouty Knee-joint. Mr. Spencer Watson: A Case of Intra-capsular Impacted Fracture of the Neck of the Femur, with specimen. Living Specimens:—Mr. Clutton: Case of Osteitis Deformans in a Female, with Lengthening of some of the Bones. Dr. Percy Kidd: Case of Rheumatic Nodules in an Old Woman. Mr. Sidney Jones: (1) Case of Extirpation of Uterus for Fibroid, recovery (and the specimen); (2) A case of Tumour of the Bladder removed by Supra-pubic Operation (and the tumour).

Royal Institution.—At 9 p.m., Prof. J. S. Burdon Sanderson: Some Electrical Fishes.

TUESDAY, MAY 17TH.

Medico-Psychological Association.—At 4 p.m., Quarterly Meeting Discussion on the proposed Lunacy Law Amendment Bill.

Vacancies.

Birmingham.—The Mason Science College.—Professor of Physiology. Particulars of the stipend and conditions will be sent on application to the Secretary.

Blackburn and East Lancashire Infirmary.—House-Surgeon. Salary, £100 per annum, with board, washing, and lodging. Applications, with testimonials, to the Secretary, not later than the 17th inst.

Lincolnshire County Pauper Lunatic Asylum.—Medical Superintendent. Salary and emoluments will be £400 per annum, with furnished house. Applications to the Committee of Visitors 1st of June.

Teignmouth, Dawlish, and Newton Infirmary and Convalescent Home.—House-Surgeon and Dispenser. Salary, £71 per annum, with board. Applications to the Secretary before May 19th.

West Sussex General Infirmary.—House-Surgeon and Assistant Secretary (unmarried, and not more than forty years of age). Salary, £100 a year, with board and rooms. Applications to the hon. secretary by 27th of May.

Appointments

Benham, R. F., M.R.C.S., &c., English Medical Representative to the American Exhibition.

Cook, T. D., M.B., C.M.Glas., Medical Officer for the Torquay District of the Newton Abbot Union.

Fox, E. L., M.A., M.B., B.C.Cantab., M.R.C.S., Senior House-Surgeon to the Liverpool Children's Infirmary.

Grant, D., M.A., M.B.Edin., Lecturer on Materia Medica, Botany, and Therapeutics in the University of Melbourne.

Green, R. W., M.R.C.S., House-Surgeon to the Leeds General Infirmary.

Hartley, H., M.R.C.S., L.R.C.P.Ed., Medical Officer for the Workhouse and for the Stone District of the Stone Union.

Nicholson, C., M.R.C.S., House-Surgeon to the Leeds Infirmary.

Fearcey, J. J. W., L.R.C.S., L.R.C.P.Ed., Medical Officer for the Howden District of the Auckland Union.

Price, A., M.R.C.S., L.S.A., Surgeon to Her Majesty's Prison at Winson Green, Birmingham.

Primrose, A., M.B., C.M.Edin., House-Surgeon to the Paddington Green Children's Hospital.

Warner, F. A., M.R.C.S., L.R.C.P., Surgeon to St. Gabriel's Hospital for Infants, Chelsea.

Wilson, F., L.R.C.S., L.R.C.P.Ed., Medical Officer for the North Keighley District of the Keighley Union.

Births.

Barlow.—May 4, at 10 Wimpole Street, London, the wife of Thomas Barlow, M.D., F.R.C.P., of a daughter.

Cunningham.—May 1, at 69 Harcourt Street, Dublin, the wife of D. J. Cunningham, M.D., of a son.

Marriages.

Adam—Kinchin.—May 5, at Emmanuel Church, Clifton, Alexander Adams, M.D., Glasgow, to Agnes Mortimer, only daughter of the late John Coster Kinchin, of Clifton.

West—Jacob.—May 4, at St. Peter's Church, Dublin, by the Rev John Alexander Jacob, Rector of St. Saviour's, uncle of the bride, assisted by the Rev. Canon Jellett, and by the Rev. H. E. Noyes, M.A., Francis Robert Leighton, second son of the Rev. William West, Rector of Randlestown, Suffolk, to Florence Alice, eldest surviving daughter of Archibald Hamilton Jacob, M.D., F.R.C.S., of Dublin and Sandycove.

Deaths.

Burges.—May 5, Dr. F. C. Burges, of Fethard, Co. Tipperary.

Fox.—May 3rd, at the Park Hotel, Preston, Wilson Fox, M.D., of London, Physician in Ordinary to Her Majesty the Queen.

Lowes.—April 25, at his residence, 18 Lexham Gardens, Kensington, W., Frederick John Lowes, M.D.

Nolloth.—April 29th, at 13 North Terrace, Camberwell, Edward Nolloth, retired, R.N., M.R.C.P., F.R.C.S., aged 73.

Thompson.—April 29th, at Winterton House, Westerham, Kent, Charles Robert Thompson, M.R.C.S., aged 57.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, MAY 18, 1887. [No. 21.

Original Communications.

ON THE AFTER-EFFECTS OF DIPHTHERIA.

By GODWIN TIMMS, M.D., M.R.C.P. Lond.

DIPHTHERIA has been now for a long time so nearly endemic amongst us that it is scarcely safe to neglect looking for it, or for its effects, in producing the often complicated and sometimes puzzling conditions which appear in the consulting-room. For some years past, how far off soever their complaints point, it has been my custom to examine the throats of all new patients as a matter of course.

CASE I.—In Sept., 1886, an intelligent, healthy-looking boy, æt. 13, was brought to me by his father, who complained that for more than a month past he could not understand a word the boy said, that until four or five weeks back his son had been quick at learning, a good reader, and a distinct speaker, but that ever since what he uttered was mere "gibberish." His general health appeared unaffected, and on examining his larynx and chest nothing was discovered to account for this slight paralysis of lips, tongue, and palate, which was not unlike the paralysis of inebriation, his s was sh and his t th, with a jumbling up of his words one upon another. On the lad being asked to walk deliberately across the room, which he did correctly, his father cried out "that there was another curious thing about the boy, that five or six weeks ago, before his speech was affected, he was always tumbling about, stumbling over even a seam in the carpet. He had had no serious illness in his life, except, which had almost escaped his recollection, that he had been laid by for a week with a severe ulcerated sore throat." This last particular was worth all the rest. Large doses of perchloride of iron cured him within a week.

CASE II.—February, 1886. A gentleman, æt. 28, in business in the City, but living at Islington, married, one child, consulted me for a cough which his family doctor and a specialist, to whom his doctor had sent him, had altogether failed to relieve. The cough, which had lasted more than six weeks, was frequent during the day, but after he once got to sleep ceased to trouble him until morning, when immediately on moving it became continuous, suffocative, and attended with retching, not unlike the cough excited by the irritation of tubercle. Expectoration—both froth and phlegm. He complained of great weakness and depression, and accounted for his anxiety from the fact of his family being consumptive. Three or four months before the commencement of his cough one of his sisters, two years older than himself, had died of consumption. He had been taking cod-liver oil and various cough medicines for six weeks. Temp. 99°. As far as could be made out he had suffered from slight symptoms of hectic. On examination no physical signs of tubercle could be detected. Not only were all coarser signs absent, but there was complete inaudible resiliency on expiration, a deficiency of which is perhaps the first detectable sign of phthisis pulmonalis. Neither was there any pronunciation of the first sound of the heart, probably the first sign which manifests pulmonary obstruction. There was no elongation or congestion of the uvula, no enlargement of tonsils, and no positive appearance of diphtheria, but there was exactly the appearance of the throat which follows diphtheria and often becomes chronic, spots of feathery injection of the mucous membrane of the soft palate and of the pillars of the fauces. Tinct. of perchloride of iron was ordered in large doses internally, and as a strong gargle. No other medicine was given. In three days the cough was relieved, and in ten had completely disappeared. It has never returned.

CASE III.—A gentleman, under 30, unmarried, in business which gave him much out-of-door exercise, the son and brother of medical men, with whom he resided, was in the early autumn of 1884 troubled with a slight attack of the usual diarrhœa. After a few days' rest and ordinary treatment which appeared to be successful, he was suddenly seized with alarming prostration. This led to my first introduction to him. Simple measures soon relieved the palpitation and threatened syncope, and restored him to his usual dietary. But his convalescence was never perfected. He remained emaciated, anæmic, suffering from muscular weakness, coldness of the knees, and, in a less degree, of the whole lower extremities, with occasional attacks of palpitation, flatulence, and indigestion. His professional relatives traced the serious effects of a slight attack of autumnal diarrhœa, and his protracted convalescence, to a severe diphtheria in 1879, from the weakness following which they asserted that he had never recovered. In November, 1885, he caught cold while staying in Cornwall, and was treated by the local doctor for pleurisy. After a week in bed he ventured on the journey home to town and came under our united supervision. When all signs of effusion, dulness, pain, œgophony, and cough had disappeared he was dieted, stimulated, and tonicked. Horse exercise, cold affusion, change of air to the sea-side, at which he spent most of the year 1886, quinine, digitalis, iron (which he could not bear in large doses as interfering with his digestion, which was thought of more importance than physic), and all kinds of remedies for indigestion, all failed to raise him above the general low, anæmic, emaciated condition in which he had remained for eight or nine years. I am of the same opinion as his father and brother, namely, that this persistent debility was a sequela of the diphtheria in 1879.

Ordinary cases of diphtheria in adults can scarcely be called severe or dangerous, but although they soon yield to the local and internal treatment by iron, the annoyance attached to them is their tendency to recurrence, or in other words, their proneness to persist in a milder form. Is it that a mucous membrane which has been denuded of its outer superficial layer by diphtheria seems always ready and eager to attract the vegetable fungus, (*a*) the source of the disease, and which, charging the atmosphere in damp localities and during the prevalence of East winds, becomes attached to the warm, dark, moist surface of the nose and throat, is swallowed and absorbed?

Whatever may be its origin, diphtheria soon becomes more than a local disease. It soon manifests its general toxic effects, producing paralysis (as in the first case), and persistent anæmia (as in the third). The longer the local affection remains unattacked the more severe becomes the disease and the more serious are the sequelæ.

But it is in the milder forms that it is most insidious, when the poison is being slowly in small quantities but continuously absorbed. Then the patient with the throat lesion apparently cured and without obvious cause becomes anæmic and suffers the unpleasant symptoms accompanying that condition.

Hence, as a rule, the internal treatment of diphtheria by iron should be persisted in for a long time after the local disease has disappeared and local treatment discontinued.

Iron, diluted tinct. of the perchloride, is one of the best of many efficient local remedies, but as far as my experience reaches, is the *only* antidote to the effects of the absorbed poison.

Gargles may be discontinued when the throat has recovered its natural hue, that is, when the colour of the mouth and throat have become uniform; but that is no reason for ceasing to persevere in the internal use of iron. When the severe symptoms have subsided, for which the tinct. of the perchloride is certainly the only preparation to be relied on, large doses of the citrate of iron, a more pleasant remedy than the perchloride, may be substituted. But iron in some form and in large doses is, according to my experience, required for a long time after local symptoms have disappeared.

But as diphtheria is no disease *per se*, but exists only in the local lesion and its effects, local remedies are at the first of most importance. There are many substances which instantly kill the fungus, and may be substituted for iron. The best of these is sulphur and its compounds. A gargle of one oz. of precipitated sulphur shaken up with twelve oz. of water or the *sulphite* of magnesia (as recommended by Dr. Burnie, of Bradford, *Lancet*, Feb. 19, 1887) will be found efficient.

Proof spirit also as a fungicide will occasionally be found useful. Whisky, two teaspoonfuls at a time, allowed to drop to the back by extension of the neck and then forcibly swallowed searches every nook and cranny of the throat, and when the disease takes a chronic form will be found useful. This trifling remedy, together with iron internally, was ultimately successful in curing a case which had defied the Throat Hospital for a whole year, and which had worried the patient for several years.

NEGATIVE THERAPEUTICS.

By DR. ALFRED DRYSDALE,

Cannes.

The constitution of the human mind is such that positive results, whatever their magnitude or tenuity, produce far more effect upon it than the greatest negative achievements. This is well illustrated by the enormous relative credit obtained by modern surgery in comparison with medicine. Most medical men and all laymen would not hesitate in placing the achievements of modern surgery far above those of medicine, though if we reflect how very small is the number of persons requiring surgical treatment compared with those requiring medical aid, we must confess that the magnitude of the services rendered by the latter is beyond comparison greater. The explanation of this undue credit obtained by surgery is that its achievements have been *positive*, while those of medicine have been *negative*. The great advance of the surgery of the present day has been due to the discovery of antiseptics, while the equally great or greater advance in medicine has been due to the discovery of the perniciousness of bleeding and other established modes of treatment. Great as was the boon conferred upon mankind by the surgeon who discovered antiseptics, it must be admitted that the physician who discovered the perniciousness of bleeding conferred a greater, since a greater number of individuals benefit by it. Yet the name of Lister is in everyones' mouths, while none even care to inquire the name of the great man who gave the death-blow to bleeding.

But it is not necessary to place in antagonism the medical and surgical arts in order to show the superior charm or influence of positive over negative discoveries with the human mind. We see it in the realms of medicine alone, statues are erected to Harvey and Jenner, but not to the enlightened men who discovered that diseases were not best treated by chronic drug poisoning, though there can be no doubt that mankind at large has been most benefited by the latter discovery. It is now perhaps universally admitted that constipation is not best treated by the establishment of an artificial flux induced by drugs, and that absence of sleep likewise is not benefited by the supervention of stupor the result of the administration of narcotic poisons. It is in this direction that the immense advance of medicine in the present day has been made. Yet it cannot be denied that there are inherent tendencies in the human mind which make reaction in this respect inevitable, to the great detriment of human welfare. There is at the present day an increasing tendency while abandoning old methods, to adopt new modes of treatment which will be found ultimately to be as deleterious, but which in the meantime are very mischievous. Such is the antipyretic treatment of fevers; very little reflection is required to show that this is far more likely to be injurious than beneficial. Elevation of temperature is only one of the symptoms of the febrile state, and is in some ways beneficial, at least I have frequently observed that in typhoid and rheumatic fever if the other symptoms are favourable, the case is hopeful in proportion as the temperature is high, up to a certain point. Thus, in a person of weakly constitution the malady may be very grave, terminating fatally without any great elevation of temperature, while in persons of strong constitution, the temperature is usually much higher with a favourable termination. This appears to me to point to the conclusion that elevation of temperature is not *per se* necessarily pernicious, but, on the contrary, is a legitimate and perhaps salutary manifestation of the febrile process. If this is so how exceedingly baneful must be the practice of those physicians who "knock down" the temperature at all hazards? Is it not, too, probable that this effect is attained merely by lowering the vitality of the protoplasmic tissues, and what must be the effect of doing this in cases in which recovery is doubtful? Must not an unfavourable issue be determined by those repeated 15-grain doses of salicylic acid? Whatever may be the cause or the explanation, I have convinced myself practically that the results of antipyretic treatment are very much worse than those of what would probably be called the expectant treatment. Considering the extent to which it is practised in London, Paris, Vienna, and, indeed, all over the world, the conclusion to which I have been forced is a very lamentable one; but how great a service would anyone confer upon mankind who could induce medical men to abandon it. Unfortunately, owing to the peculiarity of

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(*a*) First suggested, I think, by Dr. Marshall in the *Lancet* four or five years ago, and which explanation of the origin of diphtheria agrees with all the clinical phenomena.

the human mind which has been glanced at, this result will be infinitely difficult; a tangible achievement, such as the lowering of the temperature several degrees, will always, it is feared, possess superior attractions to remoter, though preferable, considerations. It is too long ago for most of us to be able to remember the immense temporary benefit produced by bleeding, so much so that patients used frequently to implore their physicians to bleed them, otherwise an argument by analogy on these lines might have some influence on contemporary practice. Time, however, tries all things, and it may be confidently expected that fifty years hence medical art will be as much in advance of the art of to-day, as the art of to-day is ahead of that of fifty years ago. Meanwhile the wretched victims must suffer.

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Clinical Memoranda.

UNDEFINED AND OBSCURE DISEASE.

By JOHN W. MARTIN, M.D.,

Sheffield.

Case II.—*Tumour in the Right Iliac Fossa—Pain and Tenderness to Pressure at Seat of Tumour, and over the Surface of the Abdomen generally—Vomiting—Treatment—Disappearance of the Tumour—Difficulty in arriving at a Correct Diagnosis—Suspicion of Malignant Disease.*—(Retrospective diagnosis is usually an easy task. Difficulties, which at the outset of a case proved puzzling, are explained away by the subsequent course of events. They were, however, none the less difficulties at the time, and to men conscientious in their work, the source of no little anxiety. To men possessed of high diagnostic powers, these difficulties are, of course, only of rare occurrence, but to less favoured mortals, I suspect they occur much more frequently than is generally allowed.) For myself I freely confess the following case proved doubtful and puzzling when it first came under my notice, both as to its nature and the proper treatment to pursue:—

On the 2nd of January, 1887, I was asked to see Mrs. D., West Street, Sheffield, æt. about 40, married late in life, no children. Menstrual periods still regular. She was suffering from severe pain in the epigastrium and right iliac fossa, with general tenderness over the surface of the abdomen. There was severe vomiting; the matters brought up being dark and bilious looking. Her easiest position was on the back. The face looked pinched and drawn, and expressed intense suffering. The complexion was of a dark, leaden hue, strongly suggestive of malignant disease. Tongue heavily coated with a white fur. Prostration extreme. She complained of an intensely bitter taste in her mouth, and of flatulent eructations. She was very thirsty. There was no desire for food. Pressure over the stomach was painful; the deeper the pressure the greater the pain. Examining the abdomen I found a tumour, the size of a fairly large orange, in the right iliac fossa, in the neighbourhood of the ileo-cæcal valve. It was hard to touch; handling it gave rise to a severe pain. It did not pit, or yield to pressure. The bowels had acted, but the motions were confined. Water was passed in sufficient quantities, high coloured, and loaded with lithates; it looked like the water of a sharp attack of jaundice. Menstrual functions normal, both as to quantity, quality, and regularity. Lungs normal. Heart excited; pulse 112, very weak. Temperature, 102°. Previous to marriage she had been a cook and housekeeper, and had always been a hard-working woman. Had frequently suffered from attacks of indigestion. Once had inflammation of the lungs. Bowels acted regularly, but always shown a tendency to constipation. I ordered large hot poultices smeared with laudanum to be applied to the abdomen, and to be frequently repeated; also

℞ Potass bicarb., ʒij;
Tr. nucis vom., ℥ss;
Sp. am. aromat., ʒij;
Aqua, ad ℥viij;

M ʒj, with powder to be taken effervescing every four hours.

℞ Pulv. acid citric, grs. xij.
Ft. pulv. mitte, viij.

Sig. "powders."

Ice to be used. Small quantities of milk, soda water, and mutton tea, to be given every two hours. For the night I ordered—

℞ Chloral hyd., grs. l;
Liq. morph., ʒss;
Syrup, ℥ss
Aqua, ad ℥iij.

Half to be taken at bed time, the rest, if not asleep, in two hours' time. This treatment relieved the sickness and diminished the pain and tenderness in the parts affected. The bowels remained constipated, being only very slightly moved every second day. There was no change in the size of the tumour. Temperature had fallen to normal. Pulse 72. Tongue cleaner, but still furred at the base. On the 6th of January, for the bowels, I ordered—

℞ Ol. ricini, ℥j;
Ess. limonis, ♏xx;
Tr. sengæ, ♏x;
Mucelagi tragacanth, ʒiij;
Aqua chloroformi, ad ℥iv.

M. Half the draught to be taken at once, the rest, if needed, in four hours' time.

Jan. 7th.—The oil had induced several good motions; some hard lumps were passed. The tenderness of the abdomen continues. Tongue cleaning. Improved in other respects. General treatment continued. Ordered—

℞ Mag. carb., ʒiss;
Mag. sulph., ℥j;
Sodæ bicarb., ʒj;
Tr. vin, ℥ss;
Tr. zingib., ʒij;
Sp. am. aromat., ʒiss;
Aq. menth. pip., ad ℥viij.

M. "℥j three times a day, until the bowels should be moved too freely, in which case the dose must be lessened, and taken at longer intervals." Externally I ordered the following liniment to be well rubbed to the affected parts.—

℞. Tr. opii, ℥ss;
Chloroformi, ʒiij;
Tr. belladonna, ℥ij;
Tr. saponis, ad ℥iv.

M. Sig. Caution, poison, external use only. To be used as directed.

Poultices continued. This treatment was continued with benefit up to January 21st. She was able to be out of her bed by the 10th, and to come down stairs on the 17th. The bowels acted freely every day. The tumour was diminished by a third its size, and was much less painful. It was still there however, her face lost the worn, drawn expression, which seemed to favour the idea of the presence of cancerous disease. Tongue quite clean.

21st.—Out of bed; down stairs. Face free from all anxious expression; looks fuller and better than I have seen it for several years, three or four at least. She finds, however, that, when she attempts to walk about, she cannot straighten herself properly. Still, she finds no difficulty in straightening out her leg. The pain shoots half way up the spine. Bowels regular. Urine sufficient, of a good colour, and free from albumen or deposit. Pulse, 76; much better and stronger. Appetite improved. Eyes much clearer than they have been. Temperature, 98°. Changed her mixture to—

℞ Acid. nit. mur., dil., ℥ij;
Tr. nucis vom., ♏xl;
Succus taraxaci., ℥j;
Sp. chloroformi, ʒj;
Syr. zingib., ʒvj;
Aquæ, ad ℥viij.

M. "℥j three times a day." Liniment to be continued. Allowed fish, cutlet, or chicken for dinner.

26th.—Has steadily improved under the above treatment. Tongue clean. Appetite good. No pain. Bowels regular. Face free from the anxious expression noted at first. Leaden colour gone. Eyes clear, bright, and natural. Pulse, 76; much stronger. The lump in the iliac fossa no longer to be felt; deep pressure, however, induces pain, but not of a very unbearable character. Able to be out. Treatment continued.

February 1st.—Improvement continues. The stiffness and pain in the back scarcely felt. Has walked over a mile, and not felt much the worse. Pressure still induces pain, but no lump can be felt. Feels stronger. Treatment continued.

5th.—Feels pain still in the iliac fossa, increased by much movement. No lump is to be felt. Bowels quite regular in their action, being moved once freely every day. In other respects much improved. Complexion clearer, tongue clean, appetite good, urine normal, both as to appearance, and quantity, sleeps well.

℞ Soda bromide, ʒij;
Tr. aconiti, ♏xl;
Sp. Am. aromat., ʒij;
Succus conii, ʒvj;
Syrupi, ℥j;
Aqua, ad ℥viij;

M ℥j ter die.

The liniment to be continued, and linseed poultice to be applied at night.

15th.—The last medicine has suited admirably, affording the most marked relief to the pain. Practically, she is convalescent, and requires no further treatment. Her only trouble is the old dyspeptic pain between the shoulders felt after meals; and, even this is much less than it used to be. She is able to resume her ordinary household duties.

Remarks.—When first seen, the question presented itself to my mind, "What is it?" The position of the tumour suggested, 1, perityphlitis, 2, ovarian mischief, 3, fœcal obstruction and plugging of the cæcum; 4, possibility of the tumour being malignant in its nature. For the first few days a close and satisfactory examination was impossible owing to the extreme tenderness, and pain experienced in handling it. When, however, the inflammation subsided, difficulties still remained in the way of arriving at a satisfactory diagnosis, as to the nature of the case. The regular action of the bowels before resorting to purgatives, and their free action after their use together with the persistence of the tumour, seemed to negative the idea of fæcal accumulation. The age, complexion, general appearance of the patient favoured the idea of malignant mischief. Deep seated abscess had also to be taken into account. It was decidedly one of those cases in which one had to suspend judgment and to rely upon the results of treatment which, so far, in this case, proved eminently satisfactory.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, 13th May, 1887.

Dr. **Broadbent**, President, in the Chair.

SOME CASES OF ABDOMINAL CYSTS FOLLOWING INJURY.

Mr. **Godlee** related three cases in which abdominal cysts of large size followed the passage of a cart-wheel over the body of the patient. The first was a little girl, æt. 4, who sustained a rupture of the left ureter. A large cystic tumour containing urine developed itself, which was first aspirated and then tapped and drained. The kidney was felt projecting into the upper part of the cavity when it was opened. As the patient became liable to frequently recurring attacks of fever, caused by accumulations of urine and pus in the bottom of the wound, it was decided to remove the kidney, which was accordingly done. The operation was a difficult one, but the child made an excellent recovery. The sinus, however, has not completely closed, but still continues to secrete a small amount of pus. The second case was that of a man, æt. 23, who was run over by a heavy wagon. A cystic tumour developed itself on the left side, partly under the ribs, partly projecting below them, causing considerable discomfort and vomiting. After periods of improvements and relapses the tumour was aspirated through the seventh intercostal space, and seven ounces of turbid fluid containing a trace of urea, with a considerable amount of albumen were drawn off. After this the patient gradually recovered. It was pointed out that while the diagnosis of the case was very obscure, it was probably a renal cyst resulting from a laceration of the kidney. The third case was that of a boy, æt. 7, who was knocked down by a van, but not run over. A month afterwards a tumour of considerable size, but the dimensions of which apparently varied, was found in the upper part of the abdomen on the left side. During the eleven months after the accident the tumour gradually increased in size, and came to occupy the middle line of the abdomen, pressing the stomach upwards. It was accordingly opened, and the cyst wall was stitched to the abdominal wall. It contained forty-three ounces of turbid whitish-yellow fluid, containing five ounces of urea, and a large amount of albumen. The child made an excellent recovery. There appear to be no data for making a diagnosis in the case.

Mr. **Golding-Bird** observed that Mr. Godlee had attached a good deal of importance to the presence of fractional proportions of urea in the fluids drawn off as proof of the fluids being of renal origin. He would call attention to the fact, however, that urea in appreciable quantities might be detected in most of the tissues and fluids of the body. He himself had found as much as twelve per cent. in ovariotomy fluid.

Mr. **Herringham** quoted a case which he had published some time since of a child who was sent to him with a history of having been run over. There was a swelling on the left side which was ascribed to ruptured kidney. Aspiration of the tumour was resorted to, and some fluid drawn off which contained a small and varying quantity of urea (·1 to ·01 per cent.). Yet it subsequently proved to be urine. In another case which he had been asked to see by the late Dr. Wilson Fox, also consequent on injury by a van, the wheel of which had passed over the abdomen, forty-five ounces of fluid were drawn away, which contained some sixty grains of urea. The further course of the case, however, showed that it was not a case of renal tumour, and this fact pointed to the necessity for caution in using the presence of urea as an element in the diagnosis of renal tumours.

Dr. G. V. **Poore** on a

CASE OF SPASMODIC TORTICOLLIS PROBABLY CAUSED BY CEREBRAL LESION.

The patient, æt. 36, was admitted to University College Hospital on Aug. 5, 1886, suffering from violent spasmodic torticollis of nearly six months' duration. The head was twisted towards the right shoulder. At first the left sterno-mastoid muscle was mainly at fault, but after division of the sternal attachment of this muscle the spasm was scarcely altered, the rotation of the head being effected by the right splenius. This fact made it probable that the lesion was central. On the left side of the head immediately over the situation of the posterior part of the superior and middle frontal convolutions was a scar, the result of an injury many years previously, which at the time had "half-stunned him." There was an undoubted history of syphilis, and the patient, prior to the onset of the torticollis, had suffered from headache, referred to the neighbourhood of the scar, and from occasional attacks of giddiness. All things considered, it seemed probable that the lesion (meningeal thickening?) would be found on the surface of the brain beneath the scar on the scalp, *i.e.*, in the region irritation of which is said to cause deviation of the head to the opposite side. The propriety of trephining was considered, but prior to its performance it was deemed advisable to subject the patient to a thorough course of mercury. This was done, and with the result that the torticollis almost completely disappeared.

Dr. **Glover** wished to add his testimony as to the severity of the spasm. The case showed the virtue of patience in physicians before calling in surgical aid.

Dr. **Stephen Mackenzie** said Dr. Poore must be familiar with a similar case under the care of Dr. Ringer consequent on disease of the internal capsule. He had a patient under his care for many years of injury to the head in whom no benefit had followed operation. He could see no other explanation of the case than that of central lesion.

Dr. **Broadbent** thought there was no doubt of the correctness of the diagnosis as regarded localisation, and the case was a very interesting one.

Dr. **Poore**, in reply, said he was familiar with the cases quoted. He was very reluctant to undertake operation, and every chance was given to time and patience. It would have been quite legitimate.

Mr. **Stephen Paget** showed a

KNEE-JOINT FROM THE BODY OF A MAN, ÆT. 49, WHO HAD SUFFERED FOR SEVENTEEN YEARS FROM SEVERE GOUT.

The knee was suddenly attacked by acute inflammation, and a very large abscess occupied the joint and the thigh. It was aspirated, and perfectly healthy pus was let out; later it was opened. Suppuration extended up nearly to the trochanter and down into the calf; and several counter openings were necessary. Amputation was advised against, on account of the constitution being broken down by disease. For some time he seemed likely to recover, but at last bed-sores formed, and he died about eleven weeks after the invasion of the inflammation. The specimen showed destruction of the cartilages and ligaments, with rarefaction of the ends of the bones; no marked lipping or eburnation. The synovial membrane was infiltrated and partly destroyed by suppuration. Mr. Paget referred to a case published by Dr. Norman Moore, of purulent effusion into the knee-joint in chronic gout; a case of suppuration of the back of the hand and the wrist-joint published by Mr. Rivington; and a case of suppuration of the eyeball published by the late Mr. Critchett. In all these cases the only common cause for the suppuration was chronic gout, of very long duration and of great severity.

Mr. Spencer Watson read notes of a

CASE OF INTRA-CAPSULAR FRACTURE OF NECK OF FEMUR—WITH SPECIMEN.

A gentleman, æt. 69, fell from his horse, and on attempting to rise found he could not support himself on his right leg. There was no symptoms of fracture beyond the pain on attempting to move the limb for a fortnight after the accident, and measurements taken several times during the period indicated no shortening. Three weeks after the accident shortening of the right limb, to the extent of 1¼ inches, was discovered. No splint nor extension apparatus could be borne by the patient, who got up and sat in a chair from the first week, and was on crutches at the end of a month. He died seven months after the injury, and the specimen exhibited, shows a fracture through the neck of the femur intra-capsular, and at one time firmly impacted. The neck of the femur is so much wasted that the head of the bone rested on the space between the two trochanters, and was kept in that position by interlocking splinters of the neck.

Dr. Adams said that intra-capsular fracture at an advanced period of life was generally a serious matter. In this particular case the shortening was small at the beginning and subsequently increased. The mobility depended on the kind and direction of fracture. In this case there was more or less a condition of impaction which prevented movement. He quoted the case of a man whose case had been diagnosed as one of intra-capsular fracture of the femur, but who suffered so little inconvenience that the correctness of the diagnosis was doubted. The man, however, died soon after, and the joint was examined, an impacted intra-capsular fracture being found.

Mr. Heath said he did not attach much importance to small differences in the length of limbs. He preferred to see whether the patient would raise his limb himself, because if so it must be impacted.

LIVING SPECIMENS.

Mr. Clutton: Case of osteitis deformans in a female with lengthening of some of the bones.

Dr. Percy Kidd: Case of rheumatic nodules in an old woman.

Dr. de H. Hall: Adhesion of soft palate to posterior wall of pharynx.

Mr. Mansell: Case of elephantiasis of right leg.

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LIVERPOOL MEDICAL INSTITUTION.

48th Session.

The Thirteenth ordinary meeting was held on April 14th, The President, Dr. Nevins, in the Chair.

PATHOLOGICAL SPECIMENS.

Dr. Johnston showed a cystic kidney with dilated ureters taken from a child that had died in the Children's Infirmary of pneumonia. The remarkable feature of the case was that no cause for the condition could be detected.

Dr. Alexander showed a cerebral tumour of the right convolutions, removed from a woman, æt. 60, in which there had been almost entire absence of symptoms during life.

Dr. Burton showed a fibro-cystoma of the ovary removed from a patient, æt. 50. The fibrous portion was of such extreme density, that, previous to removal he had doubted whether the case was not one of malignant degeneration of an ordinary cystoma. He remarks that no mention of such a form of tumour was mentioned in Doran's work on "Tumours of the Ovary."

Mr. Puzey showed a congenital lymphangioma, removed from an adult male. The tumour was entirely composed of lymphatic glandular and duct structures, which could with a little care be entirely unravelled, so as to show long strings of ducts with glands on them at irregular intervals.

Dr. Young showed a so-called fibro-cystic tumour of the uterus removed by Dr. Finegan, from a woman, æt. 38. At the operation an attempt was first made to enucleate, but as this could not be accomplished, the entire tumour and uterus were cut into two lateral halves. Two pedicles were formed by the cervix thus split, each was then ligatured and dropped. When he last heard from the patient a few days before she was doing fairly well.

Dr. Davies showed as a card specimen, a large fibroma of the uterus weighing several pounds, enucleated per vaginam, from a patient on whom Porro's operation had been successfully performed a year or two before.

Dr. Barron showed a fatty liver and kidneys, from a case of poisoning by 13 grains of phosphorus, in which death took place five days after taking the poison.

REMOVAL OF ADVANCED CANCER OF RECTUM.

Dr. Alexander showed a patient from whom he had removed rather more than four inches of the rectum, by a method devised to ensure greater safety in operating on these cases of advanced disease, and more convenience and comfort after the operation has been a success than usually results either from colotomy or from leaving a sinuous track for the fæces to percolate through after excision of the rectum. His method consists in removing the coccyx and sufficient of the sacrum until the healthy bowel can be brought into the wound, and there stitched to the skin in the upper angle of the incision. The lower two segments of the sacrum can be dispensed with, without practical inconvenience of any kind to the patient, and this extent is all that is likely to be required in most cases. To remove more would injure some of the nerves of the sacral plexus. Before operation the anus is filled with antiseptic gauze, and the rectum is not opened until the operation is almost complete, thus allowing a more antiseptic condition of the wound than is obtained when the rectum is slit open at the commencement of the operation. After the coccyx and a piece of the sacrum have been removed and the healthy bowel fixed into the angle of the diseased wound as described, the rest of the rectum is cleared from the urethra, prostate and base of the bladder in front and from its lateral connections, all *actively* bleeding points being compressed or tied. When the peritoneum is reached it may, as in this case, be pulled off until the sound bowel is reached all round. The diseased rectum, now free from its surroundings, is pulled into the angle of the wound, and the healthy part above is stitched to the skin with numerous sutures. The edges of the lower or anterior part of the wound are now brought together and then the diseased part is removed. Some more sutures of silk-worm gut are then inserted, to firmly connect the skin and bowel, and the patient put to bed with absorbent wool applied to the wound. This is changed frequently. The stitches are removed as soon as they show signs of irritation, and the bowels kept free, all fæces being washed away with perchloride lotion as soon as passed. The patient shown was æt. 45, a fish porter, who was in a most pititable state when he applied for relief. He was operated on on Feb. 2nd, and although he tore open the anterior wound on the third day after, by getting out of bed, he made an admirable recovery. He has an artificial anus in a place very little removed from the usual anal site. He can retain his motions, and has gone back to his work. There is as yet no sign of any recurrence of the disease.

Mr. Puzey congratulated Dr. Alexander on the great success he had attained in the case. When the man was under his care he thought nothing but colotomy could have been done, and the result confirmed his opinion that no other operation then known afforded any chance of relief. The man's condition was then as loathsome as could be imagined. Death itself would have been preferable.

Dr. Grossmann then read a paper on

A PECULIAR FORM OF AFFECTION OF VISION.

The case he had to report was one of which there were only eight cases on record. Being so few in number every one was important. About five years before a gentleman had consulted him about a peculiar disturbance of vision. Three weeks before applying to Dr. Grossmann he had suddenly become unable to read for more than a second at a time, in fact he could not read more than four to five words at once. What he could read he could do easily, he could also go on reading single letters for an indefinite time. He found he could read Jäger No. 1 easily, some dilated retinal veins were revealed by the ophthalmoscope but nothing further abnormal. He suspected some cerebral mischief. About two years later he accidentally learned that three months after his patient had consulted him he had an apoplectic attack, and died without recovering consciousness. Only eight similar cases were recorded by different observers. (Nieden: Address on Dyslexia before the Ophthalmological Section of the fifty-ninth lersammlung Deutscher Naturforscher and Aetzte, Berlin, 1886. Berlin: A peculiar kind of word blindness (dyslexia).) There was one point noticeable about them, and that was that the cases were rarely under one observer throughout. They were almost always first observed by ophthalmologists, then as more general symptoms developed they passed under the care of a physician. The disease had been called dyslexia. The characteristic of it was the inability to see or receive a mental impression from more than could be grasped by the eye at a single glance. The patient had then to rest, after which another group of words could be seen and read, but this could never be connected mentally with the preceding group, so that a whole sentence could never be read and put together. It looked like an asthenopic trouble, but no symptoms of this were present. The speaker then entered into an inquiry as to the pathological lesion underlying the phenomena, the conclusion being that in the present state of our knowledge this was impossible to determine. Clinically the affection must be looked upon as an early symptom of a grave cerebral lesion.

In reply to the President, Dr. Grossmann stated that no other visual affection was present in his case. The single letters could be seen, but the cerebral capability could not suffice to put the letters together.

Messrs. Lee and Bickerton had never met with similar cases, and could offer no solution of the problem of their precise causation.

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Meeting of

THE GENERAL MEDICAL COUNCIL.

Extra-ordinary Session, May, 1887.

The extraordinary meeting of the General Medical Council, convened for the purpose of discussing the appointment of assistant examiners to the Society of Apothecaries of London and the Apothecaries' Hall of Ireland, was opened on May 10th, Sir Henry Acland, Bart., the retiring President, in the chair.

After placing on the minutes the appointment of Dr. John Batty Tuke as representative of the Royal College of Physicians of Edinburgh, the President delivered his farewell allocution.

The President's Address.

At the close of last session, the Council did me the honour of desiring that I should retain office until we could with advantage meet to further consider the relation of the Apothecaries' Societies to the Royal Colleges of Physicians and Surgeons in England and Ireland, and the consequences which would arise should they fail respectively to combine for examination purposes. I find myself, therefore, once more called upon by your favour to open another session of the Council. In the discharge of that duty, I shall state very shortly the chief business which is before the Council. I shall offer a summary of the proceedings which relate to the action of the College and the Apothecaries respectively, and then, before I retire, shall request you to permit me, as my last act, to join you in recording the sense we all have of the blessings this country has enjoyed during the eventful reign of the Queen and Empress of this united empire. First, then, and briefly, as to the business, exclusive of the combination question. This is already for the most part set forth in the programme now on the table. Through the activity of your Committees, their reports afford ample scope for prolonged attention, but also through the carefulness of the reports, each subject can be rapidly, as well as clearly, dealt with. It would be an improper employment of time were I to give any account of the several reports on procedure, income and expenditure, or practical education, in the consideration of which I shall be unable to share. The Council will doubtless desire that I shall pass at once to the question of the combination of the three Licensing Corporations in England and Ireland respectively. First, I would ask that the several communications from the four Colleges and the Societies of Apothecaries, which are upon the Programme, may be received and entered upon the Minutes I will offer such short commentary upon them as may lay the whole case, as I understand it, clearly before you. I will then report the little that it has been in my power to do in furtherance of the Council's wishes. First, as to the case of England. The letter which was read to you at the last meeting, was forwarded to the four Colleges on February 25th. Replies were received from the Royal College of Physicians of London on March 23rd, and from the Royal College of Surgeons of England on April 2nd. No desire was expressed by either of the Colleges for an interview. It was clear from semi-official information which I received that if an interview were obtained with the College of Surgeons it would be useless for the object of the Council. I did not therefore further press it. With respect to the College of Physicians the case was different. Having been for nearly forty years a Fellow of that Body, I was, in my judgment, bound in that capacity to attend the meeting when the subject would be discussed. Accordingly, on the 21st of March this was done. What passed I am not at liberty to relate. Discussions are held to be "*secreta collegii.*" But I may just say that it seemed to be a duty to endeavour to disabuse the College of a charge which had been privately made to me, that, in the judgment of many Fellows, the Medical Council had gravely outstepped its duties by addressing the College on the subject. As a Fellow, I do not hold that opinion; whether it was largely entertained, I cannot say. That it was held, by whomsoever held, on an imperfect conception of the position of affairs, cannot reasonably be doubted. Since the time when the Colleges declined to admit the Apothecaries' Society, that body had applied to the Medical Council for Examiners under the Medical Act 1886. The Council, as well as the Colleges, had at various times declared in favour of union between the Licensing Bodies in England, inclusive of the caries' Society. If there was any chance still left of union the Council was clearly bound not to appoint the Examiners and thus erect the Apothecaries at once, and, *de novo*, into an independent licensing corporation. It was a case in which precipitancy was to be with the utmost care avoided. We were deciding upon a momentous education question of the future. The answer which you have now received must be accounted as final. A simple question therefore remains. The Apothecaries apply again to you through a new motion (Programme, No. 12) for examiners. To this application a reply must now be given. An endeavour will be made to traverse the direct answer by means of a motion by Professor Struthers. This motion makes it my duty to make certain statements for the information of the Council. Very opposite opinions have been pressed upon me since we last met, as, for instance: (1) That the Council should certainly refrain from appointing the examiners, and should leave the onus of the decision to the Privy Council; (2) That the Council is bound, both in honour and by the principles of law, to carry out the alleged intention of the Legislature by the Act of 1886 and to appoint examiners; (3) That it will be injurious to the public interest that the Apothecaries should continue to exist as an examining body; (4) That it will be a real advantage to retain them side by side with the two Corporations and the Universities, in order that excessive and unnecessary scientific examinations may not be imposed on every medical student. I have noted that some who used to wish the Apothecaries to be "extinguished" now hold the opposite opinion; (5) That if the Medical Council do not grant the examiners, the Privy Council will certainly not override your decision; and lastly, (6) that the Privy Council will certainly, in the case of your refusal, direct you to appoint examiners, and if you then decline, will appoint them, against your judgment.

If this be so, the Privy Council will be acting in the unquestioned exercise of its powers under clause 19 of the Act of 1886. In what proportion these opinions, and others which have been pressed upon me, weighed with the English Colleges cannot be stated, since they do not assign their reasons for not consenting to form one Corporation Examining Board for England, and in this simple way bring to a close a long and tedious discussion. To you, therefore, or to the Privy Council, is left the decision whether to perpetuate or to extinguish an examining body which for seventy years has rendered the State acknowledged services. I should not have ventured to trouble you with these divergent and hearsay statements but as an introduction to what follows. Since we parted, it appeared to me to be a duty to learn, as far as I could, the legal view of our position, subject, of course, to the uncertainty of all opinion not resting on judicial decisions in a court of law. I gather that the Council would probably be advised that they will fail in a statutory duty if they refuse to appoint the examiners. It is true that under the Act of 1886 the Council has power to refuse. "It shall be lawful for the General Council, if they think fit, on the application of (a) Corporation, to appoint any number of examiners to assist at the examinations"—Clause 5. But then, by Clause 19, "*if it appears to the Privy Council*" that "occasion has arisen for the General Council to appoint assistant examiners," "the Privy Council may notify their opinion to the General Council;" and if the General Council fail to comply with any "directions of the Privy Council" relating to such notification, the Privy Council "may themselves give effect to such directions." The Medical Council is, therefore, powerless to prevent the appointment of examiners. Its decision must rest, not on the question whether the new Examining Board of the Apothecaries would be adequate or inadequate, but on the general question of policy or vested interests in respect to an old corporation. It is clear that the Legislature has carefully guarded these interests by giving a right of final appeal to the Privy Council. By refusing examiners, the Medical Council would propose a policy, but that only provisionally. If it grant examiners, it becomes the complete guardian of the examinations, because it would both appoint the examiners and send its Inspectors. It cannot therefore be alleged that the Apothecaries' examinations will be inadequate, if they continue to exist. It may be said that they are unnecessary. The legislature has implied the Apothecaries have rights. If we refuse these, they appeal to the Privy Council. That body, will on a review of the whole case, interpret, as it sees fit, the intentions of Parliament by the Act of 1886. As regards the Apothecaries in Ireland, the case may be more shortly stated. A direct legal issue has been raised by the College of Physicians. You have before you the statement of the College of Physicians of Ireland (March 19 and March 21), the letter of the College of Surgeons (March 24) and recently a further letter from the College of Physicians, dated April 26, and opinions of Council forwarded by the Apothecaries' Society of Ireland, dated May 5. From these documents three special conclusions may be drawn: 1st, That it (the College of Physicians) uncompromisingly decides against any combination, alleging that the Apothecaries cannot grant a license in medicine, and therefore no body can combine with the Apothecaries; 2nd, That they therefore dispute the power of the Medical Council to grant supplemental examiners to the Apothecaries; and 3rdly, That the College of Surgeons, in its judgment, propose to incorporate the Apothecaries with themselves for examination purposes, without the Physicians, rather than that the Council should give the Apothecaries a permanent and independent position by granting the Examiners. It is here necessary to observe that the Council has before it the opinion of the Attorney-General, the Solicitor-General, and Mr. Muir Mackenzie, that under the Medical Act of 1886 the Licensing Bodies can combine without the sanction of the Medical Council, and as heretofore under the conditions to be approved by you. By this opinion the surgeons and apothecaries of Ireland can combine, if the apothecaries can combine at all, without your consent, or that of the College of Physicians. I cannot conclude this sketch of an important subject without thanking the Irish members of the Council for much assistance in this matter. I need not longer detain the Council. There is much to be considered during this session, and my medical advisers forbid me to share it. Indeed, I feel assured that, in your interest, I should for the last time, and with great regret, bid you farewell. This I do with an earnest prayer for the steady progress of the scientific, humane, and national work which Parliament has laid upon you. I trust, however, you will allow me, before I quit the chair, to propose for your consideration a humble address to the Queen. The two surviving members of the original Council may thus join you in discharging a welcome and touching duty to a Sovereign who is full of sympathy for the sufferings we have to prevent and to alleviate—and greatly beloved by all her loyal people.

Mr. MARSHALL then moved that the address be entered on the minutes, and took advantage of the opportunity to express his sense of the admirable manner in which Sir Henry Acland had for so many years fulfilled the arduous and difficult task of President of the Council.

Sir WM. GULL seconded the motion, and said that during the many years he had known Sir Henry Acland, he had always remarked his extreme devotion to public interests and his high sense of duty.

The motion was then agreed to.

ADDRESS TO THE QUEEN.

Mr. SIMON proposed, and Dr. HERON WATSON seconded, that a congratulatory address be drawn up and presented to Her Majesty on the occasion of her Jubilee.

This was carried *nem. con.*

THE CONJOINT EXAMINATION BOARDS IN ENGLAND AND IRELAND.

Mr. MARSHALL moved, and Dr. HERON WATSON seconded, that various communications in regard to the Conjoint Examining Boards in England and Ireland be received and entered on the minutes.

Dr. KIDD called attention to an inaccuracy contained in the communication of April 28, 1887, from the Apothecaries' Hall of Ireland, addressed to the Council, where it is stated that the College of Surgeons of Ireland had declined to unite in a dual conjoint examination with the Hall. As a matter of fact the College had passed a resolution to the effect that the Council of the College were disposed to entertain a proposal with that object from the Apothecaries' Hall on being satisfied that the licence of the Hall was a "diploma in medicine," within the meaning of the Medical Amendment Act of 1886, which, it was suggested, might be done by a judicial decision. He objected to the inaccurate statement being received and entered on the minutes.

Mr. MARSHALL admitted that the two documents were inconsistent, but explained that they must be received and entered on the minutes before the Council could take cognisance thereof.

Mr. COLLINS said that an explanation of the apparent inconsistency would be forthcoming at the proper moment.

The motion was then agreed to.

RESIGNATION OF THE PRESIDENT.

Sir HENRY ACLAND then wished the Council success in the difficult duties which awaited settlement, and vacated the presidential chair.

Mr. MARSHALL proposed that the interregnum be filled by asking Dr. Quain to take the chair pending the election of a new president.

Prof. HUMPHRY seconded the motion, which was agreed to *nem con.*

Dr. QUAIN then took the chair.

VOTE OF THANKS TO THE LATE PRESIDENT.

Dr. QUAIN proposed a formal vote of thanks to the late President for his long services.

Sir WM. TURNER, in expressing his sense of the excellent manner in which the late President had fulfilled his duties, suggested the appointment of a committee to draw up an acknowledgment in proper terms.

Mr. MACNAMARA suggested that an illuminated address be drawn up to be handed to the late President, as a token of the Council's appreciation of his services.

Sir WM. GULL said he had seen a good many illuminated addresses to common councilmen and others, and he thought the illumination should be in the spirit and not in the text.

A committee was then nominated for this purpose.

ELECTION OF NEW PRESIDENT.

The REGISTRAR read the 9th clause of the Act relating to the mode of electing a President.

Dr. QUAIN pointed out that the President had now to be elected from among the members of Council. He suggested that if more than one member were proposed, the election should be by ballot. He thought that the present was a fit moment to establish a precedent in that direction.

Strangers were requested to withdraw.

On their return it was announced that Mr. Marshall (Representative of the Royal College of Surgeons), England, had been unanimously elected President of the Council.

The newly-elected President expressed his sense of the responsibility attaching to his post, and alluded to his peculiar position as the first President elected from among the members of the Council. He assured the Council that the fact of his being the representative on the Council of one of the corporations would never be allowed to influence his impartiality, and, he added, anything of the sort would not be favourably considered by the very body whose representative he was. He stated his intention of conducting the business of the Council in accordance with the Celsian maxim *cito, tuto, et jucunde.*

Election of Two Members of Executive Committee.

The Council then proceeded to elect two members to serve on the Executive Committee in place of Dr. Haldane, deceased, and Dr. Aquilla Smith. Six of the voting papers were cancelled on account of errors in filling up. Ultimately, Sir William Turner (for Scotland) and Mr. Wheelhouse (for England) were declared duly elected.

On the proposition of Dr. **Quain**, Mr. Wheelhouse was elected Chairman of the Executive Committee in place of Mr. Marshall.

Army and Navy Examination Returns.

Mr. **Wheelhouse** moved that the tables received from the Army and Navy Departments, showing the number of holders of the different degrees, diplomas, and licences that did and did not pass, be received and entered on the minutes.

Dr. **McVail** pointed out the curious disparity which existed, as shown by the tables, in the number of successful candidates from different schools. He saw that London students were more fortunate than those taught elsewhere, and intimated that it would be desirable to obtain information as to these differences, if only for the benefit of the schools whose candidates were less successful. He did not wish it to be inferred that he thought the examinations were not conducted with fairness and impartiality; he attributed the want of success of candidates from other than London schools to some peculiarity in the method of conducting the examinations. He presumed that the object in printing these tables and sending them to the Council was to invite criticism. He instanced the case of the University of Edinburgh, which sent in six candidates, two of whom passed and four were rejected.

Sir **Wm. Turner** objected to Dr. McVail's action as irregular. He would certainly call the attention of the University of Edinburgh to the figures he had quoted, but he thought that, if Dr. McVail consulted the tables of other years the proportion would not be found to be the same. For the present year, out of seventy-three candidates only three were rejected, two of whom were Irish and one English. He thought that the examinations as carried out by the Army Medical authorities was a very satisfactory proof of the knowledge possessed by the candidates from the various examining boards.

Dr. **Matthews Duncan** said he concurred in Dr. McVail's remarks, and asked how the authorities regulated the appointment of candidates who qualified, but were not successful in obtaining posts. He moved that information on the subject be requested from the Directors-General of the Army and Navy.

Dr. **McVail**, in seconding the motion, pointed out that out of 19 candidates from the College of Surgeons of England 11 passed and obtained places, and 7 passed and did not obtain places, whereas from the University of Dublin out of 10 candidates, 3 passed and got places, and 7 passed and did not get places.

Dr. **Bruce** sympathised with Dr. McVail, and thought it was a pity statistics should be placed on the table, and no remarks permitted about them. He called attention to the fact that the candidates holding the diplomas of the Colleges of Physicians and Surgeons of England, were rejected in materia medica and suggested that this seemed to justify an alliance with the Apothecaries' Society.

Dr. **Heron Watson** observed that it would be an invidious and delicate thing to criticise these statistics. He thought the number of rejections was very small, especially when one considered the nature and scope of the examination.

The motion to ask for information from the respective departments was put to the vote and negatived.

The Statement from the Medical Department of the Royal Navy was also received and entered on the Minutes.

Postponement of the "Appointed Day."

The Registrar then read a letter received from the Lord President of the Privy Council, asking the opinion of the Council as to the advisability of postponing the "appointed day," under the Act of 1886, until June 30th.

Dr. **Haughton** proposed that the question be postponed until after the consideration of the appointment of examiners.

Dr. **Quain** urged that a reply should be sent to the Privy Council in the affirmative.

Dr. **Teale** proposed and Mr. **Simon** seconded, that the Council advise the postponement.

The motion was agreed to.

Appointment of Examiners to the Society of Apothecaries.

Mr. **Brudenell Carter** proposed "That, in pursuance of the application made to the General Medical Council by the Society of Apothecaries of London, by letter dated April 12, 1887, for the appointment of Assistant Examiners to the Society, under the provisions of the Medical Act of 1886, the Council hereby consent to appoint Assistant Examiners accordingly." He alluded to the motion which he had brought forward at the last meeting of the Council, asking for assistant examiners to be appointed, which was adjourned to enable further representations to be made to the Colleges. Those representations having been ineffectual, the original question, somewhat modified, came once more to the front. He proposed on that occasion to confine his remarks to the general principles underlying the question of privileges with regard to the licensing of medical practitioners which belonged to the Society of Apothecaries. For the purpose of that discussion those powers might be taken to date from various Acts of Parliament, some specially obtained, some only affecting the Society in common with other bodies. He recapitulated these Acts, commencing with that of 1815, when, in consequence of the refusal of the College of Physicians to supervise and control the medical education of the general practitioners of this country, these functions were conferred on the Society of Apothecaries who had carried them on ever since. No less than 22,000 medical practitioners had taken the licence, and about one half of the practitioners of England at present held it. He called attention to the fact that seven members of the Council were licentiates of the Society, the President himself being one. He claimed that the estimation in which the Society was held by Parliament was sufficiently shown by its having been retained in the Act of 1886, and by its being allowed to send a representative to the Council. He then alluded to the present position of the Society under the Act of 1886, and explained that their object in asking for the appointment of assistant examiners was to enable them to continue to grant a registrable qualification. With reference to the alternative of combination with some other body, he said the Society could scarcely have been expected to combine with any of the Universities which were complete in themselves, and had therefore nothing to gain by combining with this Society. The only bodies with which the Society could combine were the Colleges of Physicians and Surgeons in London, and as was known to all, the scheme of combination, though for some years on the *tapis*, had ultimately fallen through in consequence of the refusal of the Colleges to carry out the proposed arrangement. The consequence of their refusal was that the Society would be unable to admit its licentiates to the *Register* were it not for special provisions under the Act. It was under these circumstances that the Society applied to the Council to carry out the intentions of the Act of Parliament. The Council were not expressly enjoined to appoint examiners, they might do so "if they think fit." Various interpretations had been put on these words, some gentlemen considering that they were merely a verbal amplification, and did not contain the very large powers which have been implied by others, and which amounted to an authority to render the Act null and of no effect. Some gentlemen thought that the words conferred absolute discretion, and even went so far as to say that the appeal to the Privy Council was only a nominal one. He dissented entirely from that view of the case. A certain amount of discretion was given no doubt, but it was a discretion which, in the words of Mr. Purcell, "it (the Council) was bound to exercise in a just and reasonable manner, having regard to the legal rights of the Hall." Whatever the decision of the Council might be, the Privy Council had absolute power to review, confirm, or revise. He was convinced that the action of the Privy Council would be guided by the grounds upon which such decision was arrived at. If a refusal to appoint examiners rested upon grave and weighty reasons of public policy, then the decision of the Council would doubtless be supported, but if it appeared that the decision was interfered with by corporation rivalries or jealousies, or by any reasons which would not recommend themselves to persons of unprejudiced minds, then he thought, the Privy Council would reverse it. He thought it would be a great injury to the Council in carrying out their duties, if the Privy Council arrived at the conclusion that they had allowed themselves to be influenced by other than reasons of the most weighty kind. He had heard no such reasons adduced. The arguments against granting the request of the Society consisted in two statements: one, that the appointment of examiners would enable the society to continue in competition with other licensing bodies, and the other, an utterly unproved statement, that such continuation would be disadvantageous. It would not be disadvantageous to the public for it was the duty of the Council to see that their examination was adequate, and to urge the contrary was to impugn the capacity of the Council as supervisors. Personally, he thought nothing but good would result from the competition. In any case, the law of the survival of the fittest would decide as to their future fate. Nothing in the history of the Society justified the assumption that it would be a competition downwards. The competition, whatever its effects might be, had originated with the College of Physicians in 1868, when they started the scheme for creating licentiates. He appealed to the Council not to be frightened by a big bear nor swayed by sentimental considerations, so as to deprive the public of a competition which the College of Physicians had taken the trouble to establish, and had declared its intention not to abandon.

Mr. Simon in seconding the motion said he was not prepared to agree with all that Mr. Carter had advanced, particularly as to the beneficial effects of competition. He regretted the action of the College which had placed the Council in that dilemma, either of having two examining boards or disobey the intentions of the law. It was on that ground that he seconded the motion. He thought the meaning of the Act of Parliament was that they should take this particular step, unless they had strong definite reasons to the contrary. Such reasons must be based on something which was not before Parliament at the time of the passing of the Act. It had been their duty to inquire into the examinations, and in the absence of complaint, it must be assumed that it was all that could be required. A refusal to carry out the wishes of the Privy Council would place the Council in a very embarrassing position. He had no doubt as to what the course of the Privy Council would be. If they refused, they would at once be directed by the Privy Council to comply with the Act. It would be humiliating in the extreme. They had a discretion, but not an unlimited discretion, as Mr. Purcell had put it. The limit was one which would be promptly recognised in a court of law. The words "if they think fit," had not the significance which had been attributed to them. He asked what the Apothecaries' Society had done to be at the mercy of the Council. Parliament did not intend any of them to eat up the others. For those reasons he seconded the motion, although he regretted the necessity for it.

The Council then adjourned.

SECOND DAY.—Wednesday, May 11th.

Dr. Aquilla Smith proposed that the Council go into committee for the purpose of considering the application from the Apothecaries' Society, and Mr. Wheelhouse seconded, but the motion was negatived. The debate was then resumed.

Sir Dyce Duckworth rose to explain the reasons which had led the President and Fellows of the College of Physicians to take the course they had done. The matter had been very fully considered and discussed when it first came before the College, and as nothing new, nothing in fact which could justify any change of policy, was contained in the very courteous letter from the late President of the Council, the College had confirmed their first decision, and there could be no hope of any other decision being arrived at. Considering that the examination under the Conjoint Board was at work, it would seem that there was no ground which would warrant the inclusion of the Apothecaries' Society. If this body were admitted to take part in conducting the examination of the Conjoint Board, they would have to find examiners, not within, but from without their own body, and they could not possibly find better men than the Colleges at present employed. Another point had been lost sight of in this matter, viz., that in many respects the College of Physicians of London was like an university in respect to its ability to grant a complete qualification in medicine, surgery, and midwifery. The College retains that power to the full, so that it was not incumbent on them to seek an alliance in any quarter whatsoever. For the benefit of the public however, it had been thought desirable that the College of Surgeons should be allied with the Conjoint Board. The College of Physicians had undoubtedly lost a splendid opportunity of doing a useful duty in 1815, but they had amply atoned for it in 1861 by the establishment of the body of licentiates which led to a competition upwards. He need say nothing as to the allegations of rivalry or jealously, and having liberated himself as the representative of a corporation, he wished to say something as an independent member. He thought the Apothecaries were no longer wanted in this country. They had done their work, and had done it well, but their time had gone by. He thought that a great deal of their work would at present be better done by trained examining members of the Pharmaceutical Society. Nobody wanted to be an Apothecary nowadays. Many men took it simply because in provincial hospitals and country boards of guardians a provision still existed requiring the medical officer to be an apothecary. The Society had been a great drawback to the profession in many ways. It was responsible for a great deal of degradation. It had kept up a very low ideal of the general practitioner, and had come to be associated only too often with the position of a shopkeeper. It had given rise to the general impression that disease had only to be treated with drugs. He considered that homœopathy in this country was simply a *nemesis* of the doings of the Apothecaries' Society. He had listened to Mr. Carter's speech, and had found it singularly devoid of argument. All he said was that it would be a good thing if the Apothecaries' Society were put upon its legs again. There was no claim of public benefit or professional advantage. Mr. Carter appeared to have completely ignored the educational side of the question. With reference to the threatened appeal to the Privy Council he would ask whether the General Medical Council was to be muzzled and defer, on such a subject, to a body of laymen which did not comprise a single member of their profession, and which was therefore unfit to form an opinion as to what is the best course to adopt to further the best interests of the profession. He could not conceive that the Privy Council would be led to act over the heads of this Council if they acted in a straightforward and bold manner.

Dr. Struthers said that on a previous occasion he had moved the admission of the Apothecaries' Society to the conjoined board, for he had considered that the Society had rendered such services as to entitle it thereto, and moreover, that it was the simplest way to provide for its disappearance by absorption. That was quite a different thing from the question then before them, which was to revive the Society and put it in a position it never occupied before. While he regretted that the motion had failed he did not wish to imply thereby any censure of the College of Physicians which had simply declined to relieve the Council of the solution of a difficult question. [Dr. McVail rose to a point of order. He urged that the Council were not empowered to discuss the desirability or otherwise of the admission of men to the medical profession by means of the Apothecaries' Society.] The Society had at first asked the Council to appoint examiners in surgery and then had restricted their demand to one for "examiners" only. He maintained that if they appointed examiners at all, they must appoint examiners in medicine and midwifery as well. The next point was as to the interpretation of the words of sub-section 5 of the Act, "if they think fit." Mr. Simon had he thought, not shown much legal acumen in their interpretation. He had said, you must not, you shall not, you dare not, &c. As a matter of fact the Hall had no *legal* right at present to grant diplomas in surgery and it would be for the council to decide whether any legal right should be established. Mr. Simon had seemed to doubt that the government would give such great powers to the Council, but in his opinion the words could not be disposed of in any other way. The words were as clear as possible. He thought that rather than do it they ought to leave the credit or the opprobrium with the Privy Council. In alluding to the Apothecaries "society" he would confine his remarks to the English Society, since a legal question had arisen with regard to the Irish Society? He would like to see the amendment put an end to the Apothecaries' Society, but he did not think it did this. The end would take place in the natural course of events. It would come under the Act of Parliament, unless they interfered to help the society over the stile. He did not propose to slay the society, for even if examiners were not appointed they would still be able to go on selling medicines and prosecuting quacks. More than that, they would still be enabled to grant their licence to such men as cared to take it. The idea that the Apothecaries' Society had done its time was a very old one, and this sentiment cropped up very frequently in the documents before him. It turned up again in 1881 and 1882. Successive Bills were introduced into Parliament from which the Apothecaries' Society was deliberately left out. They owed their existence in the Bill of 1886 to Sir Lyon Playfair's anxiety to steer clear of the rocks ahead, the task of getting rid of them being left to the Medical Council. The qualification of the Apothecaries' Society must necessarily be an inferior qualification, and would cause an inferior order of practitioners to arise. Only the "duffers" among students would go in for it, men who had something wrong with them. The title alone would be sufficient to secure a poor lot. As to competition this was sometimes good, but it could hardly be so in the present instance? Students would be apt to go in for the easiest. The Apothecaries' Society was said to have done good work in the past. They had secured a monopoly of medical examining in England, and he did not see any merit in that; it was enormously to their advantage to do so. If any college or university were offered the monopoly, they would jump at it as the Apothecaries' Society had done. They obtained exclusive powers, and who were these powers used against? They used it against men who had not been apprenticed to an apothecary. They used it against Scotchmen and Irishmen. Had a Stoker or a Christison settled in England he would have received a lawyer's letter and would have been fined £20. Well might the Society of Apothecaries be popular in England, for they gave the English practitioners a monopoly and kept enterprising Scotchmen and Irishmen off the soil. Sir Dyce Duckworth has said enough about the drug system, and its influence on homœopathy. The Society is responsible for the association of the practitioner with the dispensing of drugs. He maintained that it was not creditable at this time of day that the power of prosecuting quacks should be advanced as an argument on behalf of any body. The Society could not prosecute illegal practitioners or druggists, or bone-setters, but only those who practised as apothecaries. In any case, the society would always be able to prosecute quacks. There could be no question of compensation, for the Society professed to derive no benefit from the examination fees after paying expenses. It had been made a reproach to the Apothecaries' Society that they were a trading company, and he had been curious to know how far this was true. It appeared that previous to the present year the society had allowed certain of its members to trade in drugs and chemicals for their own benefit in the name of the society. It was discontinued last year, but the manufacture was continued "with the object of maintaining purity and supply by government departments." As to maintaining purity that was nonsense, it was an ordinary trading company. He had been told that it was a retail trading body, but he had not believed it. He had, however, succeeded, after some trouble, in finding their establishment, and had bought some tincture of steel and eau de Cologne which he produced. His object in bringing this forward was to show that the Society was not constituted to be a licensing body nor a body into which they could go into company with.

Sir **Wm. Gull** seconded the amendment.

Sir **Walter Foster** said he could not congratulate Dr. Struthers on the spirit or tone of his speech, which appealed to sentiments and tastes not of a very high kind. There was nothing disreputable in shopkeeping if conducted properly and honestly, and he had no sympathy with such an attempt to influence the Council in this grave question. He said the Government itself comprised men who were but recently engaged in the retail trade. All this, however, was in reality outside the question, and what they had to consider was a momentous question. They were now at the parting of the ways. They had looked forward for many years to some system by which the various bodies would be consolidated. It had proved to be a dream, and the almost unlimited competition had continued. The promotion of the Bill of last year had hoped to force the licensing bodies of London and Dublin into one single body, granting the numerous qualifications. It had not been contemplated to do away with any of them unless they had not been doing their work properly. A refusal to appoint additional examiners would lead to an appeal to the Privy Council, which would, under the circumstances, have the right to order their appointment. It was neither possible nor desirable that they should have the chance of destroying the Apothecaries' Society. The penny dispensaries which had been alluded to were not officered by L.S.A.'s, but by men of quite another stamp. He said that of late years the profession has been getting rather above the work which it used to do. First, it shut up the open surgeries, and threw a lot of poor people on to the charities and led to the opening of dispensaries. If apothecaries were abolished their place might very likely be taken by pharmaceutical students, under the Act which was not being considered. He regretted that it had come to this; he would much rather have seen the society quietly and happily dispatched by union with the colleges and he threw the whole blame on the colleges. They have failed in their duty, and thrown on the Council the disagreable duty of deciding whether they were willing or not that the society should have additional examiners. He was quite ready to do his duty and declared that they were bound to carry out the spirit which animated the Act, and say that in the interest of the public it was desirable that the society should have its examiners.

Mr. **Wheelhouse** asked what the poor were to do without the apothecaries, especially in country places? He certainly looked upon the dispensaries as the greatest disgrace to the profession, but among all that he was acquainted with, there was only one L.S.A. He was sorry to have to do so but he should vote for the examiners to be appointed.

Mr. **Mitchell Banks** said he believed that there was a strong desire on the part of the Council that an amalgamation should take place between the Society of Apothecaries and the other bodies, but those bodies had declined, and the Council ought not to have its judgment warped by that consideration. The fear of threatened consequences ought not to weigh on them for a moment. No valid argument had been brought forward to prove that the request made ought to be granted. It had been urged that it was necessary to have a low class of practitioners, but he did not believe that such a class was required. The question at issue was one of vested interests, but whatever respect they might have for such interests, they ought not to be allowed to override the public good.

Dr. **Leishman** concurred in the interpretation given by Mr. Simon to the words "if they think fit," and said that he was able to vote for Mr. Carter's resolution, which left it open to the Council to consider what number of examiners should be appointed. He had no sympathy with the Society of Apothecaries, but he was bound to recognise its legal claims.

Dr. **Haughton** said that he was now a complete convert to Mr. Carter's proposal, for which he intended to vote.

Mr. **Simon** said that the question of the fitness of the Society of Apothecaries had been decided by Parliament, and it was not for the Council to attempt to override that decision. The Council had a legal duty to fulfil towards the Apothecaries' Society and if they did not do it the Privy Council would. If Dr. Struthers' amendment were defeated, as he hoped it would be, he believed that in two years there would be a conjoint board in London which would include the Apothecaries' Society.

Dr. **DUNCAN** said he could not accept the law as laid down by Mr. Simon. When the Act used the words "if they think fit," it did not mean nonsense, but it meant what it said. The prophecy of a one-portal system in two years he considered a ridiculous one, and he believed that if the profession were polled the general feeling would be expressed that the system was the abomination of abominations. He had great respect for the Apothecaries' Society, and regretted to have to vote for a proposal that might lead to its extinction. Mr. Simon's statement about the intention of the Legislature in passing the Act was mere idle talk. That intention could only be gathered from the Bill itself. He had learned from the highest authorities in the College of Physicians, with which he was connected, that the intention was that the Society of Apothecaries should be extinguished if the Medical Council thought fit.

Dr. **BRUCE** said that he thought Mr. Simon's argument in reference to the words in Clause 14 was unanswerable. Although he had at one time been an advocate for the one-portal system, he believed that if that system were carried out it would lead to a dull uniformity, and that the best thing was free open competition. If it had been the intention of the College of Physicians when the Act was being passed to extinguish the Society of Apothecaries, that view ought to have been frankly declared.

The debate was then adjourned.

THIRD DAY.—THURSDAY, MAY 12TH.

Sir WM. **TURNER** moved that the address which had been drawn up for presentation to Sir Henry Acland be signed and approved. The motion was seconded by Dr. Quain and agreed to unanimously.

The debate on Mr. Carter's motion was thenresumed.

Dr. **HUMPHRY** said, that the discretion conferred on the Council was not only to "think fit" but to "think fitly." It would be absurd for the Council to tell the Privy Council that it would be "injurious to the interests of the public" to adopt the course proposed without stating its reasons. None of the reasons which had been given would have any weight with a sensible body like the Privy Council. One reason assigned was that, competition would be injurious, but parliament had provided for that competition, and it was not for them to say the contrary. As to the Apothecaries' Society betng a trading Society, that fact was known by parliament, and there was no reason why a trading society should not give a good examination. It had been stated that the Society had degraded the protession. It had however commenced the examination of students. As to dispensing medicines, he knew many high class practitioners who had done the same thing without any degradation. The assertion that the Society of Apothecaries had been the cause of homœopathy was absurd. There was only one proper ground of refusal and that was that a proper examination would not be given with the aid of the Council. Could the Medical Council go to the Privy Council and state that it could not make the examination an adequate one?

Mr. **COLLINS** said the Council was sitting as a judicial body and ought to act in that capacity, not simply carrying out the private opinions of its members. One of the privileges conferred by parliament upon medical practitioners was that they might charge for medicines supplied by them. As a judicial body the Council was bound to carry out the law. When the Apothecaries' Act was passed, parliament knew that the members of the Society kept open shop, and yet it gave the Society power to examine in medicine, thus mixing trade and profession. As to the interpretation of words "if they think fit," if there was any doubt on the subject, the Society of Apothecaries was entitled to that doubt.

Sir WM. **GULL** protested against the notion that the Council had no discretion in the matter. He maintained that the government would not go behind the exercise of their discretion, if done *bôna fide*. He contended that it was not desirable to have a Society of Apothecaries at all, and he thought its existence was contrary to the interests of medicine. People did not get well by drugs. When the Prince of Wales had typhoid fever he did not take four doses of medicine. The question was, whether the profession should be set free from the trammels of the past? Medicine was once given even for fractures. It was the powers of nature that cured disease and the duty of the medical man was, not to give drugs, but to see that nature's powers were not interfered with. He wanted to raise the tone of the profession, and that object would never be accomplished by maintaining the Society of Apothecaries.

Dr. **QUAIN** said he had had many opportunities of seeing the use of drugs in disease, and he considered that if instead of treatment he restricted himself to observing the disease he would be obtaining money under false pretences.

Mr. **MACNAMARA** said he was not going to discuss the merits or demerits of drugs. He differed from Mr. Simon as to the compulsory signification of the words "if they think fit." He maintained that the Act had really disfranchised the Society of Apothecaries. Its qualifications were stated not to be registrable, and it was for the Medical Council to decide whether they should be made registrable. There was no adequate ground for the adoption of that course, and he hoped the application for the appointment of examiners would not be granted.

Dr. **GLOVER** said that Sir Wm. Gull's speech was directed rather against physicians and the whole medical profession than against drugs. The action of the two Colleges was in his view an additional reason for granting the prayer of the Society of Apothecaries. He had been for many years one of a number of persons who had tried to diminish the number of licensing bodies by legislative measures, but the Legislature had declined to reduce the number in the way desired. Under these circumstances he declined to be the executioner of an old corporation that had done its work well for seventy years. It it was disestablished it should be by the same parliament that had called it into existence.

Dr. **CHAMBERS** supported the motion, and contended that it ought to be continued because, among other reasons, it was the only English body to which women could go for diplomas to practise, the curriculum of the London University being in many respects unsuitable.

Dr. **MCVAIL** said he should support the motion for granting the appointment of examiners. The Council would become the examining body, and could ensure that the examinations were sufficient. The Act of Parliament gave the Council no option at all. It had been assumed that it was an Act which extinguished the Apothecaries' Society, and that the Council was appointed the executioner, but from the beginning to the end of the Act there was not a single word to support that notion. It might have been that the College of Surgeons found itself unable to give the full qualification, but was it to be said that therefore that College was to be extinguished? The past history of the Apothecaries' Society was very honourable, take it all in all. Undoubtedly here and there in the reports of visitation of examinations there might be found observations not of the most complimentary character on some part of the Apothecaries' Company's examinations, but that did not apply to that Company alone. He was sure that anyone acquainted with the medical practitioners of England would admit that the licentiates of the Apothecaries' Company had been as worthy members of the profession as those of any other body in the kingdom.

Dr. **KIDD** asked whether the Council was prepared to accept the responsibility of becoming an examining body? So far as he was concerned, he was not prepared to accept the responsibility. They were asked to set up an examining body under their own control, and that body was to be a competing body with the Colleges of Physicians and Surgeons. That was a position that was altogether contrary to the public welfare. If the amendment were carried, the effect would be simply to refer the matter to the Privy Council; and if the Privy Council decided that examiners must be appointed, it would take away the responsibility from the Medical Council.

Dr. **HERON WATSON** said that no sufficient reason had been advanced for refusing the crave of the Apothecaries' Society. He hoped it would not enter into the imagination of any of the members of Council, nor of the profession generally, that they were really establishing a new institute, setting up a new examination, and taking steps which should enable a new university to be created at Blackfriars; but he did most sincerely hope that the Council would grant the crave of the Apothecaries' Society, would give them what they required in the way of an additional examiner, and so enable this most useful, valuable, and ancient body to be perpetuated.

Dr. **AQUILLA SMITH** supported the amendment.

Mr. **BRUDENELL CARTER**, speaking in reply upon the question of statutory obligation, said he thought there was a moral obligation upon gentlemen who accepted a certain definite position, such as membership of that Council, to fulfil the statutory duty which that position imposed upon them, or to retire from their position. He referred to what took place in April last year when he formed one of a deputation from the Society of Apothecaries to Sir Lyon Playfair, the object being to point out that they did not think they were sufficiently protected by the words "think fit," which then carried no right of appeal. Sir Lyon Playfair, in his reply, stated that the clause was put in specially for the protection of the Apothecaries' Societies, because it was not thought desirable that those Societies should be extinguished. Stress had been laid upon the changes made in the statements in the medical journals with refeience to the Society of Apothecaries. That change was only an indication that the Society had improved its position in the estimation of the profession.

The amendment was then put, as moved by Dr. Struthers, and was rejected by 19 votes against 9. One member of the Council did not vote, and two were absent.

The debate was then adjourned.

FOURTH DAY.—Friday, May 13th.

It was moved by Mr. Brudenell Carter, and seconded by Mr. Simon, "That, in pursuance of the Resolution in Clause 2, the Council do hereby appoint Messrs. Makins, Walsham, and Andrew Clark to be Assistant Examiners to the Society of Apothecaries."

Mr. Carter's motion was then put to the Council and was carried.

Mr. Carter said that he had consulted with the legal adviser of the Society of Apothecaries, and had come to the conclusion that the Council only had powers to appoint the number of examiners applied for by the Society. The Society already had statutory powers to give licences to practise in medicine and midwifery, and the intention of the Act was to enable them to examine and qualify in surgery also. He acknowledged that the examiners appointed under the Act would have a different status to that of the other examiners, and quite out of proportion to their votes or number. He thought that the clause in question had been somewhat hastily drawn, and might be construed in such a way as to produce extreme inconvenience, but it was, he considered, the duty of the Council to carry the clause into practice without unnecessary friction in the most satisfactory manner. He would put it to the Council whether the circumstances would not be best met by allowing that public body to come and ask for the appointment of examiners in order to carry on their examinations in a satisfactory manner for a stated period of time. If the result should not be satisfactory, then would be the moment to see what else might be necessary to be done in order to remedy its defects. The Society would have every confidence in gentlemen whom the Council might appoint, but the examining art was not one which could be learned in a day. In accordance with a recommendation of the Council, the Society had provided examiners in surgery, who had since carried out their duties in a perfectly satisfactory manner, and it now comes before you with a request to give a legal sanction to their appointment.

Mr. Macnamara said he was not acquainted with the gentlemen whose names had been mentioned in connection with the examinerships. He declined to be bound by any lawyer's opinion as to the construction to be placed on the particular Act of Parliament. He did not attach the slightest importance to lawyers' opinions, for they always gave an opinion in the sense which they knew was desired. He asked whether the Council was not responsible for the conduct of the examinations which conferred the right to practise. By their action yesterday they had assumed the responsibility attaching to the Apothecaries' Society. They had to wait for the licensing body to apply for examiners, but once they had applied they undoubtedly had the power to appoint any number of examiners. Then there was another point; to talk of the examiners being responsible to them for the efficiency of the examination in medicine and midwifery was nonsense, supposing he were one of the examiners, he had only delivered a couple of women in his lifetime, and was by no means competent to report on the subject. If they contented themselves with appointing surgeons they would only be engaged in the surgical portion of the examination, and he asked how they could possibly report as to the efficiency of the other departments? He considered that they ought to appoint at least one examiner in each subject to supervise and report. That was the intention of the Medical Act. He called attention to a remarkable omission in Mr. Carter's resolution, and that had reference to the remuneration. He thought the executive committee would be the handiest body to discharge this function. It was largely composed of Englishmen, and as the examiners to be chosen were also Englishmen, the committee would be better able to decide as to their suitability and as to their being *persona grata* to the Society. He proposed as an amendment to Mr. Carter's motion: "That it be referred to the Executive Committee to appoint, under Section 5 of the Medical Act (1886), assistant examiners in medicine, surgery, and midwifery, to assist atthe examinations conducted by the Society of Apothecaries in London; and to fix the amount of remuneration to be paid such examiners by the Society of Apothecaries."

The amendment was seconded by Dr. Pettigrew.

Mr. Simon said that neither the proposer nor himself, the seconder of the motion, absolutely committed themselves to the exact terms of the motion then before them. He quite admitted that this second part admits of being improved upon, inasmuch as it was incomplete. It did not mention remuneration, and further, a limit of time should have been put in. If he had been dealing with this subject independently of the motion already prepared he would have been disposed to suggest that they accepted the present arrangements of the Society, say for a year. Their Court of Examiners was in action, and they had not disapproved of the choice. He would not see the least objection to a reference to a committee, not to appoint, but to nominate examiners. He could not conceive that the Council would intentionally put such a marked disrespect to the Society as to question their choice. He differed entirely from the contention of Professor Macnamara as to the intention of the clause that they were to appoint all sorts of examiners. It was easy to show that by a *reductio ad absurdum*. If Mr. Macnamara would modify his amendment he would gladly accept it. In reply to Mr. Macnamara, he said that the sufficiency of the examinations in medicine and midwifery would be provided for by their inspectors. He presumed the Executive Committee would confer with the representatives of the Society, and then, subject to the modifications suggested, they would accept the amendment.

Mr. Macnamara said that the course suggested resembled the performance of Hamlet with the part of Hamlet left out.

Mr. Carter, in reply to the President, said that he was prepared to accept Mr. Macnamara's suggestion to refer the matter to the Executive Committee for them to nominate examiners and fix the remuneration.

Sir Walter Foster said that as matters stood, he could not vote for the proposal of Mr. Carter, for he thought it might place them in a position which would be disadvantageous in the future. He pointed out that whatever they did they would establish a precedent which would bind them in future. He thought Mr. Carter's motion was so far wrong that it suggested the number and names of the examiners—things altogether outside the province of the Society. The intention of the Government was that any body which had not a sufficient number of limbs to get about on should be supplied with crutches by the Council. If the College of Physicians, say of Dublin, had been excluded from combining, they would have applied for and received examiners in surgery, and in no other department. It would be for the Council to tell these examiners from time to time what they were to do, and how they were to do it. Mr. Macnamara's amendment dealt with subjects which the Act of Parliament, in his opinion, had not contemplated.

Dr. Pettigrew said that no reflection was intended or expressed towards the gentlemen who had been nominated to the post of examiners. He did not think the nomination of surgeons would be sufficient to fulfil the intentions of the Act, which contained no mention of inspectors.

Dr. McVail said that he thought the best method to get over the difficulty would be to appoint a committee such as he would suggest. The Council occupied the position towards any body which had been unable to combine, of the body with which it might have combined, but in a higher degree. He though it was absolutely certain that they were intended to examine and be responsible for the three subjects. If the Society of Apothecaries had joined with the College of Surgeons they would have made their terms with the College, but they could not make terms with the Council, the Act made the terms. The act of the Council on the previous day was a serious one, but it was one which justice rendered necessary. They were at the beginning of a new era; they had to constitute a State examination in medicine for the first time. They had nothing to do with intentions, they only had to do with the Act. Mr. Carter, in proposing his motion, was doing a bad thing. He ought to be proud of conjunction with the Council. He was surprised to hear Mr. Simon suggest that we should accept the examiners because they were already appointed, and would be disrespectful to the staff. The Act was guilty of the disrespect, if disrespect there was.

Mr. Carter expressed his willingness to withdraw his motion in favour of an amendment to be proposed by Mr. Walter Foster.

Sir William Gull said that he had been of opinion that it was undesirable that the Society of Apothecaries should continue to exist, but this point having been decided the other way, he was now prepared to do what was necessary to enable them to grant full diplomas. If they only gave Dr. McVail time he would prove that the whole of the celestial movements were comprised in the Act. Their duty was to help bodies which had been unable to combine, on their application, by supplementing their want of power; that might be extended to any number of examiners in the particular subject which they needed. Their responsibility was limited to examiners in that subject. Logic might be wanting in the Act, but the common sense was plain enough. He asked the Council to meet the demand of the gentlemen at Blackfriars in a gentlemanly and generous way.

Dr. Leischman said he gave the heartiest support to Mr. Macnamara's amendment. Mr. Carter's plan to avoid friction amounted to a deliberate evasion of the Act. When he voted for Mr. Carter's motion of the previous day, he had done so on the express understanding that the Council would reserve the power to nominate whatever number of examiners they might think fit. If Mr. Carter's motion was not a deliberate evasion of the Act then he would never attempt to construe an Act of Parliament again. The supervision which could be exercised by inspectors was very different from the constant supervision by the assistant examiners appointed by the Council.

Dr. Haughton said that many members of the Council were in the unenviable position of being obliged to vote against both the amendment and the motion. He did not consider that the Act gave them power to nominate examiners on the other subjects.

Dr. Heron Watson said the Council had been called together to discuss this very delicate matter, and he did not see what advantage would attend its being referred to a committee. He suggested that the Council should go into committee over the question. He thought the Council ought to stipulate for the examinations to be held at stated intervals, and not weekly as at present. Further, as regarded the fees charged, he asked if the Council could be expected to rehabilitate the Society as a cheap licensing body; he thought the fees ought to be levelled up. He called attention to the exclusion by the Society of the School for the Medical Education of Women in Henrietta Street, and hoped something might be done in the matter.

[Mr. Wheelhouse, as Chairman of the Executive Committee, asked permission of the Council to propose that the Pharmacopœia Report be received and entered on the minutes. This was seconded by Mr. Macnamara and agreed to.]

Mr. Carter expressed a wish to withdraw his motion, and on a division, permission was granted to do so.

Mr. Macnamara's amendment then became a substantive motion.

Mr. McVail then proposed as an amendment:—"That a Committee be appointed to consider, with such legal assistance as they may require, the number of assistant examiners that should be appointed to the Society of Apothecaries of London, the subjects in which they should respectively examine, and the powers and duties which they may consider the Council should by order prescribe, and also as to the remuneration of the assistant examiners, and to report to the Council at its present session."

With the leave of the Council the motion moved by Mr. Macnamara was also withdrawn.

The amendment moved by Dr. McVail having become a substantive motion, the following further amendment was moved by Sir Walter Foster, and seconded by Dr. Quain:—"That pending a full consideration of the best mode of carrying out the resolution of the Council to appoint assistant examiners to the Society of Apothecaries under the provisions of the Medical Act (1886), and subject to further resolutions of the Council under Section 5 of the Act, the Council hereby appoints Messrs. Makins, Walsham, and Andrew Clark as assistant examiners for the Council for one year from July 1, 1887.

Sir Walter Foster said that the intentions of the framers of the Act were contradicted by the words, and the Council might be obliged to take steps never contemplated by the drawers.

Dr. Aquilla Smith objected to the amendment. He asked what control the Council would retain over the Apothecaries' Society if their nominees were appointed examiners.

Dr. Bruce supported the amendment. He thought the Council were undertaking a very difficult, and what might easily become a very onerous duty.

Sir William Turner said that many questions were involved which they as laymen were unable to decide, even with the assistance of Mr. Simon. He confessed that his mind was not clear in relation thereto. He thought Dr. McVail's motion was one which, with a little alteration, the Council might adopt. He suggested that it should be modified so as to provide for the appointment of a committee to consider and take such legal opinions as might be considered necessary. (Dr. McVail consented to this.) Sir Walter Foster's amendment appeared simply to shirk the difficulty. He did not think that the Council had power to put off the appointed day for another year.

Dr. Quain asked whether Sir William Turner would think it necessary to appoint examiners to the College of Physicians under similar circumstances.

Sir William Turner said that his personal opinion had no importance. It was a question of the construction of the Act.

Dr. Haughton explained that, according to information just received, it was held that separate diplomas in the several subjects would be registrable as forming a complete diploma.

Dr. Glover said the Council had an awkward habit of putting things off. The thing had to be done, and should be done at once.

Mr. Carter said that on behalf of the Society he would agree to accept Sir Walter Foster's amendment. Dr. Heron Watson had drawn attention to certain points which he considered objectionable, and he was disposed to agree with him. The weekly examination and the fees were regulated by Act of Parliament. It was, however, the intention of the Society, as soon as this matter was settled, to apply to Parliament for an amended Act which would enable it to bring its arrangements more into harmony with modern requirements. All these questions required careful consideration, having regard to future circumstances.

Dr. Struthers said that the amendment prejudged the question. The mere fact of the examiners being surgeons would virtually settle the question. He thought the Act was clear.

Dr. Kidd was inclined to favour the amendment. He called attention to the fact that the examiners at the Hall took the subjects in rotation, a practice fatal to good examining.

Dr. McVail said that the amendment would place the Society in the same position as if the Act had not been passed at all.

It was moved by Mr. Wheelhouse, seconded by Sir William Turner, and agreed to:—

"That the Standing Orders be suspended to complete the business before the Council."

The amendment was then put to the vote and negatived.

A proposal to vote on the motion before the Council was resisted, and a motion for the adjournment of the debate was carried.

The Council then adjourned.

FIFTH DAY.—Saturday, May 14th.

A communication was read from the London School of

Medicine for Women, petitioning the Council that, in the event of their appointing examiners in surgery for the Society of Apothecaries of London, they would urge upon the Society the duty of recognising this School, and admitting its students to the benefits of the Society's examinations and licence.

Sir Wm. Gull announced his intention of bringing forward a motion bearing thereon.

Various reports were received and entered on the minutes, together witn the Regulations for the Diploma in Public Health of the University of Aberdeen, and a letter from the Science and Art Department.

The adjourned debate on Dr. McVail's motion was then resumed.

Dr. McVail acceded to the suggestion by Mr. Simon to insert the words "and collectively" after the word respectively in his motion, and the Council gave permission for these words to be inserted.

Dr. Haughton proposed, as an amendment, "To omit the words 'a Committee be appointed' and to substitute for them 'the Executive Committee be requested.'" He said that he and Dr. McVail only differed as to the best committee to refer to. He did not think the question would be satisfactorily settled within the limits of the present session. Various legal opinions would have to be taken, and this required time. He said the committee would report in a day or two that the time was too short. He had heard of a good many badly constructed Acts of Parliament, but none which did what this Act was believed to do.

Dr. Pettigrew thought a larger committee would better answer the purpose. He proposed, therefore, to refer it to a committee of the Council.

Dr. Haughton accepted the proposal to enlarge the Executive Committee for this purpose. He agreed to withdraw his amendment on this understanding.

Mr. Simon thought the committee ought not to include members hostile to the principle which was affirmed on Thursday.

Dr. Leishman said that two at least of the Executive Committee were among the minority.

Dr. Heron Watson objected to the Executive Committee being appointed to consider this question.

The Council agreed to allow Dr. Haughton to withdraw his amendment, which was accordingly withdrawn.

Mr. Simon rose to speak on Dr. McVail's motion, but the President ruled that the debate was closed.

Dr. Quain begged the Council to listen to him and try to understand what he was about to say. He asked the Council not to take one of the falsest steps they had ever taken. The Society of Apothecaries had asked for a certain number of examiners, and these ought to be granted. He proposed, as an amendment, "That it was unnecessary and undesirable to refer the subject to a committee for consideration." He said he could not too strongly insist upon the fact that their powers were limited to the appointment of surgical examiners. He altered his amendment to the effect "that the Council now proceed to comply with the request contained in the letter from the Society of Apothecaries dated April 12, 1887."

Mr. Carter seconded the amendment. He said he should have been quite willing to accept the amendment of Sir Walter Foster, which would have left ample time to proceed smoothly at Blackfriars. The intentions of the Act were as clear as they could be, although unfortunately its language was involved. Its simplicity had been studiously obscured to mislead the Council, and they had been condemned to listen to speeches which had no other object than to waste time. Only yesterday Dr. Struthers had treated them to a long dissertation as to the colour of the walls, &c. The law officers of the Crown would scatter all the arguments to the winds about vast responsibility, &c., which had been advanced to justify the institution of a State examination. He was willing to refer the matter to the Executive Committee, and he ventured to hope that the matter would then be settled.

Mr. Simon said that the Council had rejected the proposal to postpone the question, and yet now they were asked to refer the matter to a committee which could not possibly do any useful work in the short time at their disposal. He suggested that it would be better to settle the matter before the Council by inviting counsel to attend on Monday or Tuesday and give their opinion.

Sir Wm. Turner thought Mr. Simon's suggestion a practical one. He suggested that Dr. Quain should withdraw his amendment and allow Mr. Simon to introduce one drawn up on the lines indicated.

Dr. Quain said he would readily accede to the suggestion.

Sir Wm. Gull thought it was the duty of the Council to proceed at once to the nomination of examiners. It ought to have been done in five minutes.

Dr. Matthews Duncan did not think the matter which remained to be settled would be settled either by Dr. McVail's motion or by Dr. Quain's amendment. He thought the expression "assistant examiners" in the Act showed clearly enough that surgical examiners only ought to be appointed. He would propose, therefore, that the assistant examiners about to be appointed are to be such as are required by the Apothecaries' Society with the view of the completion of the Board of Examiners under the Act of 1886.

The Council having given permission to Dr. Quain to withdraw his amendment,

Mr. Simon proposed as an amendment, "That the Council on Tuesday next, at 2 o'clock, consider in committee the steps to take to give effect to its resolution of May 13 for the appointment of assistant examiners to the Apothecaries' Society, and that request be made to Mr. Muir Mackenzie and Mr. Fann for their attendance on that occasion.

Dr. Quain seconded the amendment.

Dr. McVail said that the amendment was not inconsistent with his proposal, for in the meantime the committee would be able to pave the way.

Dr. Bruce thought that it would be putting the cart before the horse to refer the matter to a committee before deciding the lines upon which they were to proceed.

Dr. Glover asked the older members of the Council whether there was a precedent for referring such an important matter to a committee.

Mr. Simon said that no matter of this kind had ever come before the Council.

In reply to several remarks, the **President** said that, should the resolution be passed, he would draw up a case for the consideration of counsel, so that he might be ready with an opinion on the subject.

Mr. Simon's amendment was then put to the vote and carried by 21 to 5.

On a motion to make the amendment a substantive motion—

Dr. Kidd proposed the following amendment:—"That the legal officer of the Council be requested to attend to advise the Council."

The amendment was negatived.

Application from the Apothecaries' Hall of Ireland.

Mr. Collins moved:—"That inasmuch as the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland have declined to comply with the request of the Medical Council of February 16, 1887, that the Colleges should combine with the Apothecaries' Hall of Ireland for the purpose of holding qualifying examinations in accordance with the provisions of the Medical Act (1886), and the Governor and Court having made application to the Medical Council for the appointment of Assistant Examiners, the Council do now appoint such Examiners accordingly." He said that certain statements calculated to produce an erroneous impression on the minds of the Council have been made, and it would be his duty to show what these statements really were. The contention of the College of Physicians was, that the licence of the Apothecaries' Company of Dublin was only a licence in pharmacy and materia medica. Had this been the intention of the members of Parliament it would have been very easy for them to have said exactly what they meant. The College of Physicians held the same views then as now. In another portion of this statement it is stated that in 1791 there were no apothecaries in Ireland, at the time, properly so called. The preliminary statement of the Act, however, is said to be based on the request of the Master Warden and members of the Company of Apothecaries of the City of Dublin. He admitted that apothecaries mixed up trade and profession; it was even insisted upon as one of their privileges. There was not a word in the Act restricting the appellant examiners to examining in materia medica and pharmacy, or which forbade them to examine in medicine. They had on this point a legal opinion pointing out that it would be an anomaly. The Company had taken care not to hamper themselves by the restrictions which had given rise to so much inconvenience with the English Society in consequence of their Act of 1815. It was also said that the Apothecaries' Company had not been refused permission to combine, but he maintained that to append an onerous and impracticable condition constituted a distinct refusal. The College of Surgeons had suggested their obtaining a judicial opinion preferably by a friendly action at law. But they were asked to do this at their own expense, and besides this, it could hardly be expected that the Apothecaries' Company would accede to a suggestion to throw discredit and doubt on their licence to practise, and to suggest a doubt as to its validity. He went over the history of the negotiations, and maintained that the Company was entitled to have an examiner appointed to enable them to continue to grant a registrable diploma.

On the motion of Mr. **Collins**, seconded by Dr. **Struthers**, the debate was adjourned.

The Council then adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 18, 1887.

THE LONDON APOTHECARIES' SOCIETY AND THE GENERAL MEDICAL COUNCIL.

The crisis is over, and the question which has agitated the medical world for some months past is now settled, as a matter of principle at any rate—though, let us hope, not for ever. The matter was one involving grave interests and serious questions of tact and propriety, and was not settled without a long, exhaustive, and occasionally acrimonious debate. The English Society of Apothecaries was the first to be brought forward for discussion, and their representative, Mr. Brudenell Carter, threw down the glove with a calm confidence which was fully justified by the result. His speech necessarily added nothing to our knowledge of the subject, but it was an able *résumé* of the good services the "Hall" had rendered the profession in the past, and its claims to consideration in the future. His arguments were studiously moderate in tone, and amounted to a demand for a further lease of life under better auspices, as a recompense for past good conduct. The battle then began in earnest. Dr. Struthers, the representative of the University of Aberdeen, in a speech which extended over more than an hour and a half, and which therefore, represents an approximate value, or, at any rate, cost, of £85 to the medical profession, formulated an indictment of the Society. He began far back in its history, and showed how it had always been essentially a trading corporation. Thanks to the admirable field of operations left to it in consequence of the apathy and indifference of the Royal College of Physicians of London in 1815, it had been enabled to arrogate to itself practically a monopoly of control over the medical education of England. That they discharged this function with much diligence and some success, is evidenced by the number of men who nestled under the wings of this trading corporation, though it may be as well to remark, we are not indebted for this information solely to the speech of Dr. Struthers. According to this gentleman, they are responsible for the detestable practice of drug-giving which paved the way to the onslaught of homœopathy, the derogatory effects of which on the profession he felt unable to picture adequately in words. The powers which the Society had obtained for the prevention of unqualified practice, were, we are told, used with merciless severity against marauding Scotchmen who sought to eke out a miserable existence by crossing the border. We must confess to a feeling of stupor on hearing this reason advanced by a Scotchman for condemning the Society to premature and violent decay. It is a fact, possibly a lamentable fact, that if the Society could only promise to do the same at present, its continuance as a licensing and prosecuting body would be greeted with acclamation by the hard-pressed practitioners of England. Dr. Struthers concluded his vigourous and occasionally humorous speech by a scathing denunciation of the unholy alliance between the retail drug trade and the licensing of medical practitioners. We have omitted any mention of Sir Dyce Duckworth's vindication of the course pursued by the London College of Physicians, as it was nothing more than an assertion of right and the determination of the College to maintain its decision. A great deal of time, energy, and ingenuity was devoted to the discussion of the legal interpretation of the words "if they think fit," contained in the Act of Parliament which empowers the Council to elect assistant examiners to serve on such licensing bodies as may not have found holes in which to lay their heads. According to Mr. Simon, who evidently wished to speak *ex cathedra*, the discretion left to the Council was altogether illusory, and could only be exercised at the risk of receiving a rebuff from the Privy Council. This view not unnaturally roused the ire of the more independent members who claimed the right to do, in the exercise of their discretion, what neither the Parliament nor the Government had evidently been inclined to do. These gentlemen, who had come apparently "to bury Cæsar, not to praise him," denied the right or the intention of the Privy Council to go behind the exercise of their discretionary power, but all their oratory and all their arguments were expended in vain against the general conviction that the discretion in reality constituted a "statutory obligation." Sir William Gull, the exponent of what has been ironically styled "physiological physic," lifted up his voice against the idea that the proper way to combat disease was by means of drugs, the origin of which he traced to the apothecary. He advocated giving nature fair play and hoping for the best, a system of treatment (?) which elicited from Dr. Quain the assertion that a doctor who contented himself with observing disease instead of treating it, was guilty of obtaining money under false pretences. Dr. McVail, while acquiescing in the necessity of fulfilling the statutory obligation, claimed for the Council the power, under the Act of 1886, to name not only examiners in surgery, but examiners in all the subjects, in such wise that the examining board would be appointed *in toto* by the Council. The Council, moreover, by nominating examiners, would thereby assume all responsibility for the maintenance of a proper standard. This was a new view, and evidently took many of the members by surprise. If realised it certainly opens up a new era for the London Apothecaries' Society as a licensing body, and renders it by no means impossible that, in the near future, it may develope into a rival which the Colleges would gladly stifle by a fond embrace.

Unfortunately Dr. McVail's view, which promised a quasi-state examination in lieu of the examination of the Apothecaries' Society, is scarcely one which will hold water when subject to a calm judicial investigation. It simply exemplifies once more how difficult it is to devise a form of words which shall not open the way to misconstruction and misunderstanding. We feel sure that on reading the Act with an unbiassed mind one would readily perceive that the wish of the Legislature was to introduce the least number of changes compatible with a Medical Bill. Nothing certainly was farther from their idea than to obliterate or replace the examination of the Apothecaries' Society, and people who argue the contrary, whatever their intentions may be, must first have stifled their common sense in an endeavour to see between the lines.

Some enterprising speakers denied the capacity as well as the desire of the Privy Council to settle a question of such purely professional interest, but they, too, must have been singularly ignorant of the fact that reforms as a rule come from without, and not from within. It would be an exceedingly dangerous and injudicious thing, to leave such matters as the very existence of a corporate body to the tender mercies of the *cliques* of which the Council is composed. Reasons, in which sentiment and prejudice have by far the largest share, govern their discussions and influence their decisions. Just as the grand interests of military and naval affairs are best confided to a non-technical, and therefore unprejudiced mind, so the grand principles of medical government are best controlled, if not indicated, by statesmen who are not subject to petty and often frivolous considerations. Sentiment is an element which is well worthy of consideration in matters of medical interest as elsewhere, but it must not be opposed to justice, nor must it be allowed to interfere with the proper interpretation of Acts of Parliament. We are pleased to find that the calmer minds succeeded in referring the questions bearing on the legal interpretation of the words of the Act to the legal advisers of the Council, who will act as arbitrators, or rather judges, on these vexed questions.

Nearly the entire sitting of Saturday was spent in putting forward idle and often irrelevant arguments as to the proper and best course to follow. The mountain has been in labour for a whole week and has produced only a debilitated mouse. The discussion of the position and future of the Irish Company of Apothecaries will have come on for discussion on Monday, time only permitting of the subject being introduced by Mr. Collins on Saturday.

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DUBLIN HOSPITALS' REPORT.

Sir Patrick Dun's Hospital.—The Commissioners commenced their Report on this hospital by referring to the fact that though nominally built by Sir Patrick Dun, it was actually erected and subsidised by a series of Parliamentary grants amounting at first to £10,242, and subsequently increased, while Sir Patrick Dun's contribution amounted only to £6,000.

They note that the government of the hospital is invested in the officers of the College of Physicians, the Provost of Trinity College and twelve persons who are supposed to be representatives of the subscribers, but who, being chosen by these officers, are really nominees of the two Colleges, while the medical officers of the hospital are expressly excluded from any share in its management. The Commissioners very reasonably condemn this system of administration by a family party, and suggest that every subscriber of a certain sum should have a vote for his representative, and that the rule which excludes the medical officers should be repealed. The Commissioners state the gross income of the hospital at £3,773, made up of £1,270 rents of the estate; £300 from the Corporation; £355 from Hospital Sunday; and £1,847 from subscriptions, &c. They give special credit to the Hospital for having been the first to introduce in 1867, the system of nurse training. They speak also in terms of the highest praise of the maternity department, and compare favourably the amount of work done by it in lying-in relief, and in nurse training with that done by the Coombe and Rotunda Hospitals. With reference to the accommodation for fever cases, they declare the arrangements for isolation to be very imperfect, and they express their strong opinion that until a proper building for such cases can be obtained, it would be preferable to exclude them altogether, rather than run the danger of placing them close to the surgical ward as is now done.

The City of Dublin Hospital.—The Commissioners open their observations upon this hospital by a very uncalled for, and equally unfair, criticism of the motives of the founders of this hospital. They state that this institution was established as a clinical hospital in connection with the School of the College of Surgeons, and they draw a comparison between their objects and those of the Mater Misericordiæ, or St. Vincent's, the latter being, as they say, "Welfare of the patient," the former "Self-interest." They ask why it was thought necessary to establish another hospital so close to Sir Patrick Dun's, and they deprecate such establishment, because in their opinion it leads to the unnecessary reduplication of hospitals. Without stopping to inquire why the Mater Misericordiæ and St. Vincent's are on all occasions selected by the Report for eulogistic comparison, we may at once express the opinion that the motives of the founders of these institutions were just as pure, and no more so than those of the City of Dublin, or any other hospital. But, as a matter of fact, the "Welfare of the patient," urgently called at the time for the establishment of an hospital in the neighbourhood, because Sir Patrick Dun could hardly be said to have then existed as either an institution for the relief of the sick poor or as a clinical institution. It was a fusty old place, which excluded all surgical cases, was in the hands exclusively of a family clique of the College of Physicians, and, being oppressed by the effete *protegés* of that clique, professed to give the narrowest form of medical teaching, and did present an attempt at clinical instruction which was quite laughable, but which the student of Trinity College had, nevertheless, to submit to, and to pay for. The founders of the "City of Dublin" saw that there was clinical work to do, and an opening to establish their reputations, and they put their own money together to establish and support the institution for which, in our opinion, they deserved the highest praise which the Commissioners could give them, instead of the unjustifiable censure which is dealt out to them. On the subject of the suggested amalgamation of the City of Dublin Hospital with Sir Patrick Dun's, "the Commissioners express the opinion that, however desirable such fusion may be, the difficulties, financial and moral, are too many to be readily overcome." They refer to the purchase system in force in the Hospital which they very properly consider open to the objections urged against its existence in other hospitals, but as it has been since 1875 in process of extinction or cessation by virtue of an arrangement for that purpose between the medical officers and the lay board, they do not suggest its being put a stop to by other means. They speak in high terms of the repute of the hospital for clinical surgical teaching, of the amount of surgical work done by it, and of the nursing arrangements. The cost per bed they set down at £60 11s., of which £28 6s. goes to the patient. The Report enters at length upon the relation of the Nursing Institution to the hospital, which is not of special interest to our readers. The financial condition of the hospital is regarded by the Commissioners as very satisfactory, for they find that the subscriptions have increased from £1,186 in 1853, to £4,741 in 1884, and that the hospital has never received any larger share of public money than £300 a year granted by the Corporation.

Mercer's Hospital.—It will be observed from perusal of the *resumé* which we have given each week of the Commissioners' opinions, as well as from the abstract of the Report which we have published in our Supplement, that, on the whole, their criticism has been, if not complimentary, certainly not ill-natured.

They seem, however, to have reserved the full phials of their wrath for Mercer's Hospital. Commencing by pointing out that the Act of Parliament compelled the Governors to elect to each vacancy as it occurred, and thus to preserve their full number, they proceed to say that "the fulfilment of this direction by the existing corporation (of the hospital), *if, indeed, there be a corporation in existence*, has been of the most imperfect character. . . . Indeed, the corporation has been practically confined to the medical staff, who seem to have regarded the lay governors as mere lay figures, and to have been actuated almost entirely by this feeling in their selection of persons to act, or rather to figure before the world as governors."

They continue to say that "a grave result of this state of things which leaves the sole control of the hospital in the hands of the medical staff is that the purchase system *in its worst possible form* exists therein." They acknowledge that it might have been difficult to entirely exclude purchase, but consider that it might readily have been modified, as at Jervis Street, so as to serve the hospital, and at the same time extinguish the purchase system by degrees. They express the opinion that the abuse of purchase in the hospital has been the natural outcome of the "singular power conferred upon the medical staff of adding to the number of hospital posts which are so keenly sought after by the profession." The Report states three occasions on which the amount paid for an appointment was £1,400; and they notice the extraordinary arrangement in force in the hospital that, in case of vacancy by resignation, the outgoing officer receives most of the money—only £250 being distributed amongst the other members of the staff—while on a death vacancy the whole sum is swallowed up by the staff, the widow getting nothing. It appears to the Commissioners that the medical officers felt ashamed of receiving this money, for recently it was agreed to put their share of "the spoil" to an improvement fund for building purposes. In this way £750 accumulated, but it now appears that it has not been used for building, and that "its ultimate application . . . to any purpose not connected with the owners of the fund was altogether conditional." In other words, the contributing medical officers consider it open to them to seize upon the improvement fund for their own uses whenever they please.

The Commissioners, in view of these facts, do not consider it worth their while to enter upon the evidence relating to the hospital, or make any detailed recommendation, because, in their opinion, "to render this old hospital what it might be, and what—from its situation—it ought to be, one of the most useful of its kind in the City of Dublin—drastic reforms will be necessary, and no reform is more urgently needed than the one which will take away from the medical staff the power of appointing to vacancies in, and of adding to their number."

The National Eye Infirmary.—With reference to this hospital, the Commissioners make no further observation than to recall their recommendation—to which we have already alluded—that St. Mark's ought to be amalgamated with it. The management of the hospital seems to be exceptionally good, for the gross cost per bed is only £38 16s. (or £2 7s. less than St. Mark's), and the expenditure on the patient £18 4s. (or £1 5s. more than St. Mark's).

St. Joseph's Children's Hospital.—Of this hospital the Commissioners speak in the most favourable terms. Its bed cost is only £20, and its patient maintenance absorbs £12 6s. out of this sum. The Commissioners do not, in this instance, advocate the amalgamation policy which they have so freely approved in reference to other of the smaller Dublin hospitals.

The Dublin Orthopædic Hospital.—Of this hospital the Commissioners observe that it contains thirty-five beds, but only utilised twenty-one; that its bed cost was £51, of which only £16 17s. went to the patient, while establishment and management absorbed £34—the latter item, however, being in some degree accounted for by the heavy cost of orthopædic appliances. The Commissioners recommend amalgamation, and seem to be under the impression that there is a second Orthopædic Hospital in Dublin, which is not a fact, inasmuch as the National Orthopædic has long since dropped the speciality, and become a children's hospital generally.

We shall next week complete our *resumé* of the Report by epitomising the conclusions arrived at by the Commissioners.

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HONORARY RANK FOR ARMY MEDICAL OFFICERS.

The demands made on the part of Army medical officers for honorary rank, and for restoration of certain privileges of which they conceive themselves to have been recently deprived, are now under consideration by the Secretary of State for War, and his advisers. Their chief points may be briefly summarised as follows, namely:—

1. That some indication of the rank and privileges as conferred by recent alterations should appear in the *Army List*.
2. That adequately expressed honorary rank and appropriate titles shall be bestowed upon medical officers.

In support of those demands several arguments have been used, which undoubtedly have considerable weight, the occasion that gave rise to the agitation on the whole subject being the remark unfortunately made by the Secretary of State that the "relative rank" possessed by medical officers "had no meaning." Consequently, it is very rightly considered that the mere restitution of a rank of that nature can no longer be desired, or willingly accepted if again granted. It has been pointed out that since honorary rank and titles have been granted to officers of the Pay and Commissariat Departments, neither of whom are exposed to a tithe of risk and danger, of climate and battle, which medical officers, by virtue of their duties, have to face, the latter are placed at a disadvantage in military and in civil societies as compared with the two former. In no sense do the duties connected with the Pay and Commissariat Departments resemble those of purely military officers whose titles they bear; indeed, there are military officers whose duties are purely "civil" in their nature, much more "civil" than are those of the army surgeon in times of war, and yet whose military rank and titles advance as if the officers were in the performance of military duties. Here, therefore, the medical officer is placed at a disadvantage in regard to titles which indicate his actual status in the service. The fact is clearly stated that the medical officers of the army have no desire to drop their several professional designations; all that is indicated is that to each of these should be added the military title in accordance with the positions they severally hold, as, indeed, is already done in regard to the grades of surgeon-major and surgeon-general; and, moreover, that those titles should be authoritatively made use of as indicative of their several positions, after the manner at present adopted in the armies of Italy and America. Were such a plan as is here indicated adopted, and there appears to exist no valid reason why it should not be so, certain modifications might be introduced in regard to the present *rating* of medical officers. For example, under ten years' service, or even twelve, let the rank and title of a medical officer be that of surgeon-lieutenant; above twelve that of surgeon-captain; above twenty surgeon-major; above twenty-five surgeon-lieutenant-colonel; above thirty surgeon-colonel; above thirty-five surgeon-major-general. In cases of special promotions the rank to be irrespective of length of service. In the case of the Director-General his designation and rank should be that of surgeon-general. Surely these points, *if granted*, ought to satisfy everybody, at least for a good many years to come. Nor does any real objection to them present itself.

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Notes on Current Topics.

Dispensaries at the Council.

The proprietors of the dispensaries which do so much to lower the tone and the emoluments of the profession in large towns, and who are the butt of the sarcasms and anathemata of their less pushing or more scrupulous *confrères*, may read the report of the proceedings at the General Medical Council, and "seeing may take heart again." For purposes of argument, presumably on the principle that any stick is good enough to beat a dog with, high and mighty potentates in the profession were found who openly expressed the belief that they offered the best, and, indeed, the only means, of ministering to the medical requirements of poor people. To men who have long—and, in our opinion, with perfect justice—been accustomed to the gibes, sneers, and contumely of their brethren, such expressions of opinion must be tidings of comfort and joy. It is true that, on the other hand, additional insults were heaped upon them by members of the Council who did not share their views, and an endeavour was made to cast the responsibility for their existence on to the shoulders of the Apothecaries' Society. The Society's representative did not repudiate the paternity, but he artfully called attention to the fact that only a very small number, comparatively speaking, of the proprietors of low class dispensaries were licentiates of the Society of Apothecaries. These gentlemen, if we may still call them thus, after the deprecatory remarks of the haughtiest members of the Council, are generally "physicians and surgeons," and their ranks we are told, comprise a disproportionately large number of men holding the licences of the Scottish Corporations. They will do well, if they still possess spirit enough to protest, to read the speeches made in reference to the appointment of examiners for the Society of Apothecaries, and treasure up the expressions used. Those adverse to them will be useful if any time they should run short of expletives in a discussion with a professional brother, and the more laudatory declamations will do good service when occasion arises to defend their hearths and their homes. The Medical Council is not opposed to them, Parliament is stated to have provided for their existence and recruitment, and the Government itself is even asserted to admire the admirable way in which they relieve the poorer classes of suffering humanity. The discussion shows what sorry material may be boldly put forward in argument when more cogent reasons are wanting. Decidedly medical politics is no better than constitutional politics, and hypocrisy is the order of the day.

The Recent Appointments at Guy's Hospital.

Quite recently no less than three assistant physicianships were vacant at Guy's Hospital, two of which were filled with men belonging to their own medical school. For the third, applications were invited from persons from other schools, "outsiders" as they are generally called. A large number of candidates competed for the post, no less than thirteen, as we are informed, most of them being men well known in their profession, and holding appointments at other hospitals. Several of the candidates rejoiced in the distinction conferred by the Fellowship of the College of Physicians, besides being men of many years' standing. Notwithstanding this plethora of eligible and would-be office holders, the choice fell on a gentleman holding the post of House-Physician to the London Hospital, whose qualifications date from last year or the year before. Whatever may be the merits of this gentleman, his appointment could not but hurt the feelings of men with superior titles and of longer standing in the profession, and many of them must bitterly regret having entered the lists.

The New President of the General Medical Council.

The discrimination shown by the Council in electing Mr. Marshall to the post left vacant by the resignation of Sir Henry Acland, reflects credit on its members, and confirms the reputation enjoyed by Mr. Marshall for business tact and capacity. As chairman of the Executive Committee Mr. Marshall has for years materially assisted in expediting the business of the Council. Although the position is one in which the merits of its holder are inferred rather than perceived, it is one which has a very great influence on the conduct of business. It requires for its successful management considerable familiarity with the methods of conducting public business, and both decision and promptitude in deciding on the best and proper course to be pursued. These qualities, together with many others, Mr. Marshall has shown himself to possess, and the apprenticeship which he has served cannot but have increased his fitness for the exalted post which he has now been called upon to fill. Apart, however, from his suitability for this particular post, Mr. Marshall is peculiarly entitled to our sympathy and admiration. To him the major part of whatever measures of reform have been adopted at the College which he represents on the Council are due. He is one of the few men among the College authorities who is imbued with liberal principles, and he is one of the still smaller number who have the courage of their opinions and dare to carry precept into practice. His influence is the more potent seeing that he is not one of those reformers who advocate reforms without reference to time, place, and opportunity. His zeal is tempered by discretion, and succeeds where more impetuous efforts fail. As a surgeon he stands high in the estimation of his brethren, and as a gentleman his courtesy and forbearance are proverbial. He has acceded to the office of President at a moment when the value of a firm hand and the ability to decide knotty points of order have more than their usual value. At no moment in the history of the Council have rival interests and inter-corporative interests been in more violent collision, and without a steady hand at the wheel, the proceedings of the Council would promptly have drifted into chaos. The President is of course unable to prevent wearisome and irrelevant speeches, nor can he always keep speakers within the limits of good taste and propriety, but he can, and Mr. Marshall as President has, prevented the main issue being deliberately put out of sight by vexatious and dilatory interference. The experience of the last few days serves to confirm the good opinion which we held of his tact and judgment.

Royal Medical Benevolent College.

We would particularly direct the attention of the Governors and subscribers to the Royal Medical Benevolent College, Epsom, to the notice in our advertisement columns of alterations proposed to be made in the byelaws of the College. So far as we are able to form an opinion, some at least of the proposed alterations will effect fundamental changes in the constitution of the College of an important character. It therefore behoves those who take an interest in the welfare of the College to be on the alert, and make a point of attending the annual general meeting summoned for Thursday, the 26th inst. at 4 p.m.

We hear that Mr. Marmaduke Sheild, who was recently appointed Assistant-Surgeon at the Westminster Hospital, *vice* Mr. A. Boyce Barrow, resigned, is now a candidate for a similar post at Charing Cross Hospital, vacated by the resignation of Mr. Cantlie. Mr. Stonham is also a candidate for the post. As the latter gentleman was Mr. Sheild's unsuccessful opponent at Westminster, we shall await the result of the election with curiosity, to see if by any chance the decision at Westminster should chance to be reversed at Charing Cross.

Foreign Hospital Scandals.

Some questions were asked at a recent sitting of the Austrian Parliament which reflect in a marked manner on the management of the largest hospital in Vienna, the *Allgemeines Krankenhaus*, containing some 2,000 beds. The complaints bore chiefly on the food supply, patients being alleged to have been kept without food for days together, and the general supply is asserted to be unwholesome as well as scanty. The nurses are, moreover, alleged to have indulged in systematic ill-treatment and extortion of the patients under their care. An inquiry was of course promised, and will doubtless result in remedying these abuses, the existence of which was to some extent admitted. Only the searching light of publicity suffices to prevent such occurrences. There is a natural tendency in public institutions to foster cruel and inhumane customs, and a proof of this is occasionally furnished in our own country. It is, however, only when the evil attains considerable proportions that the pressure of public opinion can be enlisted on the side of reform, and long before this desirable result can be attained the most disastrous consequences must have ensued. Systematic inspection by independent and disinterested delegates can alone be relied upon to check the growth of these and similar practices.

Sir William Gull on Drugs.

One of the most interesting incidents that have occurred during the whole history of the General Medical Council was witnessed on Thursdy last during the discussion on Dr. Struthers' amendment to Mr. Brudenell Carter's application on behalf of the Apothecaries' Hall. In the course of debate Sir William Gull delivered himself of a condemnation of this body, and by a natural transition of the mind from drug emporium to drugs themselves, he waxed righteously wroth at the pretensions he deemed these latter to have had set up on their behalf. People, he asserted, did not get well by drugs, and he illustrated the statement by referring, *O fortunate!* to the illness of his own august patient the Prince of Wales, and in this connection afforded the interesting information that less than four doses of medicine were administered during the course of the fever by which the Prince of Wales was attacked. Sir William, later in his speech, was good enough to say that he had nothing to say against general practitioners, whom, in the goodness of his heart, he is even disposed to respect and admire. But they must not, nevertheless, give drugs to their patients, probably on pain of losing his admiration and respect, for it was the duty of the medical man *not* to give drugs, but to see that Nature's powers were not interfered with. It is easy to imagine the astonishment this ponderous utterance must have produced, and the despair of successful drug firms had the *fiat* gone unchallenged. By great good luck, however, a champion was straightway found to defend the practice of medicine, and in Dr. Quain the whole profession, less Sir William Gull, will welcome a fellow prescriber of physic. Dr. Quain was able to assure Sir William that he had seen drugs of use in thousands of cases, and his experience is surely that of every successful practitioner, all of whom will assuredly accept his explanation of the singular estimate Sir William Gull seems to have formed of medicinal remedies, viz., that failure with them is attributable, not to the drugs, but to faults of diagnosis.

The Dangers of Skin Grafting.

One of the risks accompanying skin grafting not contemplated by those who have approved the practice has recently been demonstrated at Atlanta, in Georgia. A surgeon of this city, having under treatment a little girl suffering from an ulcer on the head, persuaded her brother, a boy aged 13, to submit to the removal of some small skin grafts from his arm, and which were then transferred to the head of the girl. The boy was a perfectly willing party to the operation, but, notwithstanding, the father sought and obtained a warrant against the surgeon, who was charged with assault and battery. It is satisfactory, however, to learn that no jury could be found to sanction so absurd a charge, the result of the trial being that the incriminated surgeon was promptly acquitted.

Dispensing Chemists and the Civil Service Stores.

We learn from our contemporary the *Chemist and Druggist* that the chemists and druggists of Brighton have lately memorialised the Council of the Pharmaceutical Society, and asked it to take such steps, "to limit the dispensing and compounding of medicines to legally qualified persons," as may appear to it best. This memorial is supported by several of the leading local practitioners, *inter alios* by Dr. Withers Moore, the President of the British Medical Association, and deserves, as we think, the hearty endorsement of the whole profession. When we consider the dangerous properties of many of the drugs that are now daily prescribed we have no difficulty in arriving at the conclusion that, if there is any art or mystery that calls for a careful culture or training it is emphatically that of the dispensing chemist; and as the compounding of drugs at "Stores" have been more than once unpleasantly called in question, we think this petition has not been presented too soon for consideration. There is no present chance of obtaining any improvement in the terms of the Pharmacy Act of 1868; yet we think that these tradesmen should not be discouraged by the existing Parliamentary block, but that they should persevere, and by every available legal means endeavour to enforce their rights, and so enable them to recoup themselves for the outlay their education has entailed on them, and maintain at the same time their status and families.

The new Physiological Laboratories which have been for some time in course of erection at St. George's Hospital, Hyde Park, will be formally opened this afternoon with an address by Mr. Pollock, Consulting Surgeon to the Hospital.

In the House of Commons on Friday, Baron de Worms, in reply to Dr. Tanner, stated that while he had been at the Board of Trade no case had been brought before him of infringement of the regulations or of neglect on the part of ship-surgeons in regard to emigrants.

Reporters versus Secrecy.

A NOVEL occurrence is reported from Attenham, near Ipswich, on the occasion of an inquest on the body of a young woman who was credited by public rumour with having committed suicide in consequence of seduction and abandonment. With the laudable objects of sparing the feelings of the friends of the deceased and of preventing the publication of details of a questionable and delicate nature, the coroner (Mr. Vulliamy) resorted to the extreme and almost unprecedented course of ordering the reporters to withdraw. Strong in a sense of their position, these gentlemen declined to comply with the injunction, and were accordingly removed *sec. art.* The jury, however, did not think proper to proceed with the inquiry in their absence, and refused to act, and the inquest was accordingly adjourned for a week. Matters, were not much mended by an explanatory speech which the coroner volunteered of his conduct, and a further adjournment became necessary, pending an authoritative decision on the question. Though we fully sympathise with the intentions of the coroner, we cannot but think that, even if he may not have outstepped his legal powers, he has certainly been indiscreet to say the least of it, in persisting in a course which has resulted in such a serious interference with the discharge of a public duty, and has thwarted the purpose for which it was initiated. Only the gravest reasons can justify the exclusion of the public at inquests, and we fail to see, in the meagre details of the case which have come to our knowledge, any sufficient justification in the present instance.

Medical Men and the Press.

A RECENT decision in the French courts shows that in France, at any rate, a somewhat stricter check is placed on journalistic indiscretions when medical men or their practice, is impugned than obtains here. The *Echo de l'Est* having announced that a certain person had succumbed to the effects of an operation performed by Dr. Bernard, of Thianourt, this gentleman brought an action for libel. The Court of First Instance called upon the writer of the incriminated paragraph to furnish proofs in support of his allegation, but on appeal this decision was reversed, and the journal was ordered to pay £400 damages, on the ground that the subject matter "was based on a fact of an essentially private nature, altogether outside public discussion, and not amenable to journalistic criticism." The proprietors of the journal will doubtless show a little more caution in future in receiving and publishing items of news reflecting on the reputations of medical men.

A Good Example.

A VOLUNTARY school at Barnsley recently neglected to comply with the order of the local sanitary authority to close the school on account of the prevalence of scarlet fever in the district. This omission has been punished by the withdrawal of the annual grant awarded by the Education Department. This, of course, amounts to a very substantial pecuniary fine, and will doubtless serve to impress the school authorities with a sense of the impropriety—to say nothing more—of their conduct. We trust it will serve *to encourage the others.*

Some More Muzzling.

IT seems that we may shortly anticipate a return to the vexatious, if useful, regulations, requiring dogs to be muzzled when out of doors, and this time in a more general and systematic form. If our anticipation be realised we would urge that the law be made national, for although the evils of unmuzzled dogs may be more apparent in cities and large towns, they also obtain in the country. Moreover, it is a matter which, in our opinion, should not be left to the discretion of easily intimidated local authorities, but should be rendered compulsory by a general edict comprising the country as a whole.

Sewage Disposal at Portsmouth.

THE new Sewage Works at Portsmouth were formally opened last week by the Mayor, and the occasion was one which excited a good deal of interest and curiosity on the part of the public. Owing to its low position near the sea, the sewage at Portsmouth has hitherto only been able to be discharged at certain periods of the day and states of the tide. The result of this was to dam up the sewage, and keep it stagnant in the main sewers for some hours daily, with the inevitable consequence of choking the sewers, and giving rise to unhealthy emanations. This difficulty has now been overcome by the construction, on plans designed by Sir Frederick Bramwell, of a series of three collecting tanks which are capable of holding four and a-half millions of gallons of sewage, a quantity far in excess of the present requirements of the district. These are so arranged that the whole accumulated sewage can be promptly discharged through pipes leading out a distance of 600 feet into the harbour. The works which these changes have involved were of very great magnitude, some 3,000 tons of iron, 7,000 tons of Portland cement, and 38,000 tons of gravel and sand having been employed. A tangible improvement on the already high standard of health for the district may confidently be anticipated, and will amply reward the large outlay which the undertaking has rendered necessary.

Examinerships under the Conjoint Examination Scheme for Ireland.

THE new arrangements arising out of the Irish Conjoint Examination Scheme have, of course, necessitated great changes in the election to the Examinerships heretofore in existence. Committees of the two Colleges have been sitting for the purpose of striking out new systems of payment and appointment. The College of Physicians has, after consideration, adopted the principle of payment by salary, and has framed the rate of payment on the scale, slightly reduced, of the amount paid by the Royal University. The College of Surgeons, on the other hand, has confirmed the system hitherto in force of paying by a capitation upon the number of students examined, and the effect will be rather to increase than to diminish the emoluments of the Examiners whom the College appoints. It will appoint all on Anatomy and Surgery, and one each on Physiology, Midwifery, and on Physics and Chemistry; but a novel system has been adopted under which the four Anatomical and four

Surgical Examiners will be divided into two for each subject; Acting Examiners, who will hold and be paid for all the examinations for Letters Testimonial, which they can reach upon, and two supplementary Examiners, who will examine when called upon to act for the others, and will be then paid, being also employed to examine for Fellowship and other Diplomas. The basis of payment will be 3s. 6d. per candidate per examination. The election of Examiners by the College of Surgeons, usually fixed for the first Tuesday in May, has necessarily been postponed pending these arrangements, but will no doubt be shortly held.

"The Reuben Harvey Prize."

The second award of this triennial prize will be made in Dublin on July 1, 1888. The competition is open to students of the schools of Dublin recognised by the medical licensing bodies, and also to graduates or licentiates of not more than three years' standing. The prize will be awarded to the writer of the best essay, on a subject to be selected by the candidate, evidencing original research in animal physiology or pathology; the essays to be illustrated by drawings or preparations. The essays are to be lodged with the Registrar of the College of Physicians before June 1, 1888.

An examination for eighteen appointments in the Indian Medical Service will be held in August next.

Dr. Gee has been elected Hon. Librarian to the Royal Medico-Chirurgical Society, vacant by the lamented decease of Dr. Wilson Fox.

Mr. Howard Marsh has been elected Examiner in Anatomy for the Membership, and Mr. Davies Colley for the Fellowship, of the London College of Surgeons.

At a meeting of the London College of Physicians, on Thursday, the Fellowship was officially conferred on those members whose names were given in our columns, on the 4th inst.

We understand that Dr. Graily Hewitt has been elected a Vice-President of the Gynæcological Section at the forthcoming International Medical Congress at Washington.

We are informed that De Wecker and Landolt, of Paris, Herschberg of Berlin, and Manthner of Vienna, have promised papers for the Ophthalmological Section of the forthcoming International Medical Congress.

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At the Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the last meeting of the Royal Medical and Chirurgical Society the proceedings commenced with an account of an operation for the removal of an epitheliomatous growth occurring in the invaginated portion of a rectal intussusception; and the rarity of the case and its successful termination naturally excited a good deal of interest and consequent discussion. The patient was under the care of Mr. Barker, by whom the account was prepared and read. The patient was a married woman, 28 years old; the motions had been blood-stained at intervals during six months, and she had been conscious of a foreign body in the rectum for half this period. Examination revealed intussusception of the rectum, the whole apex of which was the seat of new cancerous growth. This was subsequently removed by excision, the bowel well away from it having been first sutured all round with interrupted stitches of carbolised silk. A large motion was passed on the sixth day, and in four weeks the woman left quite well.

Previous to discussion on Mr. Barker's paper, Sir Spencer Wells read, on behalf of Mr. Stanmore Bishop, a communication dealing with the results of an experimental inquiry into the best methods of restoring the canal after removing portions of the small intestine. The requirements for success were laid down as (1) apposition of the divided ends, absolute and perfect; (2) restoration of the calibre of the bowel to the condition existing before; (3) no unnecessary signs of surgical interference to remain: (4) face to face contact of the two serous surfaces.

On opening the discussion, Mr. T. Holmes described a case of recurring intussusception in a child caused by the presence of numerous polypoid tumours, and he was followed by Mr. Cripps, who endorsed his opinion to the effect that examples of intussusception of the kind in question were less rare than had been supposed. Mr. C. Heath frankly admitted that he was convinced of the futility of the operation Mr. Barker had undertaken, and he was highly pleased at the great success his colleague had achieved. It went, he thought, to show how tolerant of interference the intestinal mucous membrane could be, and he would like to know what method Mr. Barker would adopt in a case where the tumour did not admit of being drawn out at the anus. In reply to this question, Mr. Barker said his course would certainly be to perform laparotomy and excise the whole mass of the intussusception, seeking to imitate Nature's method of sloughing, Czerny's suture being the one he would adopt for a row of stitches. Mr. Treves spoke in high terms of congratulation on the operation performed by Mr. Barker, and then entered on a detailed classification of cancers occurring in intussusceptions. He mentioned the case of a woman in whom eleven polypi were found at a colotomy rendered necessary by the only partial success of excision of an intussusception by the galvanic cautery. Sir Spencer Wells followed, and commended the form of suture suggested by Mr. Bishop, the result of whose experiments, he urged, completely answered those who objected to the Royal College of Surgeons' funds being utilised for legitimate vivisection. Mr. Croft thought less highly of Mr. Bishop's suture, and Mr. Treves considered that for the human intestine the most suitable was that known as the Czerny-Lembert. Mr. Knowsley Thornton also compared Mr. Bishop's suture unfavourably with Lembert's, and the debate was continued by Messrs. Barwell, Bryant, and Jennings, Messrs. Barker and Bishop briefly replying.

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BRITISH GYNÆCOLOGICAL SOCIETY.

On Wednesday last, May 11, Dr. Granville Bantock (President) in the chair, Dr. Fancourt Barnes showed a specimen of a hairpin with a large quantity of phosphatic *debris* which he had removed from a young woman per vaginam. The patient's account of how the pin arrived in the bladder was difficult to follow, but there it was, and covered with a phosphatic mass nearly filling the bladder, so that it was considered better to remove it per vaginam rather than per urethram. Dr. Bantock and Mr. Lawson Tait mentioned cases in their experience, the latter adding that hairpins appeared the favourite instruments for masturbation in women under 30, after that period a more extended list of articles was selected from. Dr. Grigg inquired whether the bladder had been opened transversely or longitudinally, the former being in his opinion much the preferable, as avoiding the necessity for strictures, and much less likely to lead to fistula. Dr. Edis was very much in favour of operating per urethram only, owing to its distensibility. Dr. Mansell Moullin, on the contrary, thought incontinence of urine so frequently followed great distension of the urethra that it was not a desirable proceeding. Dr. Fancourt Barnes, in reply, did not object *in toto* to urethral dilations, but in this particular case thought the method adopted the most suitable.

Mr. Lawson Tait showed a specimen from a case which had by leading gynæcologists, as well as by himself, been diagnosed as one of myoma only, whereas, under operation there was found also to exist double pysosalpinx, that on the right side containing from three to four ounces of pus.

Dr. Bantock showed a case of papillomatous growths from the *surface* of the ovaries, and a second case of a very large solid tumour which gave rise to a large amount of fluid in abdomen and legs. A discussion ensued on the probable cause of the effusion of so much liquid, but a satisfactory conclusion was not arrived at. Mr. Lawson Tait said his experience of cases with so much effusion was very unfortunate.

Dr. Routh then read a long paper on uterine displacements and various methods of treating them. His favourite plan seemed a pessary much resembling a Hodge, with a crossbar and stem, specimens of which were shown. The discussion was adjourned until the next meeting.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

Alimentation in Fever.—This subject has been recently discussed in a most interesting manner in the *Bulletin Général de Therapeutique*, by Dujardin Beau metz. After discussing the historical side of the question from Hippocrates downwards he comes to modern times, modern science and the lessons the latter teaches. One of the first consequences of fever is a diminution and even a chemical change in the digestive secretions. In typhoid the glands are diseased, the intestinal juices are so much diminished that the emulsification of fats, and the peptonisation of albuminoids are not properly brought about. Only liquids are capable of resorption. Fever patients lose weight, whatever the correct theory of fever production may be. This loss takes place through the excretory organs, the lungs, intestines, kidneys and skin. In the excreta, in addition to the products of decomposition, &c., usually met with, other substances are found, bacilli, ptomaines, &c. Alimentation here plays only a subordinate part, for resorption of anything beyond liquids and salts is almost *nil*. The first rule must therefore be to give fever patients nothing but liquids. Milk and bouillon contain both. According to an analysis by Robin the daily loss of minerals by fever patients amounts :—to chloride of sodium 3 to 4 grm., phosphates 1½ to 2 grm., sulphates 2 to 3 grm. and potash to 1·730 grm. If bouillon then be given, this consists of water 985·600, dry organic substances 16·917, soluble salts (chlorides, phosphates, &c.) 10·720, less soluble salts (phosphates of magnesia and lime) 0·539. Total 1031·780 parts. The same with regard to milk, as far as the water and salts. But as for the contained albuminates and fat, probably they are not used, Their fate has not yet been determined. The salts cover the loss, and the water aids in the elimination of toxic substances by stimulation of the kidneys. In addition to milk and bouillon, tisane, and above all citron lemonade are recommended, the latter on account of its supposed antifebrile properties. As regards alcohol, in the case of children, old people, and drinkers, the administration of alcohol (wine) is in part useful and in part indispensible. As regards its physiological value authorities are not agreed. According to some it increases the vital powers, according to others it reduces temperature, according to others again it acts as a sparing agent, and lastly, according to some authorities it is a food. Probably it acts in all these directions. These then are the proper articles for the alimentation of fever patients—milk, bouillon, tea, wine. He does not, like Nothnagel, recommend broths, soups, and eggs, nor is he in favour of such an early return to solid food, as his German *confrere*. According to him patients should not be allowed the use of solid food, and this caution should not be omitted, even in the period of convalescence, when they become eager for it.

The Action of Strophanthus Hispidus.—The therapeutical and physiological effects of strophanthus were brought before the notice of the K. K. Gesellschaft der Aerzte of Vienna, on April 29th, by Professor Drasche. He reports that in his hands and in those of Professor Bamberger, it had fully satisfied the expectations raised regarding it, and that it was already finding its way amongst the private practitioners of the Austrian capital. He had not hitherto used the full dose recommended by Fraser, in fact only the half of it, but in future he would give the quantity prescribed by its introducer. The pulse rate invariably fell after its administration, sometimes in a few minutes, sometimes in the course of half an hour, and continued slower for several hours. In a typhoid case, the pulse was kept at 52, for fully eight days. One patient complained of muscular weakness, after a dose, so that she could scarcely sit up. In the case of a nervous patient, with a pulse of 140 to 150, 10 minims three times a day, reduced the rate to 20 beats. This action was still constant, and took place almost immediately. In a case of Basedow's (Graves) disease with tumultuous cardiac action, 20 drops of the tincture effected improvement, and the arythmia present was also somewhat improved. He had treated 30 cases of actual disease of the heart with the drug and he must confess that he was quite contented with its action. Exaggerated cardiac action was reduced more quickly and surely than by either digitalis or adonis.

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Correspondence.

"CHILD-CRYING IN UTERO."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With reference to this occurrence, your correspondent, Mr. Loverock, may like to know that the Taj at Agra—that grandest pledge of marital love, as well as chastest memorial of departed worth, now, I think, amongst us—owes its conception, if not its erection, to a phenomenal outcry of this kind. At least so says that discoverer as well as that destroyer of Thuggee, the late General Sir W. Sleeman, who points out in his very interesting, but withal now very scarce book, "The Rambles and Recollections of a Bengal Officer," that when the Queen Mumthaz Memouver Munnoo Begum, *alias* Noor Jehan, *alias* Noor Muhil (Light of the World) (not Mahāl, there is no such word) was in labour with her last child, this infant cried aloud within her womb. Influenced by the omen, which she regarded in accordance with the fatalism of her creed or race—as an evil one, she sent for her husband, the then reigning Emperor, Shah-Jehan, and told him that she would not survive the event. She asked him, so the story goes, to build such a tomb over her as would best testify to her rank and his affection for her, and —well, the result is that fairy, sylph-like dome, before which I have so often stood in silent wonder, and not, let me hope, always without some devotional feeling.

Sleeman tells another story of this lady—who is said to have sat to Moore for his "Lalla Rookh"—which I have never yet seen in print. It is not mentioned by Bernier or Tavernier, and I am not quite sure that my learned friend, H. G. Keene, Esq., B.C.S. (retired), has recorded it in his exhaustive and most readable "Mogul Empire." However that be, it is a very curious one, so curious, indeed, is it, that it would, I think, admit of being adapted for the "stage." But with that feature of the case I have no concern here, and as to the fact itself, here it is.

Her parents were so poor when they left Persia to seek aid or employment at the hands of a relation of theirs who held some petty office at the Mogul Court at Delhi that they were obliged to carry their child alternately between them. They did so for many miles, but weary nature began at last to repine, and they themselves nearly fainted by the way. They were obliged to sit down and deliberate as to their future. They were scarcely able to crawl themselves, and their sufferings were intensified by the drought they encountered in the desert - that of Sinde or Bikaneer?—through which they were passing at this time. They resolved to leave the child to her fate, and so placing her under some bush or bramble, they stood afar off, like Hagar of old, and wept. But the mother's heart yearned towards her babe; she returned and, lifting her up, struggled on with her as well as she could till they came to a place of safety. That child—the child so rescued, as it were, from the jaws of death—became the future Empress of Hindustan, and, shall we say it? the founderess of the finest, chastest, grandest tomb this world has yet seen.

I am, Sir, your obedient servant,
W. CURRAN.

33 Auriol Road, West Kensington, W.
May 11th, 1887.

P.S.—Mr. Edwin Arnold's recently published, and, therefore, as I take it, more accessible "India Revisited" than the "Guides" of either Eastwick and Keene, contains many interesting items about this famous mausoleum. It does not, however, include this circumstance, and there is indeed no evidence in it to show that its erudite author ever saw Sleeman's work,

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THE DUBLIN HOSPITALS COMMISSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a leading article in last week's issue of the *Medical Press*, upon the Hospitals Commission's Report, you make some observations on the condition of Jervis Street Hospital which are calculated to create an entirely false impression as regards the present state of efficiency of that institution. You state that the Commissioners refer "pointedly" to the facts that the average number of beds occupied is only 25, but you omit to add that this had reference to a state of affairs which was merely temporary and only existed while the new hospital was in course of construction. The new hospital is now open for the admission of patients, and is superior in all essential details, as might be anticipated, to any of the more ancient institutions of the kind in the city. Already bed accommodation for over 70 patients has been provided; this excludes the two observation wards, now rapidly approaching completion, and which it is expected will be ready for occupation in a few weeks.

As regards clinical instruction with so limited a number of beds, it should be remembered that only cases of urgency obtained admission, the effect of which was a quick succession of patients, so that a far larger number of cases were treated in the hospital for the time being than in other institutions possessing much more extensive accommodation. Again, it should be remembered that the value of an hospital, both as a medical charity and a school of instruction, must be tested quite as much by the attendance at its extern department as by any other standard, and in this respect Jervis Street can well afford comparison with any other of the city hospitals, having a dispensary of 20,000 annually. It may be stated that the nursing is the same as in the Mater Misericordiæ, the condition of which exacted such approbation from the Commissioners. With the exception of the State subsidised hospitals, the medical charities of Dublin have been originated, endowed, and supported by public and private benevolence, and considering its *prestige* and central position, Jervis Street has less reason, perhaps, than any other hospital in the city to apprehend that its future efficiency will be impaired by any want of financial resources. In conclusion, it may be stated that arrangements have been made for the extinction of the purchase system in the future.

Yours, &c.,
F. CONWAY DWYER, M.D. Univ. Dub.,
Hon. Secretary to the Medical Board of Jervis Street Hospital.

[Our correspondent will note, on reperusal of our article, that we called attention to the small number of beds maintained at the date of the Report by the hospital because it clearly appears from the statement of the Commissioners that the temporary reduction of bed accommodation necessitated by the rebuilding of the hospital is likely to become permanent unless, by some great effort, the managers of the hospital are enabled not only to restore the capital expended on the new buildings, but also to reinforce very largely the working income of the hospital. It appears from Dr. Dwyer's letter that, at present, the "bed accommodation" has been brought up to something like working strength. We do not know what number of bed occupants is indicated by "the accommodation for 70 patients provided," nor do we at all expect that, at this time of year, and under the transitional condition of the hospital, the full working power of the hospital should be kept up. Moreover, we should be very glad to encourage the hope that during the next session its full teaching capacity can be once more re-established by utilising its full patient capacity, and we earnestly trust that somehow the management may be able to falsify the gloomy anticipations of the Commissioners. But, on the other hand, it ought to be fully understood that the scandal of the Colleges receiving certificates from a 25-bed hospital cannot be any longer permitted. As long as the existence of that scandal could be considered temporary, the hospital received indulgences which have been much too long extended to it; it is because the Commissioners have said that such indulgences may have to be indefinitely continued that we have felt obliged to speak out about it. What we have said of Jervis Street we say also of Mercer's Hospital. The Governors of these institutions have several months before them to bring the teaching efficiency of their hospitals up to standard, and if it is impossible for them to do so, the Conjoint Examination Committee cannot honestly continue to receive the certificates issued by these hospitals.—ED.]

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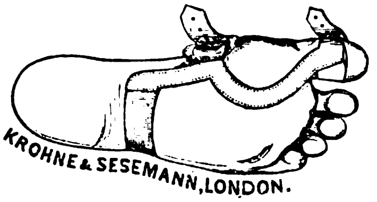
New Inventions.

LEVER SPRING FOR MALPOSITION OF THE GREAT TOE, AND FOR RELIEF OF ENLARGED JOINTS.

MESSRS. KROHNE AND SESEMANN, the well-known instrument makers to the London Hospital, have submitted to us a small apparatus for correcting the great toe which has been forced out of its normal position, mostly by ill-fitting boots, upon or under the second toe, and thereby to prevent the formation of, and to reduce the size of an already formed, bunion, and to protect the latter against the pressure of the boot. The lever is made of metal, from $\frac{3}{8}$ of an inch wide, covered with leather, and of different lengths according to the various sizes of feet. It reaches from the middle of the great toe to the end of the arch of the foot. The fulcrum is kept in position by a well padded rectangular plate, jointed to the lever. Attached to one end is a short soft leather band, to be passed round the great toe, and to be fastened by a small hook of the plate, as seen in the above illustration. At the other end of the lever, in order to permit traction, a longer band is fixed at a right angle, with or without an inserted piece of elastic webbing. The shape of the lever from the end of the toe to the fulcrum is semi-circular, so as to avoid pressure upon the joint of the great toe; it may, therefore, be worn in properly fitting boots without inconvenience. The slight traction necessary when commencing to wear the splint must be gradually and gently increased, until the great toe has been brought as much as possible, without undue discomfort, to its normal position. The price of the apparatus is half a guinea.


KROHNE & SESEMANN, LONDON.

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A NEW HERNIAL TRUSS.

WE have received from Mr. Atkinson, Truss maker, of Mill Street, Hanover Square, London, a truss, which will be found quite a new departure in the application of mechanism for the support of hernia. The pad of this truss is united to the spring that encircles the body, by a universal joint, which allows it to be moved in any requisite direction. When the surgeon or patient has attained the desired position, a lever, acted upon by a screw, compresses the ball of the joint, and a complete fixture of the pad is the result:—Fig. I represents the truss as worn:—

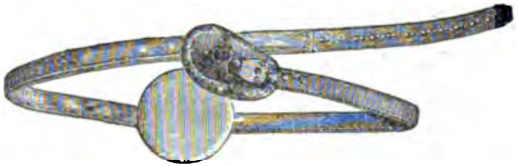

FIG. I.

When an alteration in the position of the pad is required, the binding screw A Fig. 2, is released, the pad adjusted, and the screw again tightened. This truss is also constructed to press over the internal ring, and slightly in advance, without, however exerting pressure upon the spermatic cord, and from the singular form of the face of the pad, pressure can be given by a flat or a more or less obtuse surface, at discretion. Of the various mechanical supports for rupture that we have examined, this appears to be the most ingenious, as well as the most effective. Its construction is moreover, simplicity itself, and we have no hesitation in pronouncing it one of the best trusses with which we are acquainted.

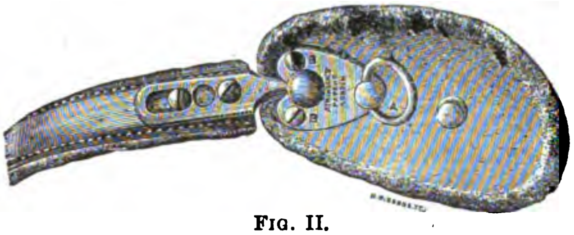

FIG. II.

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Medical News and Pass Lists.

Jacob Testimonial.—We are requested to state that the final meeting of the Executive Committee, "Jacob Testimonial," will be held on Friday next, May 20th, when the subscription list will close, and arrangements made for the date of presenting the address. The following names were accidentally omitted from the list of subscribers published in our Journal May 4th:—H. Graves, Cookstown, £1, and N. Farren, Buncrana, 10s.

University of Cambridge.—At a Congregation holden on Thursday last, May 12th, the undermentioned degrees were conferred:—

Doctors in Medicine.—Francis Murray Haig, Trinity College; William Arthur Bond, St. John's.

Bachelor in Medicine.—Edward Noel Nason, Downing.

Bachelor in Surgery.—Francis Murray Haig, Trinity; Wm. Arthur Bond, St. John's.

University of Dublin.—The following candidates having passed the required examinations, have received the undermentioned degrees:—

Licentiate in Medicine.—Darley, Alfred Russell.

Bachelor in Surgery.—Todd, Armstrong Herbert Swifte.

Bachelor in Medicine.

Buchanan, Walter James
Du Bedat Whaite, John Henry
Jackson, Robert William H.
Lunn, Henry Simpson
O'Connor, William Moyle
Ryan, Perceval Cecil
Todd, Armstrong Swifte

Doctor in Medicine.—Revington, George Thomas.

King and Queen's College of Physicians.—At the April examinations the following obtained licences in Medicine and Midwifery of the College:—

Medicine.

Fox, Patrick Halion
Hopkins, Bartley Hynes
Lewer, Edward Stewart
Maguire, Joseph
McCutcheon, A. K. Forbes
McKee, Samuel
Murray, Thomas Alexander
Peare, Humphreys Robert
Riordan, Michael
Roberts, Shirley
Sclater, Nelson Cameron
Steele, William Thomas
St. Johnston, James
Wardle, Jabez Davenport.

Midwifery.

Lewer, Edward Stewart
Maguire, Joseph
McKee, Samuel
Peare, Humphreys Robert
Roberts, Shirley
Steele, William Thomas
Wardle, Jabez D.

The under-named have been admitted Fellows:—

Beatty, W.
Cosgrave, F. McDowel
Duke, Alexander.

Royal Colleges of Physicians and Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.—The triple qualification examinations in Edinburgh, which commenced on April 27th, were concluded on May 11th, when the following candidates, having passed the previous examinations, were admitted L.R.C.P. Edinburgh, L.R.C.S. Edinburgh, and L.F.P. and S. Glasgow:—

Brogden, James Ed., Essex
Brown, F. Manson, New Brunswick
Coates, Francis W. E., Salisbury
Connolly, Timothy, co. Limerick
De Boucherville, Louis E., Mauritius
Drinkwater, J. J., Llangollen
Ferriday, William, Openshaw
Fryer, Charles, Norfolk
Fulton, Thomas K. J., Hyderabad
Green, Alfred, London
Grogan, Henry William, Surat
Hector, G. W. Kemp, Aberdeen
Hicks, Charles, Toddington
Hillyer, William H., Kent
Holmes, Louis S., Victoria
Hughes, George S., Doncaster
Lawrence, F. St. John, Madras
Lowe, Alfred J., Bedford Leigh
Lownds, J. R., Newcastle-on-Tyne
O'Neill, John Gower, Hastings
Park, John Robert, Inverness
Peachey, George C., Calcutta
Peters, Leonard George, Kent
Readman, Thomas, Whitby
Reynolds, James S., co. Wexford
Rollinson, Alfred J., Kirton-in-Lindsey
Shannon, W. John, co. Down
Silverwood, J., Huddersfield
Smith, Anderson F., Barnsbury
Sykes, F. Moritz, Clitheroe
Tandy, Henry Gordon, London
Teixeira, João, Demerara
Thompson, David, Ontario
Thompson, A. Blythe, Ontario
Thompson, Theodosius, Belford
Wellburn, Edgar, Scarborough
Wilson, Frederick, Halifax
Wilson, Charles W., Ulverstone.

Royal College of Surgeons, Edinburgh.—At the April examinations, John Shaw McLaren, Edinburgh, and Horatio Stanley Nelson, Isle of Man, were admitted Licentiates in Surgery.

⁂ We have also received the names of those who have passed their first and second examinations; these will appear here after, as it is our rule to publish those only who pass into the ranks of the profession.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·9 per 1,000 of their population, and were—Birkenhead 16, Birmingham 18, Blackburn 26, Bolton 16, Bradford 21, Brighton 23, Bristol 18, Cardiff 23, Derby 17, Dublin 36, Edinburgh 19, Glasgow 22, Halifax 27, Huddersfield 27, Hull 17, Leeds 20, Leicester 17, Liverpool 26, London 18, Manchester 31, Newcastle-on-Tyne 22, Norwich 24, Nottingham 17, Oldham 27, Plymouth 24, Portsmouth 20, Preston 34, Salford 27, Sheffield 19, Sunderland 20, Wolverhampton 22. The highest annual death-rates in these towns last week were—From measles, 2·6 in Sheffield, 2·7 in Oldham, 3·3 in Liverpool, 4·3 in Manchester, 5·0 in Salford, and 6·7 in Norwich.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Apothecary.—There is every probability that the examination fee for the Apothecaries' licence in England will shortly be considerably increased, so that competition, so far as cheapness is concerned, will have less force.

Mr. Hy. Lee.—Your paper on "The Use of the Actual Cautery in Surgical Operations" is marked for early insertion.

Mr. E. MacGregor (Whitehall) is thanked for his note and information.

Mr. W. P. (Bath).—Your wonderful discoveries remind us of 'Aladdin's Lamp," and that you

> "Would bring an angel's wing upon this earth again,
> And build true worth a home on earth"

is patent from the tone of your communication. However, you have our sympathies that the time hasn't arrived yet. "Cataract, strangulated hernia, club foot, and the present practice of medical men on anthrax" are still small evils that unhappily exist to the discomfort of sufferers, aye, that exist "in order to effect entire revolution in medical science as represented by my (your) writings on the most important physiological principles." Evidently the University missed an opportunity in the recent appointments to chairs.

Dr. Bell Taylor (Nottingham).—We hope to find room for your paper in our next.

J. P. T. (Belturbet)—Any registered medical practitioner is authorised by 31st sect. of the Medical Act of 1858, "according to his qualification or qualifications to practise and to demand and recover in any court of law . . . the cost of any medicines . . . rendered or supplied by him to his patients." By the 51st section the rights and privileges of apothecaries are specially reserved. But by the 22nd section of the Irish Apothecaries' Act, "no person shall open shop or act in the art or mystery of an apothecary in Ireland until such person shall have been examined as to his qualification and knowledge of the business in such manner as is hereinbefore mentioned" (*i.e.*, by the "Hall"). The question put by our correspondent has never been decided by law, but we believe that an M.D. who is not otherwise qualified cannot open shop.

Dr. B. M.—We have received your pamphlet, which is noticed in this number. Your report shall receive our attention at the earliest possible opportunity. We shall be glad to receive the notes of the case to which you refer.

Gout.—You will find much of the information you ask for in the Lectures on Gout by Dr. Mortimer Granville recently published in our columns.

ILLEGAL CERTIFICATES OF DEATH.

To the Editor of the Medical Press and Circular.

Sir,—Whether the reconstructed and enlarged Medical Council means to guard the professional and pecuniary interests of its clients the general practitioners is a question which time alone can answer. Within the last two weeks you might have recorded two cases of homicide by criminal abortion which judges and juries brought home to doctors such as the gentleman in the North referred to in your May 4 issue, who diagnosed heart disease when pneumonia was the malady. These quasi-medical men in the cases of abortion are now fortunately for the honour of our profession doing penal servitude for their performances. But although through the intervention of the coroner in the "nephritic" and "cardiac" case the death register has been corrected, we do not hear that the Medical Council is taking any steps to purge the profession and itself from such gross frauds as the employers of unqualified assistants. The present time is a favourable one to discuss this question of unqualified practice, especially as there is now a new "Mines' Bill" before the House of Commons, and the system is an organised sham in the mining districts. Every miner who has a vote, and there are a very few now who no not possess the franchise, should in my humble opinion, be asking his member to bring forward this question of unqualified practice in the House.

I am, Sir, yours, &c.,

May 7th. Vigilans.

Historicus.—The subject is at present under consideration at the General Medical Council.

H. P.—You must apply to the Dean of the Faculty, enclosing certified copies of your diplomas, and stating the locality in which you desire to practise. The test is not a severe one, but is conducted in French without, we believe, the intervention of an interpreter.

Dr. S. (Bristol).—We do not think the practice either desirable or commendable, but it scarcely comes within our province to discuss.

Intending Emigrant.—The medical laws which obtain in Fiji are the same as those in this country, except as regards local appointments and the Contagious Diseases Act. This latter has been in force since 1881, and covers the whole group of islands, the instruction being that, should it be found by any medical officer examining a woman known to be a prostitute that she is suffering from any venereal disease (including gonorrhœa), he shall sign a certificate to that effect and hand it to a police officer, who shall thereupon take such woman to the nearest public or Government hospital for retention until cured. Power is also given to examine immigrants, male and female, with similar authority for detention in case of venereal disease.

C. H.—We do not know of any institution having a speciality of medical translations, but there should be no difficulty in getting it done, although the limit of time is somewhat narrow.

M.—We can offer no opinion as to the *bonâ-fides* of the Society you mention. You must exercise your own judgment.

Meetings of the Societies.

THURSDAY, MAY 19TH.

Royal Institution.—At 3 p.m., Prof. Dewar, The Chemistry of the Organic World.

Parkes Museum of Hygiene.—At 5 p.m., Major Lamorock Flower, C.E., The River Lee.

Harveian Society of London.—At 8.30 p.m., Clinical Evening.

FRIDAY, MAY 20TH.

Society of Medical Officers of Health.—At 7.30 p.m., Dr. Alfred Hill (President): On an Improved System of Flush-closets for small House Property. Dr. B. A. Whitelegge: The Powers and Responsibilities of Local Authorities in regard to Rabies. Mr. Shirley F. Murphy: A few Facts concerning the Recent Prevalence of Winter Diarrhœa in London.

Vacancies.

Birmingham and Midland Eye Hospital.—Dispenser. Daily attendance. Salary, £70 per annum. Dinner will be provided. Applications, with testimonials, to the Secretary by the 25th inst.

Lincolnshire Co. Lunatic Asylum.—Medical Superintendent. Salary and emoluments £400 per annum, with furnished house, coals, gas, &c. Applications and testimonials to the Committee of Visitors of the Lincolnshire County Lunatic Asylum, under cover, to the Clerk, Bank Street, Lincoln, not later than 1st June.

Liverpool Northern Hospital.—Assistant House-Surgeon. Salary £70 per annum, with residence and maintenance in the house. Applications and copies of testimonials to the Chairman of Committee by 31st inst.

Madagascar Medical Mission.—Vacancy for a well-qualified man, married or single, to have charge of the Hospital, teaching native students, attendance on missionaries, &c. Salary, £150 to £200 a year, house, outfit, &c. Climate healthy. Applications to Dr. Hingston Fox, 43 Finsbury Circus, London.

Newcastle-upon-Tyne Infirmary.—House-Physician. Salary, £100 per annum, with board, &c. Applications and testimonials to the Chairman of the House Committee on or before May 25th.

Staines Union.—Medical Officer of Health for the Rural Sanitary Authority. Salary, £75 per annum. Applications, accompanied by evidence of qualification, and testimonials, to John Anthony Engall, Clerk, by May 23rd.

West London Hospital, Hammersmith.—House-Physician and House-Surgeon. Board, lodging, and attendance are provided, but no salary. Applications and testimonials to R. J. Gilbert, Secretary-superintendent, by the 26th inst.

Appointments

Copley, W. H., M.R.C.S., L.R.C.P.Lond., Honorary Surgeon to the North Cambridgeshire Hospital, Wisbech.

Davies, A. H., L.R.C.P., M.R.C.S., Resident Medical Officer to the City Hospital, Liverpool.

Metcalfe, J., L.R.C.P., L.R.C.S.Ed., L.M., Dispensary Surgeon to the Bradford Infirmary.

Newby, C. H., F.R.C.S.Eng., Medical Officer to Out-patients at the Royal Portsmouth, Portsea, and Gosport Hospital.

Perkins, W., M.D.Dur., M.R.C.S., Medical Officer for the Fulbourn District of the Chesterton Union.

Stewart, W. R. H., F.R.C.S.Ed., Aural Surgeon to the Great Northern Central Hospital.

Symons, J., M.R.C.S., L.S.A., Surgeon to the West Cornwall Dispensary and Infirmary.

Valpy, C. E., B.A.Oxon., M.R.C.S., Junior House-Surgeon to the Cancer Hospital, Brompton.

Births.

Howse.—May 11th, at 59 Brook Street, London, the wife of Hy. G. Howse, F.R.C.S., of a daughter.

Steel.—May 10th, at 11 Nevill Street, Abergavenny, the wife of W. Dyne Steel, M.D., of a son.

Deaths.

Atwell.—May 10th, at Portland Road, Stoke, Gregory Haines Atwell, L.R.C.P., late of Altrincham, Cheshire.

Bannister.—May 8th, at Tottenham, John Henry Bannister, M.R.C.S., L.S.A., late of Keppel Street, Russell Square.

Borthistle.—May 5, at his residence, Merrion Lodge, Clonevan, Dr. Henry Borthistle, aged 41.

Tiffen.—May 12th, at The Limes, Wigton, Cumberland, Robert Tiffen, M.D., aged 68 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. XCIV.] WEDNESDAY, MAY 25, 1887. [No. 22.

Lectures

ON TUMOURS OF THE NECK, THEIR PATHOLOGY, SYMPTOMS, AND TREATMENT.

Delivered at the Hospital, Brompton,

By F. BOWREMAN JESSETT, F.R.C.S.Eng.,
Surgeon to the Cancer Hospital.

LECTURE I.

Gentlemen,—We cannot, I think, over estimate the importance of tumours presenting themselves in the neck. Their great variety, and the distressing symptoms they occasion, are sufficient reasons for my directing your earnest attention to them. And while in the short time at my disposal I cannot hope to go so fully into the details of this vast subject as I could wish, yet I hope to place before you some conclusions, from the large experience I have had of these tumours, which may be of service to you in every day practice.

Surgeons up to quite recently have been inclined to look upon all tumours which are seated under the deep cervical fascia and sterno-mastoid muscle, and apparently, or really more or less fixed to some of the deep structures, as being beyond any surgical interference, partly from the dread of setting up deep-seated cellulitis, partly from their intimate relation to so many important vessels and nerves, and also on account of the great uncertainty of being able to remove the whole of the diseased mass.

These certainly appear to be strong reasons for not interfering with these growths, but I shall later on show conclusively, and illustrate the same by cases which have been under my care, that many of these tumours may be removed with perfect safety. In these days of antiseptic surgery and free drainage, deep-seated celluliltis need not be dreaded, and it has been proved, over and over again, that ligaturing the carotid artery and internal jugular vein may be practised without fear of any untoward results occurring. That the division of the vagus, sympathetic, phrenic, laryngeal, and facial nerves may be attended with unpleasant symptoms, there can be no doubt, yet, as I shall tell you presently, all these nerves, excepting the phrenic, have been divided, and yet the patients have made good recoveries, only temporary inconvenience having been caused.

My friend, Mr. Bland Sutton, tells me that monkeys and cats enjoy life as well with one vagus as with two, when divided in the middle of the neck. He has made numerous experiments on this point. He tells me two cases are recorded in the post-mortem notes of the Middlesex Hospital, where the vagus and other nerves were involved in large cancerous ulcerations in the neck, in these two cases the vagus was implicated in ligatures applied to the bleeding carotid arteries, without any symptoms accruing.

Mr. Savory, in the "Med. Chir. Trans.," vol. 64, p. 21, has reported a case of abscess of the neck, which in its course destroyed a large portion of the carotid artery, jugular vein, and vagus nerve on the left side withoutany symptoms following, and in the same Transactions, vol. 69, p. 63, Mr. Rivington has recorded a case of a badly nourished boy, æt. 9, with glandular enlargement of the neck, who was admitted into the London Hospital in 1882. This boy six days before he saw him swallowed a fish bone. On admission he was suffering from pyrexia, stiffness of neck, œdema of the upper eyelids, and profuse salivation, and had a large tender lump on the left side of the neck behind the cricoid cartilage. He had a few days after admission two attacks of hæmorrhage which were arrested by ordinary means; two days after another attack of hæmorrhage suddenly supervened, which could not be controlled, and on consultation it was concluded that the fish bone had passed through the walls of the pharynx and wounded one of the left carotid arteries, and that the hæmorrhage proceeded from the wounded vessel. It was decided to ligature the common carotid artery, this, in consequence of the presence of a large blood clot, was attended with great difficulty owing to the universal discoloration of the parts. A ligature was passed round the vessel on either side of the wound, and the structures included divided between the two ligatures, when this was done Mr. Rivington recognised some nerve fibres. No symptoms whatever were caused by the division of this nerve, so that Mr. Rivington thought it probably was the descendens noni. The patient died ten days after the operation from abscess in the brain, and on making a careful dissection of the blood vessels which had been ligatured in the neck it was found that the pneumogastric nerve had been included in the ligature and divided.

The slight symptoms, beyond the local paralysis, resulting from section of the vagus in this case, the absence of lung mischief, œdema, and dyspnœa, accord here with the result of experiment, and with the negative effects of Mr. Savory's case.

Mr. Bland Sutton has dissected seven cases where the pneumogastric nerve had been completely divided by an aortic aneurism without any symptom occurring indicative of division of the nerve.

At this point, the more clearly to understand the subject, I think it will be well to inquire briefly into the anatomical relations of the parts, and also into the physiological effects produced by injury to any of the important structures that are found in the neck.

The parts themselves form almost a parallelogram, bounded in front by a line extending from the chin to the sternum, behind by the anterior margin of the trapezius muscles, below by the upper border of the clavicle, and above by the lower border of the inferior maxilla and a line extending from the angle of the jaw to the occiput. This parallelogram is divided into two triangles by the sterno-mastoid muscle, and the whole is covered by the skin, deep and superficial fasciæ and platysma.

In the floor of this space are found the carotid artery and internal jugular vein, and vagus nerve enclosed in a common sheath; in front of this sheath are a few filaments of the descendens noni nerve, and behind are seen the inferior thyroid artery, the recurrent laryngeal nerve and the sympathetic nerve; in the upper part are branches of the facial and superficialis colli and spinal accessory nerves, with the bifurcation of the carotid vessel and the branches of the external carotid artery, with the hypoglossal nerve crossing or curving round the occipital artery, the floor of the space being here formed by the larynx and muscles of the pharynx. Posterior to the sterno-mastoid are the spinal accessory nerve, the descending branches of the cervical plexus and phrenic nerve; and in the lower part above the clavicle, the third portion of the subclavian artery curves outwards and downwards, with the brachial plexus of nerves lying above and in close contact with it.

This brief summary of the anatomical relations is sufficient, I think, to show with what important structures we have to deal, and to demonstrate that the surgeon must not undertake the removal of large deeply seated tumours in this region without, in the first place, realising his position as to what complication he may have to contend with, and also, as far as possible, to define the relation of the tumour to these parts. These tumours must always then be treated with the greatest respect by the surgeon, as they must of necessity be in close apposition to some, perhaps all, these important structures.

It is not difficult to see, however, what urgent and distressing symptoms may be occasioned by the pressure of a tumour upon these parts. The carotid artery and internal jugular vein may be so compressed as to interfere materially with the circulation of the blood to and from the brain, while if the vagus or laryngeal nerves be implicated in the growth, more serious symptoms would arise.

Perhaps, however, the most important and interesting effect that may be produced by a tumour in this region is that caused by its pressure upon the sympathetic nerve and the cervical ganglion. A case recently came under my care, whose photograph I now hand round. The patient was a man, æt. 30, who presented himself, as you will see, with a considerable enlargement of the left side of the neck, which he attributed to a strain in April, 1885. Shortly after this he noticed a small movable lump in the left side of the neck; this gradually got bigger. It is only within the last few weeks that the growth has been fixed. Two months ago a lump came under the chin. At present he has on the left side of his neck a mass of round growths, varying in size from a walnut to that of a hazel nut; these growths were all more or less movable, but under them, deeply seated, was another large growth, extending from the ear nearly to the clavicle, quite immovable. He has no pain, and is in good health; he has, however, congestion of the conjunctiva, and some opacity of the cornea, with a central ulcer; also drooping of the upper eyelid. The left half of his face is redder, and apparently warmer, than the right. The eye congestion and ulcer were treated for a week without any visible improvement. I then operated upon him with a view of removing the tumours, thinking that the state of the eye might be the result of pressure upon the sympathetic ganglion.

The small growths proved to be glands, with extensive caseous degeneration; but the larger growth behind was found to be a large cyst, extending backwards to the spine, and pressing firmly upon the gullet and bodies of vertebræ. The man made a very good recovery, but the point of interest here is that the eye rapidly recovered, and within a week was quite well, and the drooping of the eyelid had disappeared.

If you will examine this photograph attentively, you will observe that there is considerable drooping of the upper eyelid, and well marked diminution in the size of the palpebral fissure, caused not only by the drooping referred to, but also by elevation of the lower eyelid.

This same state of things has been observed by Dr. Ogle, who has recorded, among others, a case of a soldier with abscess on the right side of the neck involving the sympathetic. At first, his wife noticed that the right eye appeared smaller than the left. Two years afterwards, the palpebral fissure of the right eye was narrower. The right eyeball was somewhat retracted. The pupil was very much contracted, and acted but slowly to light. The conjunctiva was congested. The skin in the right cheek and ear was pinker than the corresponding parts on the left side. The right side was invariably hotter; notwithstanding this higher temperature, the man asserted he only sweated on the left side of the face; that, though abundant mucus was discharged from this nostril, none ever came from the right; when walking in the wind, the left eye alone watered; and lastly, the right side of the mouth was drier than the left. The rest of the body sweated equally. (a) Oculo-pupillary phenomenon such as this is much more commonly caused by carcinomatous growths in the neck than by glandular swellings.

Much distress is often caused by these tumours from pressure on the trachea and gullet; in many cases, the trachea and larynx is pushed considerably on the opposite side; such a case was that of a man whose photograph I now show you. His voice was nearly inaudible, and the difficulty in swallowing was very great.

Surely, gentlemen, these are most interesting facts, and such as demand our careful study when dealing with these deeply seated tumours of the neck.

With these few introductory remarks, I will now pass on and describe as fully as time will permit the different tumours that are met with in the neck. These may be of many different kinds, and from the discomfort and deformity, as well as from the formidable symptoms that so often accompany them, they must of necessity attract the most careful and anxious attention of the surgeon.

Adenoma, cystoma, angioma, lipoma, sarcoma, fibroma, myxoma, enchondroma, osteoma, papilloma, lymphadenoma, neuroma, epithelioma, and carcinoma, in fact, tumours of almost every description, whether fluid or solid, may be met with in the neck.

Many of these growths find their starting point in some of the large glandular structures situated in this region, viz., the thyroid, parotid, submaxillary, and lymphatic glands.

First, then, we will inquire into the nature of the tumours which affect the lymphatic glands.

Adenoma is a chronic form of inflammation of the lymphatic glands in the neck, and may be the result of a variety of causes, either local or constitutional. One constantly meets with cases in children who suffer from some skin affection in the scalp, or within the various cavities, and who are brought under our notice probably in the first instance because the mother discovers a lump in the neck, having no idea that the discharge from the ear, or perhaps a slight sore on the scalp, of which she has taken but little notice, is the cause of the enlargement, and that when this is cured the lump will disappear. In many cases, however, the little patient suffers from a most severe attack of impetigo, and, possibly, pediculi, neither of which does the mother think much of, but when the lump in the neck and threatened abscess occur, she becomes alarmed and seeks advice, often too late to prevent the abscess breaking, with consequent disfigurement in the neck.

Caseous degeneration of these glands is usually met with in delicate scrofulous children, and is generally widespread in its ravages, attacking many glands at once or in succession. Glands affected in this way usually suppurate and discharge, and speedily heal; they often are more difficulty to deal with from the gland only breaking down in part, leaving the remainder as a basis to feed the suppuration and delay the recovery. A case of this description came under my notice a short time ago in a lady who had a suppurating gland lanced by her medical attendant a year previously, and from that time it had constantly been discharging, with the result that when I saw her she had a chain of small glands extending down her neck, and one as large as a small tangerine orange, situated just above the clavicle, which had already broken down and was full of pus. Had this lady in the first place been treated differently the disease might have been limited to the one gland, and healed firmly months before she consulted me.

(a) *Vide* Dr. Long Fox. The Influence of the Sympathetic Nerve on Disease, *Dictionnaire Encyclopédique des Sciences Médicales* Article: Sympathetique (Grand). François Franck.

Glands that take on this unsatisfactory form of suppuration should be freely opened, and the *dêbris* scraped out with a Volckmann's spoon, so as to ensure the removal of all the diseased and unhealthy gland.

Scrofulous enlargement of the lymphatic glands is very common in young persons of a delicate or phthisical diathesis, and are most troublesome to treat. If they do not yield to treatment such as cod-liver oil, the iodide and phosphate of iron, or a combination of cod-liver oil, extract of malt, and iodide of iron internally, and the local application of tinct. iodi or iodide of mercury ointment, but go on steadily increasing in size, I think it is best to remove them. In the early stages they shell out very easily, but if allowed to remain too long, inflammatory action commences, they become adherent to their capsules and surrounding tissues, and are most troublesome to remove, moreover, they very early suppurate internally and upon the least pressure break down, thus adding materially to the difficulty of their removal. Mr. Treves has recommended in such cases early cutting down on these glands with the sharp knife of Paquelin's cautery, and the thorough destruction of the gland by this means. I think this treatment quite unnecessary, and, indeed, by adopting this method there must of necessity be considerable suppuration set up, and an ugly scar result. Whereas by removal with the knife the wound usually heals by first intention, and there is little or no scar left.

In all these cases it is highly desirable where possible to remove your patient to a high and dry situation, or to the sea-side.

In constitutional syphilis we often find the lymphatic glands enlarged, they are usually small, hard, freely movable, and painless. The only treatment required is large doses of iodide of potassium, and possibly mercurial inunction.

(*To be continued.*)

PASTEUR'S PROPHYLACTIC. (a)

By CHARLES BELL TAYLOR, M.D., F.R.C.S.,

Fellow of the Medical Society of London; late President of the Parisian Medical Society.

After deprecating the prevailing hydrophobia panic, pointing out the great difficulties surrounding the diagnosis of rabies in the dog, detailing M. Pasteur's experiments, and citing the adverse criticisms thereon of Professors Renzi and Amoroso, Dr. Biggs, Professors Spitzka, Galtier, and Von Frisch, Drs. Peter, Pigeon, and Dulles, and M. Bouillier, the speaker asked, What is hydrophobia? A dread of water, a mere symptom, and the rarest of diseases;—so rare, that it is difficult to find a practitioner who has ever had a case;—so rare, that our great provincial hospitals are for twenty and even thirty years at a time without a single case;—so rare, that according to the doctrine of chances, a man is far more likely to be kicked to death by a horse than to die from the bite of a dog, far more likely to be murdered than to perish from hydrophobia;—so rare, that Mr. Holmes Coote, in his thirty-five years' experience, only saw two cases at the great St. Bartholomew's Hospital, London;—so rare, that in a million deaths only one can be attributed to hydrophobia, and there is always a doubt about that one. Many authors suggest that the term hydrophobia should be banished, and rabies be substituted, for man as well as animals. But the disease in man is not rabies; the dog has no dread of water, and the symptoms, such as they are, which characterise canine madness, are conspicuous by their absence in the human subject. The only marked symptom of hydrophobia is easily-induced spasm of the muscles of deglutition and respiration, just as the main feature of tetanus is easily-induced spasm of the lower jaw. Is hydrophobia a species of tetanus, and not dependent upon a specific poison at all? Many think so. Baron Larrey, the great French surgeon, tells us that he saw numerous cases of hydrophobia, or at any rate, a like disease, occasioned by gunshot wounds among the soldiers who fought in Egypt at the close of the last century; and it is well known that similar symptoms may at any time be induced by irritation of the medulla, or by the presence of tumours and neoplastic growths. There is an interesting case recorded by Dr. Dolan in the *Practitioner*, which was caused by a cysticercus, and another by Mr. Branfoot (*Indian Medical Gazette*, Nov. 1885) in which the symptoms and the termination were absolutely indistinguishable from those which happen in hydrophobia traceable to the bite of a rabid dog. Aromatarius, in 1625, devoted a monograph to prove that hydrophobia was nothing but a species of sore throat. The anomalous symptoms accompanied by delirium which sometimes come on in certain inflammatory conditions of the heart and its membranes, have been mistaken for hydrophobia; as have also diseases of the throat, stomach, and œsophagus, cerebro-spinal meningitis, tetanus, epilepsy, acute mania, alcoholism, hysteria, and various other diseases;—in fact, there is so much doubt about the disease, that it is impossible to say whether the deaths attributed to hydrophobia have really been due to that cause. What risk does a man run who has been bitten by a dog or other carnivorous animal? Well, if the animal is not mad, no risk at all, or only an infinitesimal risk. For instance, Mr. Scoborio of the Dogs' Home, has been bitten hundreds of times; and so have many dog dealers. It must be so; for hundreds of millions have been bitten, and thousands are bitten every day, and still more frequently licked—which Professor Horsley, who I am glad to see here tonight, says is more dangerous than biting—and yet hydrophobia is so rare that it is difficult to find a practitioner who has ever had a case. And here let me call your very earnest attention to the unquestionable fact that the vast majority of those persons who have rushed to M. Pasteur to be inoculated have been bitten only by non-rabid dogs, and were in no more danger of hydrophobia than most persons in this room; for there are few among us who have not been bitten or licked by dog or cat some time or other, and we might just as well go now to M. Pasteur as the great majority of those who have done so. Speaking on this subject, Dr. Dolan, an exceptionally experienced authority on hydrophobia, who compiled an elaborate series of statistical articles for the *Medical Press and Circular* says, the success claimed for M. Pasteur is due entirely to the fact that he had been treating patients who have been bitten by non-rabid dogs; he has treated a number who had not even been bitten, but had been licked by dogs; he has even injected with his bouillon persons who never were bitten or even licked, but who submitted to the process through mere curiosity; he has ventured to treat these persons with a virus which he says is even more potent than that of the rabid street dog,—and no result has followed. "The explanation of all this," says Dr. Dolan, "is that he has been simply injecting an innocuous fluid, a sterilised bouillon, and (he adds) that it is fortunate for his patients it is so innocuous!" To my mind this is clear enough; indeed, he who runs may read. The dog that bit Joseph Meister, M. Pasteur's first patient, was not mad; the dogs that bit the children from Newark, Ameria, were kept some time in quarantine and then set at liberty and showed no symptoms of rabies; the dogs that bit Kaufmannn, Salter, Buckler, and Metzler, were all healthy; the dog that bit the ten Russian soldiers sent by Prince Zaghit, was not rabid; there was no proof that the pug that licked Miss Morisoni was rabid; the animal that bit the policeman Coterill, sent from Nottingham, was merely a frightened cur; the dog that bit the gentleman from Worcester was not rabid. Lord Doneraile was bitten through his glove; the Russian doctor Gamalia, of Odessa, was inoculated for luck, and never had been bitten. M. Pasteur's assistants were all inoculated, not because they had been bitten, but for fear they might be. It has been stated that no patient has been injected without a veterinary certificate as to the rabid condition of the dog that bit him, but this Dr. Stockwell declares of his own knowledge to be untrue. Moreover, as the most profound veterinarian cannot say with certainty whether a dog is mad or not, all such certificates must be received with great caution. Indeed, it is a fact that in many cases the sole symptom relied upon has been the presence of foreign bodies in the stomach of the suspected animal; but Dr. Spitzka found these foreign bodies in forty dogs dissected in Professor Draper's laboratory, which certainly were not mad or destined to become mad. He adds, "It was the demonstration of this fact, of which every laboratory tyro is aware, that led to the discontinuance of the project for establishing a Pasteur Intitute in New York;" so that it is evident a considerable proportion of the dogs supposed to be mad must be eliminated from the list before we can draw any trustworthy conclusions from M. Pasteur's statistics. What risk does a man run who has been bitten by a dog that is really rabid? Well, the risk in this case is much less than you would *a priori* suppose. The editor of the *Medical Times and Gazette* for Oct. 31, 1886, says: "Ninety-five per cent. of the persons bitten by mad dogs escape hydrophobia." In France, in the Department of the Seine, for the years 1881, 1882 and 1883, two hundred and sixty-eight persons were bitten by dogs actually rabid, and of this number only thirty-four succumbed to hydrophobia. John Hunter says that one in twenty persons bitten by rabid animals will suffer from hydrophobia. The late Professor Dick, Professor of the Edinburgh Veterinary College, used to declare that hydrophobia was nothing but a nervous disease occasioned by fright; he had been bitten by dogs under his care for rabies, and should not consider it a serious matter if he were bitten again. Professor Youat was bitten seven times by dogs under treatment for rabies, and knew of four hundred persons who had been similarly bitten, none of whom experienced any ill effects. In the Infirmary of M. Bourril, the well-known verterinary surgeon of Paris, eight persons were bitten by dogs dying of rabies; all escaped. Dr. Stockwell says that ninety-five per cent. escape; and an American named Stephens, to test his theory that hyrophobia is fancy bred in man, never loses a chance of being bitten by a mad dog. He has been wounded by canine teeth forty-seven times, and a disciple of his name Fischer (a German) nineteen times. Certainly the great majority of bitten persons escape, and this is true not only of man, who may reasonably be supposed to adopt some precaution or treatment by way of washing, sucking, or destroying the virus when bitten, but it is true also of animals who can take no such care. The cat which was bitten by the dog at the same time as the man who died recently (it is said) of hydrophobia at our hospital, suffered no ill effects; and it by no means followed that the dog who is bitten by a mad dog will go mad in consequence. Hertwig, the celebrated pathologist, had a poodle of his bitten and inoculated nine different times with rabid matter. He did his best to cause rabies, but always failed,—the dog was never the worse. Dr. Stockwell says in dogs experimentally bitten from three to eleven times, at the German Veterinary Schools have escaped. Grove declares that but one dog out of every twenty bitten by other and known rabid dogs, ever contracts canine madness. John Hunter says one in twenty-five; Nieumann, one in thirty-five; and Fahre's extended researches reveal but a total of thirty-one out of eight hundred and ninety-two. (*a*) This, it seems to me, is the secret of the immunity supposed to be attained by M. Pasteur's inoculations. He tells us that he renders sixteen out of twenty dogs refractory to rabies by his inoculations, but were they refractory to start with; and it appears to me that M. Pasteur has mistaken coincidences for consequences,—a not uncommon mistake, especially when an experiment is undertaken to prove a preconceived theory. We can but conclude from these facts that the risk from the bite of a rabid animal is much less than one would *a priori* suppose; indeed, if there is a poison, how is it to get into the wound? and how does it get into the system? The dog has no apparatus for injecting; the virus has, any way, but small chance of penetrating; and if the wound is washed, cupped, or cauterised, or treated with various reagents, the risk is reduced to a minimum. Speaking on this point, Professor Delabere Blaine says:—"A very long experience and close observation of innumerable cures, make me absolutely confident that the destruction of the bitten part is a certain preventive, and that such destruction is as effectual at any time previous to the symptoms appearing as at the first moment of the bite." And here, gentlemen, let me call your attention to the fact that Drs. Navarre and Cattereaux, who were deputed by the municipal authorities of Paris to inquire into the statistics of M. Pasteur's cases, reported that every one of the patients had been cauterised. Let me also inform you that M. Pasteur himself says that the cautery applied within two hours of a bite is a certain preventive. How does the poison enter the system? It cannot at once enter the torrent of the circulation, or it would show sooner. It cannot be through the medium of the lymphatics, or the glands would be affected. Anthorities aver that no patient is safe until twelve months have elapsed; some say two years, or more. Where does it lie hid all the time? and how can we say M. Pasteur's recent patients *are safe?* Two young men, friends, met on the landing stage at Havre, in January, 1853; one was going to America, and both were accidentally bitten by a strange dog. The one that stayed at home died within a few weeks of hydrophobia. The other did not hear of his friend's demise until his return in 1868, fifteen years later. He then took ill himself, and died of the same disease. A poor woman was dying of hydrophobia, as she thought. Her physician scouted the idea, and to prove his sincerity, kissed her foaming lips. Struck by the conviction that he must be right, and by the confidence he displayed, she shook off the symptoms, and went about her work as usual. Three weeks later she met a friend, who exclaimed: "Oh! I am so glad to see you; I thought you would be ill, because the dog that bit you has just died raging mad." The woman went home, took to bed again, and ultimately died of hydrophobia. Are we to conclude from these facts that Prof. Dick is right, and that hydrophobia is a purely nervous disease? If that is so, we can easily understand how the number of cases is increased whenever sensational articles appear in the newspapers. In May, 1884, M. Pasteur announced himself definitely in the columns of the *Figaro*, as the Saviour of Society. "Come to me, all ye who are bitten!" he says. "You have only to submit to my three little inoculations, snd behold, you need not have the slightest fear of hydrophobia." Again, he says: "Any one bitten by a mad dog has only to present himself at the Ecole Normale, and by inoculation I will make him wholly unsusceptible to rabies, even if subsequently bitten by any number of rabid dogs." Again, he adds: "I can prevent rabies at any time prior to its first acute symptoms, even though

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(a) Abstract of an Address delivered at the Meeting of the Nottingham Medico-Chirurgical Society, March 18th, 1887.

(*a*) These figures are taken from an excellent paper by Dr. Stockwell published in the *Therapeutic Gazette*—(Putnam & Co., New York.)

years have elapsed since the bite." Let us see how M. Pasteur has fulfilled his promises in this respect. In the *British Medical Journal* for January 15th, 1886, there is an account of a patient (recorded by Dujardin Beaumetz) who had been bitten in the hand more than a year before. Feeling some slight pain in the wound, and excited by the talk of hydrophobia, the man applied to M. Pasteur, who declined to treat him, exclaiming: "I can preserve but I do not cure." The poor fellow went home, and, I suppose, frightened out of his senses, died of hydrophobia. Although M. Pasteur in his first announcement declared that he could prevent rabies at any time, on the death of his first patient he suddenly shortened the unlimited period to thirty-five days; thereby placing the patient who died beyond the pale by exactly one day. Directly afterwards, however, a patient died who applied within sixteen days of the bite, whereupon, without any explanation, M. Pasteur reduced his unlimited period to fifteen days; and as it appears that the intensive inoculations must be applied immediately, it seems highly probable that the fifteen days will speedily be reduced to minutes or seconds. In all, up to January 1st of this year, I find that M. Pasteur's inoculations have been applied to 2,496 patients. Now, a very small proportion of these have been bitten by rabid animals; some have not been bitten at all; many were protected by their clothes, boots, or gloves; most, if not all, had been cauterised, and if M. Pasteur's system had been worth a rush not one would have died. Yet up to the end of last year fifty-three perished of hydrophobia, twenty-two have died since, and as no one is safe for at least a year, there is no telling how many may yet develope the disease!! I submit, gentlemen, that these figures are crushing evidence of the failure of the system. It is clear as noonday that the inoculations do no good, but it is by no means equally clear that they have not themselves caused hydrophobia. Professor Peters is strongly of opinion that they have done so, and Dr. Graucher, the gentleman who has injected thousands of patients for M. Pasteur frankly admits that this is possible. To quote his own words, he says: "M. Peter had insinuated that the intensive method might give rise to accidents, a possibility which the partisans of the inoculations were perfectly prepared to accept, and with which every new therapeutic method is obliged to reckon." I wonder if the kind people and municipal bodies who subscribe and send patients to M. Pasteur have the slightest idea of what they are doing. Certainly the misguided people who go to him have not the slightest notion of the risks which they incur. The extraordinary circumstances attending the deaths of Smith *alias* Goffi, in London, and Arthur Wild, of Rotherham, have justly created considerable alarm, and I notice a case reported in the *Lancet* of January 8th, 1887, which was brought before the French Academy a few weeks ago. The subject of the operation, a male of middle age, had been bitten six weeks before, and had undergone M. Pasteur's treatment within forty-eight hours of the accident. Four days before his death he was seized with pains which radiated not from the cicatrix of the bite, but from points where the inoculations had been practised. He then fell into a state of stupor and prostration, and died in a paralytic condition, foaming at the mouth, in fact of hydrophobia caused by inoculations. Leopold Née was bitten at Arras, on Nov. 7th, 1886. He was inoculated on the 17th, and died of hydrophobia on Dec. 17th. The dog was perfectly healthy. In July last year (1886) Arthur Stoboï, one of the scholars at the Lyceum of Lubline, in Russia, was bitten by a dog, whereupon he was immediately sent to the Pasteur Institute at Warsaw, and submitted to inoculations by Dr. Bouïville. He was discharged from the Institute on the 11th of August with a certificate of cure, on the strength of which he was readmitted to the Lyceum, and resumed his studies. On the 9th of November, three months later, he felt pain in the region of the inoculations, and shortly afterwards died in great agony of hydrophobia. Meanwhile the dog that bit him remained perfectly well, and has continued perfectly well ever since. Commenting on this case, Dr. Lutaud, chief editor of the *Journal de Médecine de Paris*, remarks that Russia, happier than France, has got rid of her Pasteur Institute in consequence of this deplorable homicide by imprudence. Eleven cases similar in detail, all starting from the wounds occasioned by the syringe, are cited by Dr. Lutaud (see "Pasteur et la Rage," Levy, Paris, 1887), who concludes his observations with these remarkable words (p. 386):—"Ainsi voila onze cas de rage paralytique recueillis en moins de trois mois que conclure de ces faits sinon que la nouveau traitement a considérablement augmenté la mortalité par la rage et que dans onze cas ou moins il a inoculé la maladie à des gens qui ne l'avaient pas. M. Pasteur ne guérit pas la rage; il la donne." (*a*)

Gentlemen, fifty years ago, Dr. Abercrombie wrote: "In the sciences which deal with the powers of living bodies, there is a great temptation to grasp at premature inductions, and when such have been brought forward with confidence there is often difficulty in exposing their fallacy, for in such a case it may happen that as long a course of observation is required for exposing the false conclusion as for ascertaining the truth." It appears to me that this is precisely our position in dealing with M. Pasteur. I have been asked, What is the *rationale* of his process? but I cannot reply; for, to speak the truth, I see no sense in it at all. A patient is bitten, and is no worse for the bite; he is injected, and experiences no ill effects; whereupon he is told that he is cured. Cured of what? He had nothing the matter with him to start with. Was there ever such a farce? Surely a man who has been bitten by a mad dog ought to be satisfied with that, without getting bitten again, or what is worse, injected with rabid matter which it is impossible to neutralise or extract, and which it is admitted *may* itself cause hydrophobia. There is no analogy between this system and that of vaccination. M. Pasteur does not give his patients a mild attack of hydrophobia to prevent their dying of a severe attack; his injections produce no reaction whatever; and in the great majority of cases have no effect (as Dr. Billings, who took the Newark children to him, has remarked) than so much rain water; and it is very fortunate when it is so, for in those cases WHERE DEFINITE RESULTS HAVE FOLLOWED, DEATH HAS BEEN THE CONSEQUENCE.

The results of the system are easily summed up: Seventy-five deaths; a number of people who were in no danger of hydrophobia subjected to the risk of inoculation with rabid matter; hosts of dogs whose bite might prove fatal, in a similar predicament; (*b*) a most irrational epidemic of hydrophobia phobia, causing deaths from spurious hydrophobia; and a most senseless and heartless persecution of innumerable and inoffensive animals. Surely if a man wished to intensify and render the disease permanent among us, he could not have adopted a better course; one which, as Dr. Dulles has remarked, is founded upon untrustworthy experiments and unsound reasoning, and which, I heartily concur with him, ought to be condemned in the interests both of science and humanity.

(*a*) "Only one conclusion is possible from these facts, and that is, that the new treatment has considerably augmented the mortality from hydrophobia, and that at least eleven persons *within three months* have been inoculated with the disease by the pretended cure. M. Pasteur does not cure hydrophobia; he gives it."—*Op. cit.*, pp. 328 and 330.

(*b*) It is admitted that dogs submitted to inoculation by M. Pasteur, though they escape rabies themselves, might, nevertheless, give rabies to other dogs, or to human beings. One is tempted to ask whether or no the men and women inoculated by M. Pasteur are in a similar dangerous condition? The dogs in question are kept in huge kennels at St. Cloud, and an eye-witness writing to the *St. James' Gazette* for January 7th, 1887, tells us: "That the surrounding country is made dismal by the howling of M. Pasteur's unhappy pensioners. A ghastly white wall has been built round an acre or two of ground, in the midst of which stands this veritable inferno of the canine race."

THE THERAPEUTIC USES OF CARDUUS MARIANUS—MARY THISTLE.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

Mary Thistle (*Carduus Marianus*) formerly enjoyed a considerable reputation, especially in Germany, where the leaves were used against dysentery and hæmorrhage, and the seeds in the treatment of spleen and liver enlargement. The discredit and disuse into which it has fallen is difficult to explain, since there is indubitable evidence that it possesses decided therapeutic virtues. The fate, however, that has befallen other drugs overtook this for a time, and its return to professional favour is again beginning to show itself, especially in France, where Tripier is prescribing both the tincture and also the alcoholic extract, combined with aloes for constipation. Aloes alone, in the quantity given, would be useless against constipation, and, as is well known, it has a tendency to produce piles, but when combined with the Mary Thistle extract it stimulates the liver, and the excessive secretion of bile therefrom resulting produces the desired effect.—*Philadelphia Medical and Surgical Reporter.*

The natural order compositæ has been searched again and again for medicinal plants of marked therapeutic value; the old doctrine of symbols pointed to some of them as useful, and to this was added the superstitious legend that attached to many of them, and especially to the thistle tribe, unusual virtues. The plants of the thistle family most used were the Blessed Thistle (*Carduus Benedictus*), which obtained its name from its supposed extraordinary virtues. It occupied a place in the London, Dublin, and Edinburgh Pharmacopœias. Certainly had it possessed a tithe of the virtues with which it was credited, no more useful plant could have been cultivated.

The plant was introduced into this country from Spain and the Levant. It was cultivated by John Gerarde, and is mentioned in his "Herball," published in 1597. Woodville published a hand painting from nature of the plant on the 18th September, 1790, and in Lewis "Experimental History of Materia Medica," folio edition, p. 182, there is an excellent summary of its medicinal properties. He says, "I have frequently observed excellent effect from a light infusion of carduus, in weakness of appetite and indigestion, where the stomach has been injured by irregularities or viscid phlegm." Matthiol, however, is more ardent in his praises, he considered it to be "a very powerful alexipharmic," though many alexipharmics formerly considered of great value have not the same high repute now. I am tempted to quote Browne ("Vulgar Errors," 1646) "Some antidotal quality it may have, since not only the bone in the hart, but the horn of the deer is alexipharmic." It was credited with being capable of curing the plague, and other fevers of the most malignant kind. Applied externally it cured carious bones and healed cancers (Arnold de Villa Nova). Bergius reports it useful in anorexias, cachexia, cephalalgia, arthritis, et febvres intermittentes. The warm infusion or decoction acted as an emetic.

The leaves are recommended to be gathered in June, when the plant is beginning to flower.

Mr. Gray, in 1818, thus summarises its action, "Root diuretic, deobstruent, lithontripic, leaves alexiterial in infusion; seeds diaphoretic." Almost similar views were published by Lindley in 1848, and Mr. Burnett says, "Its properties are such as to lead us to a belief that it has been superseded by other not more efficacious remedies."

The *Carduus Marianus* differs little in its action from the *C. Benedictus*, and both appear to have fallen into disrepute. At the beginning of the century, in 1808, Pearson, one of our ablest writers, says: "Blessed thistle. As a bitter and stomachic not at all preferable to chamomile, buckbean, or quassy; and therefore may be rejected. Yet it has been dignified with the pompous title of *asylum languentium, medicina patrum familias polychresta, verusque pauperum thesaurus.*" Did the pompous titles bias Pearson against the plant? Andrew Duncan, "Edinburgh Dispy.," 1804, very fully describes the C. B., and gives Neumann's analysis, and expresses regret that "the virtues of this plant seem to be so little known in the present practice." (Was it in answer to this that Pearson wrote?) Whilst he thus eulogises the C. Bened., he gives only one word to the properties of the C. Marianus, "Emulsive." Gray and Lindley both speak of the C Mar. as "pectoral, antipleuretic, aperitive." It is common on Wimbledon Common, flowers in July with a purple blossom (Lindley). It is found about Edinburgh "growing on banks and waste places; is a perennial, with a stem from 3 to 5 feet high. Distinguished at once by the white veins on its leaves, and the great re-curved scales of the involucre. A drop of the Virgin Mary's milk was said to have produced these veins" (Hooker). In Morris and Kendrick's "Med. Dict.," 1807, four ounce doses of the fresh juice of the leaves of the *C. Marianus* are recommended for dropsy, and the oil obtained from the seeds is said to be relaxent.

In the U.S. Dispensatory both plants have a place. Of the *C. Benedictus* the authors state that the active constituents of the *Benedictus* are a volatile oil and a peculiar principle for which the name *cuicin* has been proposed. This is crystallisable, inodorous, very bitter, neutral, scarcely soluble in cold water, more so in hot, freely soluble in alcohol. Its formula is $C_{42}H_{56}O_{15}$. In doses of 4 or 5 grains it is said often to vomit, and that in 8 grain doses it is useful in intermittent fevers. The drug may be so given as to be tonic, diaphoretic, or emetic. The plant has, in fact, been tried in almost every country in the world, and though favourable opinions of its value in the past are not wanting, still the general neglect into which it has fallen tells that it not unfrequently disappoints the prescriber.

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Clinical Records.

CASE OF

LABOUR COMPLICATED BY A SARCOMATOUS TUMOUR OF THE ANTERIOR LIP OF THE OS UTERI.

Under the care of Mr. Richard Jeffreys,

Medical Officer to the Brampton and Walton Districts of the Chesterfield Union.

At 10 p.m. on Tuesday, Feb. 25, I was called to see Mrs. R., in labour with her second child. The state of things was as follows:—

The pregnancy had advanced to the eighth month. The labour had been going on for six hours. There had been some hæmorrhage during most of that time. A midwife was in attendance, but being alarmed at the patient's condition she sent and asked me to take charge of the case. On examination I found the os uteri about the size of a florin. The anterior lip was very much thickened, forming a marked contrast to the posterior lip, which was normal. The membranes although distended were not bulging through the os, and were very little influenced by the pains, which were slight and infrequent. With a view to checking the hæmorrhage I ruptured the membranes. I remained with the patient some two hours and a half. The bleeding ceased, and as the case made no progress I left her with the usual directions.

I called again the next morning, and found matters pretty much as they were, save that the os was rather more dilated. The hæmorrhage had not recurred. The pains had been slight and at long intervals. The case lingered on during the day. Towards evening I decided to take operative measures, partly because I thought the os now sufficiently dilated to just admit the application of forceps, and partly because I was uncertain when severe hæmorrhage might take place. I was the more influenced by the latter consideration on account of the very extensive fissures on either side of the now palpable tumour of the anterior lip, and it was evident from these commencing fissures loss of blood had proceeded. My friends, Dr. Fielden and Mr. Shea, saw the case with me, and assisted me during the operation. Chloroform was administered, Barnes' long forceps applied, and with moderate traction the child was soon born.

The application of the forceps and the passage of the head through the os both caused a rather sharp recurrence of the bleeding. Also after the removal of the placenta there was considerable post-partum hæmorrhage. Probably during the descent of the head the tumour had been pulled down to the vulva. On examination it was found to form a rounded mass of about two inches diameter, attached to the uterus by a thinned out lengthened pedicle, which between the fingers felt rather like a piece of mesentery. As we were uncertain of its nature, as it might slough, and more particularly because it would both block the vagina and act as a means of conveying septic influence, we determined to remove it. This was done by transfixing the pedicle, applying a silk ligature, and cutting it off with a pair of scissors. During the removal of the tumour the patient had been allowed to recover consciousness. The necessary manipulation caused globus hystericus and rather violent retching. A morphia suppository was administered per anum.

The after treatment was for the most part simple. The vagina of course was washed out twice a day with diluted Condy. There was considerable rise of temperature (104 deg.) on the evening of the third day; and the average temperature until the tenth day was about 101 deg.; but on this day it increased to 105 deg. Defervescents had been used, but they were now pushed, and by the twelfth the temperature was normal, and remained so. There was some pelvic pain from the tenth to the twelfth day. The lochia was profuse and offensive. Even now at the end of seven weeks there is offensive leucorrhœa.

Dr. Fielden obtained the kind assistance of Dr. Galabin, of Guy's Hospital, in the investigation of the tumour. He reported that a section showed a growth of the connective tissue kind, approximating on the surface to round-celled sarcoma, and he labelled the slide "Fibro-sarcoma of the cervix uteri."

He said that if the whole of the growth had been removed, the patient will probably escape recurrence, but in this event supra-vaginal amputation of the cervix or extirpation of the uterus will be necessary according to circumstances.

A few days ago I examined the patient, and found that the posterior lip was normal, that the anterior lip was represented by an apparently healthy stump. Though the sutures were still there, but were easily removed; also that there was extensive bilateral laceration of the os. The fissure on the right side bifurcating so as to form a small tongue of healthy tissue, and in this condition was found a very sufficient cause of the leucorrhœa. The patient's general health was fair, although she was still rather anæmic.

I have omitted to mention that we found a slight fissure of the posterior lip before operating, which had quite healed up by the time of the last examination, and that the child, which was born alive, only survived about twenty-four hours.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Medical Section.

Meeting held Friday, March 25th.
The President, Dr. **James Little**, in the Chair.

PREVENTION AND TREATMENT OF DISEASE.

Dr. C. F. **Knight** read the following note on the above subject:—A fever may abort at any time—spontaneously or by the administration of therapeutic agents. Acute articular rheumatism may be treated by one of seven plans—viz., alkaline, quino-alkaline, mint-water, salicylic acid and salts, salicin, chalybeate, and eclectic. Advantages of alkaline treatment—1st, rapidity of action; 2nd, absence of cardiac complications; 3rd, rapid defervescence. Quinine, an antipyretic and antiseptic, must be given with great regularity, and in sufficient doses to produce satisfactory results. A tolerance may exist. In 1883 the author gave the largest quantity of quinine ever recorded to one patient—viz., in 24 hours, 131·25 grains; five grains subsequently produced cinchonism. Temperature analogous to septicæmia; quinine may fail to reduce temperature, alkalies rarely do. The author believes that mint-water, salicylic acid and salts, and salicin, influence the disease, because they are antiseptics. Cases where rheumatoid fibro-ankylosis of vertebræ and joint exists, are well treated with small doses of salicylate of sodium, assisted by massage. As to the pathology of acute articular rheumatism, and other diseases, the manifestations may be due to organisms in the blood, which are destroyed by antiseptics, and cannot live in a strongly alkaline medium. Source of organisms—1. Outer world, through ingesta, or by gases inhaled. 2. May arise in digestive or respiratory tract, as by germs introduced, or coalescence of organisms, which separately are innocuous. Do normal digestive ferments ever give rise to morbid processes Means of combating disease, dietetic, hygienic, and therapeutic—Farinaceous food causes a rise in temperature in febrile affections. Therapeutic agents to include—1. Abortives. 2. Inhalation of gases. 3. Antiseptics, as turpentine, in acute croupous pneumonia. 4. Rectal inflations of medicated vapours, which were advocated as a means of combating disease, fevers, phthisis, and cholera, in 1878. 5. Atomised liquids, a spray of a solution of cuchlorine, cooling and grateful, in fevers, and where thirst a prominent symptom. Best abortive for diphtheria, croup, mumps, and the exanthemata, is red iodide of mercury, prescribed in hospital in these diseases, since the commencement of 1884; dose, 1-16th grain thrice daily in form of pilules, first dose a double one. Children bear this treatment well, in adults it may cause colic; if so, allay with an opiate, which increases action of mercurial. Opportunity for trying this treatment now offers in the present epidemic of scarlatina. The author requests physicians to adopt this plan, and to communicate the results of their observations to the Academy.

Mr. **Doyle** said, as regards contagious disease, his idea of preventive medicine up to the present was to isolate the patient under hygeinic conditions; and as to abortive fevers where the fever did not take its course, he suspected he was wrong in his diagnosis.

The **President** expressed his dissent from Dr. Knight's views as to the superiority of the alkaline over the salicylate treatment of acute rheumatism, and drew attention to the fact that some patients in rheumatic fever continue to suffer from the pains, no matter what drug is administered, until milk is excluded from their dietary.

Dr. **Knight**, in reply, urged the desirability of resorting to therapeutic agents, which appear to act as abortives, instead of trusting solely to isolation. Where two or three cases of well marked disease, which had run the ordinary course, occurred in a family, and the members of the same family exhibited similar symptoms, diagnosis could hardly be uncertain; and yet it was shown that in the latter supervening upon the use of abortives, the disease was cut short. He intended, as the result of his experience, especially in the absence of cardiac complications, continuing the alkaline treatment; but there was a distinction between salicylic acid and salicylate of soda, and he spoke of cases treated with the acid and not the salt.

LATENT TYPHOID FEVER FATAL THROUGH CARDIAC THROMBOSIS.

Dr. A. **Montgomery** (Sectional Secretary), read a case, communicated by Surgeon-Major R. Harman, A.M.S., of latent typhoid fever, which proved suddenly fatal without the disease having been recognised during life. The patient, a dragoon of splendid physique, aged forty, was admitted to hospital for slight eczema of the left leg, which readily yielded to treatment. He never complained of any symptoms, abdominal or otherwise, except a slight cough, for which the usual remedies were applied; the temperature was taken on several occasions, both morning and evening, without finding any rise above normal. However, on the 16th day from his admission, after being up and about as usual, he vomited about a pint of fluid resembling coffee grounds, and expired immediately afterwards, being quite conscious and free from pain to the last. A *post-mortem* made three hours after death revealed a dense fibrinous clot, of a pale amber colour, occupying the right auricle and ventricle, firmly adherent to the endocardium and tricuspid valves, and extending into the vena cava and pulmonary artery. The parietal and visceral peritoneum was covered with thick masses of recent lymph, and the peritoneal cavity contained about two pints of semi-purulent serum. Just above the ileo-cæcal valve the ileum, on the anterior free surface of the bowel, presented an oval open gangrenous ulceration, about three inches in length and half the circumference of the bowel in breadth, destroying all the coats of the bowel; and although opening freely into the peritoneal cavity, there was no extravasation of the intestinal contents. There was another gangrenous patch about six inches higher up, and Peyer's patches exhibited every stage of the disease.

Dr. **Finny** said the case brought forward by Surgeon-Major Harman was one of great interest and rarity. In enteric fever, until the *post-mortem* examination was made, it was hard, if not impossible at times, to give an accurate diagnosis, and sometimes during life the ulcerating process may advance unnoticed until marked by a gush of hæmorrhage. The present case revealed an interesting clinical fact that the patient had marked pathological lesions of several hours', if not days', duration, without having presented any subjective symptoms. No doubt there were instances of patients with peritonitis walking to hospital, but it was unusual that a man should be up and about and yet suffering from such extensive disease as in the present case. He asked had there been an examination of the mesenteric glands. The softness, size, and colour were of great help in a pathological diagnosis. There was no evidence that death was caused either by thrombus of the heart or embolus of the pulmonary arteries. The action of the peritoneal inflammation, as it became developed, produced weakness in an already fatty heart; and the clot found in the right ventricle was really the result of a failing heart in the death agony, and not the cause of death.

Dr. **John Wm. Moore** concurred in the conclusion that the pathological appearances in the intestine were those of enteric fever. From the advanced state of the disease in Peyer's patches, the gangrenous condition described—latent peritonitis—due to the extension of inflammation from the base of some of the ulcers, had probably been going on for some time, and perforation occurred, not as a cause of peritonitis, but subsequent to the presence of a certain amount of peritonitis, and thus was brought on the heart's failure, accelerated by the exertion of walking about. The condition of the lung showed that pulmonary embolism was not the immediate cause of death, the pathological results of pulmonary embolism not being present. He agreed with Dr. Finny that it was probably heart failure that led to the fatal result.

Dr. **Duffey** said that his reading of the case was that death was due to simple collapse, the result of perforation of the intestine—a view which was borne out by the history of the case. There was nothing in the lung to suggest that death should be attributed to pulmonary thrombosis. Cardiac thrombosis was an uncommonly rare lesion. He found only one case reported in the current literature.

Mr. **Foy** indicated that a description of the thrombus which would settle the point as to whether it was *ante*, or *post*, mortem?

Mr. **Doyle** inquired how and by whom the temperature was taken?

Dr. **Knight** said the case presented the characteristics of general septicæmia, of which enteric fever might be regarded as a variety; but the enlargement of the viscera and the intestinal ulceration did not constitute sufficient evidence of its being one of true septicæmia. In gynæcological cases adhesions were found without any history of severe attacks of pain or serious inconvenience to health.

The **President** said that he considered this case one of typhoid fever, but it was rare indeed to have such a normal temperature and an entire absence of severe symptoms before the fatal termination.

Surgeon-Major **Harman**, in reply, said the temperature was taken by the ward-master, an intelligent non-commissioned officer, about a dozen times, by means of the ordinary clinical thermometer, in the axilla, and it was never above 99°. There was softening of the mesenteric glands. The clot found in the heart was of a pale colour, and firmly adherent to the endocardium.

The Section then adjourned

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

April 14th, 1887.

The President, Mr. W. A. Garrard, in the chair.

MALIGNANT TUMOUR OF ŒSOPHAGUS.

Dr. **J. D. Wynne** showed an œsophagus which was involved in a cancerous mass for about six inches from just above the root of the lung downwards, greatly reducing the calibre of the tube below. The patient was seventy-nine years of age, and for about a year suffered from occasional dysphagia, which became worse during the last three weeks of life, so that eventually all food was rejected. The tumour was a typical scirrhus. It was interesting to note that during life patient had complained of no symptoms of heart disease, but had a loud mitral systolic murmur, and *post-mortem* the mitral valve was found roughened and very much dilated, the left auricle also being greatly dilated and the left ventricle hypertrophied.

PEMPHIGUS NEONATORUM.

Mr. **Jeffreys** related the notes of a case of pemphigus neonatorum, non-specific, occurring in a child five days old, in which bullæ existed on the face, chest, back, abdomen, arms and legs, confluent, some of them being as much as three inches in diameter. Treated successfully with opiates and arsenic, the body being washed occasionally with bran-water and anointed with purified vaseline.

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THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting held Tuesday, May 17th.

Dr. Rayner in the chair.

The principal business of the meeting was to consider a memorandum from the Parliamentary Committee of the Association containing observations and suggestions in regard to

THE LUNACY ACTS AMENDMENT BILL.

A long discussion ensued, in which Drs. Ringrose Atkins, Patterson Wood, A. R. Urquhart, J. Murray Lindsay, S. W. D. Williams, Hayes Newington, Hack Tuke, G. H. Savage, H. Rayner, S. H. Agar, Robert Baker, and Evan Powell took part. In opening the discussion, the Chairman animadverted upon some observations made by the Lord Chancellor in introducing the Bill, and to his having made use of certain words, *i.e.*, "*accused*" of lunacy, "*supposed*" examination, &c., which, if rightly construed, associated lunacy with crime and further implied perfunctory work or laxity on the part of medical men in their professional duties in connection with lunacy. Suggestions having been freely made on the various clauses of the Bill, it was agreed that the memorandum should be circulated among the members of the Association, now numbering upwards of four hundred. A strong opinion appeared to prevail that the magisterial intervention proposed by the Bill should not be allowed entirely to override medical opinion, and further, that there should be a power of appeal to the Home Secretary in cases of refusal or reduction of pensions. It was also urged that members of the Association should seek to impress most earnestly on members of the House of Commons with whom they were acquainted that insanity is a symptom of disease, and that the primary aim and object of all legislation in regard to it should be the care and proper treatment of the afflicted persons suffering from it.

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A prize of 10,000 francs is offered by the Académie de Médecine, Paris, for the best work on the treatment of stricture of the urethra, or on the therapeutic methods for diseases of the urethra.

A new medical journal is to be published shortly in Paris, under Professor Grancher's direction. It will be called the *Univers Médical*, and the editor intends to devote a much larger part to foreign news than is usually given in French papers.

Meeting of

THE GENERAL MEDICAL COUNCIL.

Extra-ordinary Session, May, 1887.

John Marshall, President, in the Chair.

SIXTH DAY.—Monday, May 16th.

Pharmacy Acts Amendment Bill.

A communication was read from the Parliamentary Bills Committee of the British Medical Association requesting the attention of the Council to the provisions of the Pharmacy Acts Amendment Bill.

Mr. **Wheelhouse** moved, and it was seconded by Dr. **Struthers**, and agreed to, that the communication be received and entered in the Minutes.

Report of the Practical Education Committee.

It was moved by Mr. **Wheelhouse**, and seconded by Dr. **Struthers**, and agreed to, that the Report be received and entered in the Minutes.

Report of the Procedure Committee.

It was moved by Mr. **Wheelhouse**, seconded by Dr. **Struthers**, and agreed to, that the Report be received, and entered in the Minutes.

Visitation and Inspection of Examinations.

It was moved by Mr. **Wheelhouse**, seconded by Dr. **Struthers**, and agreed to, that various communications in relation to visitation and inspection of examinations be received and entered in the Minutes.

The Apothecaries' Hall of Ireland.

The adjourned debate was then resumed.

Mr. **Collins**, continuing his speech on this subject, said that the annual number of men who took the licence had averaged from 37 to 40 per annum, but had fallen to 20 last year. If the Company had failed in carrying out their duties satisfactorily then he would be the last to ask the Council to continue the system, but, as a matter of fact, the examinations had borne the test of inspection as well as most of the other licensing bodies of the Kingdom. He did not think, therefore, that under the circumstances, the Medical Council should act contrary to the Imperial legislature of 1858 so long as the course of study and the examinations were satisfactory. He maintained that neither could seriously be found fault with. He denied the accuracy of the statement that their licentiates only numbered 387. As a matter of fact they numbered between 900 and 1,000 living in Ireland. The Apothecaries' Company had been acknowledged by several Acts of Parliament to be a licensing body admitting to registration, particularly in the Acts of 1858 and 1886. The remarks made by Mr. Carter as to the intentions of Parliament, and as to the precautions taken to secure that end, applied with equal force to the Irish Company. He hoped that the Council, having taken all these matters into consideration, would do the same justice to the Apothecaries' Hall of Ireland as they had done to the Apothecaries' Hall of England, although the former had not had the advantage of so able an advocate, and so clear an explanation of the facts of the case as the latter.

Dr. **Bruce** rose to second the motion. He said that he was able to look on the matter with very great impartiality. The right of this body to grant a diploma had been recognised not only in 1858, but in 1886. They had recognised the English Hall, and should, therefore, recognise the Irish Hall. If it were proposed to do away with the Irish Hall, it ought to be done under clause 4 rather than under clause 5. He alluded to the damaging retrospective effect which the extinction of the Hall would involve on its licentiates. It would be very harsh if by stretching their powers, they extinguished a body which had done some good work in the past. As physicians, it was more their duty to cure than to execute.

Mr. **Teale** felt very strongly that the Council had no other course open to them than to accede to the motion of Mr. Collins. The Council had been obliged by the Act of 1858 to receive their representative, to inspect their examination and to register their licentiates. Further, the Council had specially urged the claims of that body to be received into combination by the Colleges of Physicians and Surgeons.

Dr. **Struthers** moved as an amendment:—"That, inasmuch as a legal question has been raised by the King and Queen's College of Physicians in Ireland as to the right of the Apothecaries' Hall of Ireland to have assistant examiners appointed for them, to enable them to separately hold qualifying examinations within the meaning of the Medical Act (1886), or to enter into a combination with the Royal College of Surgeons of Ireland for that purpose, the General Medical Council decline to appoint assistant examiners for the Apothecaries' Hall, unless directed to do so by the Privy Council." He said that no notice had been taken of the legal difficulty which seemed to bar the way. But for that he agreed with what Mr. Teale had said. There was nothing in the history of the Company which could excite any but the kindliest feelings towards it. The motion before them was in perfect order; it did not commit them to appoint surgical examiners, and the only thing that stood in the light was the extremely serious prospect of legal proceedings on the part of the College of Physicians of Ireland. He certainly thought the communication from this body might have been more courteously expressed. The position of the Irish Hall was by no means analogous to that of the English Society. Mr. Purcell had said that the discretion of the Council ought to be exercised with due regard to the rights of the Hall. But what were the rights of the Hall?

[Mr. **Mitchell Banks** asked whether, as a matter of fact, the Apothecaries' Company of Dublin laboured under any disability in reference to registration or otherwise. Mr. Collins said none whatever.]

Dr. **Kidd** rose to second the amendment. He said he had done his best to procure the settlement of this difficult question by procuring a combination. The main features of the case had been mentioned by Dr. Struthers and need not be repeated. He asked, would it be within the power of the Council to register a man who presented a diploma of having passed a qualifying examination held by the College of Surgeons of Ireland and the Apothecaries' Hall? To do so would involve them in a law suit with the College of Physicians, and he thought it would be preferable to obtain an official judicial opinion on the subject before doing so, in the manner suggested by Dr. Struthers. Mr. Collins had based the claim of the Hall to examine in medicine on the fact that nothing in their Charter forbade their doing so, but that was a very curious way of arguing. They might on the same ground grant a licence to teach Sanscrit. He contended that, according to the preamble itself, the duties of an apothecary were limited to compounding and dispensing medicines. He considered that the assertion that the Hall had been refused by the Colleges of Surgeons and Physicians was untrue. On the contrary, these bodies had expressed their willingness to combine, on its being shown that the Hall had a legal right to enter into such a combination. He abstained from going into the question of merits as the question was purely a legal one.

Mr. **Simon** said there was no judicial department of the Privy Council in the sense of Dr. Struthers' resolution, and the Privy Council would not take cognisance of a thing of this sort. He compared Dr. Struthers' fertility in arguments against the Apothecaries to the famous tree which grew at the entrance to the infernal regions. He pointed out that the legal opinions which had been quoted as advice to the Hall, were in reality extracts of opinions without a case. The licence of the Hall had been recognised by the Irish Local Government Board as a qualification in medicine, and the Act of 1858, in the opening words, recognised it again. It seemed to him that nothing could be said against the demand. It was not a question of law but of common sense.

Dr. **Leishman** thought it would be beneath the dignity of the Council to be influenced by the threat of the College of Physicians. No one who read the Act of 1858 and the Act of 1886, could doubt that the Hall was a medical corporation, and as such had a right, having failed to combine, to make a definite demand for examiners to the Council. The Council had decided in 1863 that an Irish apothecary was entitled to practise medicine and midwifery in Ireland, and they could hardly go back on that decision. In common fairness and honesty they could not refuse to adopt the course which they had adopted with the English Society.

Sir **Wm. Turner** suggested that counsel's opinion should be asked on the subject when in attendance.

Dr. McVail said they were not there to discuss old charters or old Acts of Parliament. The Council were not competent to go outside the Medical Act.

Mr. Carter said he could only say "ditto" to what had fallen from previous speakers. He quoted an instance of an Irish L.S.A. having held various appointments in England on that qualification alone.

Dr. Banks confessed that with the conflicting legal opinions before him he was unable to arrive at a satisfactory conclusion.

Dr. Moore regretted that the combination had not taken place, but it did not follow that he was in favour of the establishment of the Hall as a great examination board. He feared that the examination under the new *regime* would taste too much of drugs. He thought it would be giving a white elephant to the Apothecaries' Hall to grant an examiner.

Mr. Macnamara having moved the adjournment of the debate, it was seconded by Dr. Heron Watson, and agreed to.

SEVENTH DAY.—Tuesday, May 17th.

Mr. Muir Mackenzie and Mr. Farrer attended in accordance with the resolution passed by the Council on Saturday, May 14th. Strangers were requested to withdraw.

It transpired that their opinion in reference to the appointment of examiners, was in favour of appointing examiners, only in the department in which they were required to complete the board.

Application from the Apothecaries' Hall of Ireland.

On the re-admission of strangers, the debate on Mr. Collins' motion and Dr. Struthers' amendment was then resumed.

Prof. Humphry argued in favour of the status of the Society of Apothecaries of Ireland, and urged that their request be complied with.

Dr. Aquilla Smith maintained that the Company was totally incompetent to examine in medicine. There was not a man on the board of examiners who had had charge of a single ward in any hospital. Seeing that he had but little hope of influencing the vote of the Council, he need not detain them longer.

The amendment was then put to the vote and negatived by 21 to 8.

The original motion was then put to the vote and passed by 21 to 8.

The President asked Mr. Collins whether he was prepared with any further motion on the subject.

Mr. Collins said he preferred to postpone further action until the following day.

It was arranged that the Irish Branch Council should meet at 1 p.m. on Wednesday, to arrange the course to be followed.

Appointment of Examiners to English Society of Apothecaries.

Mr. Carter then moved, "that the assistant examiners to be appointed to the Society of Apothecaries be examiners in surgery."

The motion was seconded by Mr. Simon and agreed to.

Mr. Carter then moved "that these examiners be three in number."

Dr. McVail thought that the Council ought not to decide this matter without a printed statement as to the mode of carrying out the examination. He did not think that three examiners were sufficient to examine properly 250 candidates annually. The Council would be responsible for the proper conduct of the examination in surgery, and he thought that they ought first to assure themselves that it would be carried out in a proper way.

Mr. Simon said that the information required was already contained in the former minutes.

Sir Wm. Gull thought that three examiners were quite sufficient to examine five candidates weekly.

Dr. Kidd said that the Council had recommended the system of assessors (one examiner to question and the other to mark) and he did not see how this could be done with three examiners. He thought a great deal of information was required before they could vote.

Sir Walter Foster thought the discussion was out of place and only wasted time, the responsibility for which fell on those gentlemen who rejected his amendment on Friday. The Council could not then go into the details and he urged members not to prevent the matter going on to its logical conclusion.

Dr. Struthers said he had no further objection to make and urged that the request be acceded to.

Dr. Heron Watson considered that the number of examiners was insufficient to carry out the examination satisfactorily. Tutors would soon get to know what kind of questions were likely to be asked.

Mr. Carter said that as soon as the Society were enabled to ascertain what the number of candidates was likely to be in future, every provision would be made to carry out the examination in a satisfactory manner. Hitherto the examiners had not found themselves overworked. He deprecated any present addition to their number. The Society wished through him to assure the Council that they would do their best to maintain a high standard of competence in the various departments.

Dr. McVail proposed the following amendment:—"That the Council instead of proceeding to adopt the motion proposed by Mr. Carter, postpone acting until it has been informed regarding the details of the examinations, written or oral, clinical or operative, and the number of students on the different days of the examinations throughout the year."

The amendment was put to the vote and lost.

The original motion was then put to the vote and carried.

Mr. Carter then moved (and Mr. Simon seconded) "that each of these examiners be paid an annual stipend of £100."

Dr. McVail proposed as an amendment "that the question of the payment of examiners be postponed."

The amendment, not finding a seconder, fell through.

Sir Wm. Gull said the sum mentioned was not a bad one. It was considerably more than they received for sitting at that table. He said the profession was not paid like tradespeople. The position was an honourable one. He thought it was very unprofessional to say that it would be a shame to get men to examine for £100 a year, in surgery.

Dr. Struthers thought the proposal was a handsome one.

Mr. Carter explained that at present the fees chargeable by the Society were regulated by Act of Parliament, and they had endeavoured in vain to obtain power to change this in the last Act. The fees which were adequate a hundred years ago, and for a single department, were insufficient now.

The motion was agreed to.

Mr. Carter then moved "that the term of one year from July next, subject to the orders of the Council, Messrs. Makins, Walsham, and Andrew Clark be appointed by the Council as surgical examiners to assist the Apothecaries' Society."

Dr. Batty Tuke said that more than three names should have been submitted so that the Council might have had, at least, the appearance of discrimination.

Dr. Struthers pointed out that the names were proposed by a member of the Council, and not by the Society.

Dr. Leishman thought that the matter was being pushed on too rapidly. He had, however, no further opposition to make.

The President said he knew the three gentlemen perfectly well, and did not think there were three men in London better fitted for their duties.

The motion was then agreed to.

Medical Education of Women.

Sir Wm. Gull moved the following resolution:—"That although the General Medical Council has no power to urge the duty of examining candidates, male or female, upon any examining body, and therefore cannot do more than receive the communication from the London School of Medicine for Women (Minutes, vol. xxiv, pp. 214-216), the Council are not unwilling to express the hope that examining bodies may, if within their powers, find it desirable to admit women on equal terms with men to the privileges of examination." He said that he had opposed their admission to the University of London, but the matter had been decided by Parliament to the contrary. He would be sorry to see the Council pass over the application silently, even though they could not do what they were asked. He thought it was a duty he owed to society and to the profession to bring the matter before them.

Dr. **BANKS** seconded the motion, and expressed his concurrence in what had been said by the previous speaker. He said he did not think women doctors were required for England, but called attention to Lady Dufferin's appeal for a supply of them for India.

Dr. **QUAIN** objected to any appeal being made to such bodies as the Colleges of Physicians of London and Dublin. He asked whether the number of bodies admitting women was not sufficient. He moved "The previous question."

Mr. **SIMON** seconded the motion, not because he was opposed to the admission of women, but because he thought it was not the province of the Council to commit itself to abstract resolutions.

The motion, "The previous question," was carried, and the Council then adjourned.

EIGHTH DAY.—WEDNESDAY, MAY 18TH.

Mr. JOHN MARSHALL, President, in the chair.

THE greater part of the sitting was devoted to the appointment of various committees, and to a rearrangement of the rules of procedure.

REGISTRATION OF COLONIAL AND FOREIGN DIPLOMAS.

On the motion of Mr. **WHEELHOUSE**, seconded by Dr. **STRUTHERS**, the Executive Committee was empowered to take the necessary steps for carrying into effect the clauses of the Medical Act (1886) relating to the registration of the diplomas of colonial and foreign practitioners.

PHARMACY ACTS AMENDMENT BILL.

A communication from the Parliamentary Bills Committee of the British Medical Association, relating to provisions of the Pharmacy Acts Amendment Bill, was referred to the Executive Committee.

DELEGATE TO INTERNATIONAL CONGRESS OF HYGIENE.

Mr. **MACNAMARA** proposed: "That in compliance with the request contained in the last paragraph of the communication from the Science and Art Department, dated April 30th, 1887 (Minutes, vol. xxiv, pp. 229-230), the names of the medical bodies which have authority to give registrable diplomas or certificates for proficiency in Sanitary Science, Public Health, or State Medicine, be returned to the Science and Art Department as being genuine sanitary authorities which might wish to send delegates to the International Congress on Hygiene." The idea was mooted of sending a representative on behalf of the Council, but on the President stating that all expenses would have to be defrayed by the delegate, the matter was allowed to drop.

REPORT OF PROCEDURE COMMITTEE.

The Council then resolved itself into committee to consider the report of the Procedure Committee, and resolutions were passed to the following effect:—That the Council should meet each year on the fourth Tuesday in May, and, if necessary, again on the fourth Tuesday of November, unless the President, for reasons of public emergency, should think otherwise; but other matters may be called on a written requisition signed by eight members and addressed to the President. That the Executive Committee should consist of eight instead of six members, four for England, two for Scotland, and two for Ireland, five being a quorum; and four meetings be held in the year on the Mondays before the fourth Tuesday in February, May, July, and November. Two new standing committees are to be appointed, the Education Committee and the Examinations Committee, each of which should consist of nine members, three for each division of the kingdom, to be annually elected on the nomination of the Branch Councils at the May meeting of the Council. It was also resolved that all the committees should be appointed annually at the meetings in May.

The Council having resumed, the resolutions passed in committee were agreed to, and to the Executive Committee was delegated the task of revising the Standing Orders, so as to bring them into harmony with the resolutions of the Council.

Mr. **MACNAMARA** hoped that the Council would, before the present session terminated, appoint visitors to the examinations, as he expected that in July examinations under the Conjoint Scheme between the Royal Colleges of Ireland would be held.

REGISTRATION OF UNIVERSITY DEGREES.

On the motion of Sir **WM. TURNER**, seconded by Dr. **HAUGHTON**, it was resolved, "That the General Council instruct the Branch Registrars to register, after the appointed day prescribed by the Medical Act (1886), graduates of universities who have passed a qualifying examination in medicine, surgery, and midwifery, either on the production of a diploma or diplomas in respect of medicine and surgery, or on the production of an authorised list of such graduates, duly certified by the University."

The Council then adjourned.

NINTH DAY.—THURSDAY, MAY 19TH.

Mr. JOHN MARSHALL, President, in the chair.

The **PRESIDENT** read a letter from Sir Henry Acland acknowledging the receipt of the address from the Council on his retirement, expressing his gratitude for the kindly feelings embodied therein, and adding that he should always take the warmest interest in all the future proceedings of the Council.

POSTPONEMENT OF "APPOINTED DAY."

A communication was received from the Privy Council, stating that the Lords of the Council had yesterday passed an order for postponing until June 30th next the "appointed day" named in the Medical Act of 1886, and that the order would be forwarded as soon as printed.

ELECTION OF EXECUTIVE COMMITTEE.

Dr. **STRUTHERS** proposed and Dr. **BANKS** seconded, the re-election of the existing members of the Executive Committee, which after some discussion was agreed to.

A ballot was then taken for two new members of the committee, one for Scotland and one for Ireland, and the members elected were Dr. Heron Watson and Mr. Macnamara. The Business Committee, the Dental Committee, the Pharmacopœia Committee, and the Finance Committee (to which Dr. Humphry was added) were re-elected. The Education Committee and the Examinations Committee were also appointed.

THE FINANCES OF THE COUNCIL.

Dr. **QUAIN** said that the available funds of the Council were exhausted, and there was nothing wherewith to pay the members for their attendance unless the English Branch Council advanced it. They were willing to do so, but on condition that the Scotch and Irish Branch Councils made a remittance at an early period.

ENLARGEMENT OF POWERS OF THE EXECUTIVE COMMITTEE.

Mr. **SIMON** moved, "That the Council delegate to the Executive Committee to exercise the powers and discharge the duties of the Council so far as the Executive Committee shall, in the absence of the Council, find necessary or expedient, except as follows:—"First, as to making representations or reports to Her Majesty in Council or to the Privy Council; secondly, as to making general rules or recommendations; and thirdly, as to deciding, under Section 29 of the Medical Act (1858), whether any medical practitioner has been guilty of infamous conduct in a professional respect."

Dr. **HAUGHTON** seconded the motion.

Dr. **A. SMITH** thought that all the offences under Sections 28 and 29 should be included in the exception.

Mr. **SIMON** thought the Executive Committee should have the power of removing from the Register persons who had been convicted of felony; but doubtful cases would probably be referred to the Council for decision.

The motion after a desultory discussion was put and adopted.

APPOINTMENT OF EXAMINERS TO IRISH HALL.

Dr. **HAUGHTON** moved, in behalf of the Irish Branch Council: "(*a*) That this Council do appoint two assistant-examiners to the Apothecaries' Hall of Ireland. (*b*) That these examiners do examine in surgery. (*c*) That for a term of one year, from July 1st next, and subject to the order of the Council, Sir William Stokes and Mr. Edward Hamilton be appointed. (*d*) That the fee to each assistant-examiner at the stated quarterly examinations shall be five guineas. (*e*) That, in the event of any vacancy occurring among the assistant-examiners appointed by this Council, it be remitted to the Branch Council in the division of the kingdom in which the vacancy has arisen to appoint an *ad interim* examiner or examiners."

Mr. Collins seconded the motion, which was agreed to.

Appointment of Inspectors of Examinations.

Mr. Macnamara moved: "That the Council now proceed to appoint Inspectors of Examinations from the following list of persons suggested by the Branch Councils:—By English Branch Council: In Medicine—Dr. Coupland, Dr. Finlay; in Surgery—Mr. McGill, Mr. Pepper; in Midwifery—Dr. Malins. By Scottish Branch Council: In Medicine—Matthew Hay, James A. Russell; in Surgery—Joseph Bell, J. D. Gillespie, D. N. Knox; in Midwifery—A. H. F. Barbour, R. Milne Murray, W. L. Reid, James Stirton. By Irish Branch Council: In Medicine—John Magee Finny; in Surgery—E. H. Bennett, E. D. Mapother; in Midwifery—F. W. Kidd, T. M. Madden.

Dr. Bruce seconded the motion, which was adopted.

The Council then proceeded to the appointment of inspectors in private, strangers being requested to withdraw.

On the re-admission of strangers the President announced that the following gentlemen had been appointed:—For Medicine, Dr. Finlay; Surgery, E. A. Bennett; Midwifery, A. H. F. Barbour.

Late Appearance of Register.

Dr. Glover called attention to the late appearance of the Register this year, which had not appeared until April 29th. While he exonerated the Registrar from any blame in the matter, he said the fact was a very objectionable one, and he hoped it would be remedied in future, failing which he should consider it his duty to bring forward a motion on the subject.

Dr. Struthers, who had given notice of a motion for the consideration of the interim report of the Executive Committee and the suggestions of the Branch Councils in regard to the appointment of inspectors of examinations, said that it had been rendered unnecessary after the motion of Mr. Macnamara. He would only refer to one of the recommendations of the committee, that the inspectors should have their attention specially called to the quality of the examinations, and also to the sufficiency of the means and appliances for testing the qualification of the candidates. There was another matter to which special attention should be called—viz., the quantity of the examinations, that being a point in which they were deficient. There ought also to be a reference to the previous reports of visitors.

Dr. Haughton withdrew a motion of which he had given notice, with reference to the manner of entering on the Register the names of British physicians and surgeons holding foreign diplomas in dentistry.

This concluded the business of the Council.

The President said he thought that the Council might congratulate itself on having settled some very important and difficult questions in such a way as to economise time and labour in the future. Though the session had been a long one, he did not regret the time that had been spent, because he thought that great economy and other advantages would be the result.

◆

France.

[FROM OUR OWN CORRESPONDENT.]

Treatment of Intestinal Obstruction.—At the *Société de Chirurgie*, Prof. Trelat made a lengthy communication on the manner in which intestinal obstruction should be treated. In the first place the choice of operation required is oft times most difficult to determine; the alternative generally lies between laparotomy and artificial anus. The latter is indicated especially in cancer of the intestine, whereas in volvulus or strangulation by bands, laparotomy is required. However, there are cases in which it is difficult to choose between the two, in such cases Prof. Trelat recommended the practice of the German surgeons—make first the laparotomy, and afterwards the artificial anus, if the cause of the obstruction be not found. M. Reclus thought that the whole difficulty was to be found in the diagnosis which is often impossible, but which at the same time might be rendered comparatively easy by a rectal examination, according to Simon's method. In one case in which he put this method into practice he found a cancer of the upper extremity of the rectum. M. Reclus mentioned a cause of intestinal obstruction omitted in the discussion, that of paralysis of the digestive canal.

The Modern Treatment of Phthisis.—M. Lucas Championniére in the *Journal Chirurgie et de Medicine* passes in review the modern treatment of phthisis. He commences by confessing that no specific has been discovered, and that all that has been recently recommended are only adjuvants to the treatment already followed. M. Gouquenheim pretended that intra-pulmonary injections of sublimate gave good results, but in other hands did not succeed so well. M. Dieu la Foy tried injections of phenic acid, but with little result. However, there are two methods being actually tested—gaseous rectal injections and subcutaneous injections of eucalyptus. The former was initiated by M. Bergeron. The first trials appeared favourable, but subsequent experiments were disappointing and now this method is abandoned. Not so with the subcutaneous injections, which seem to offer real advantages—M. Ball recommends them highly, and M. Bouveret of Lyons, published an important paper on the subject. These gentlemen employed eucalyptol dissolved in vaseline oil. According to the last named eucalyptol is useless where much fever is present, and even dangerous in some cases, but in apyretic phthisis where the catarrhal element predominates, the subcutaneous injections of eucalyptus give very satisfactory results.

Benzoin in the Treatment of Whooping-Cough.—The treatment of whooping-cough is as varied as it is unsatisfactory. It would occupy too much space to enumerate all the pretended infallible remedies, which only appeared to disappear. And thus, when a new method is recommended it finds many incredulous minds. However, M. Moinard, of the Tenon Hospital, has adopted a treatment which he avers has proved very successful in his hands. This treatment consists in insufflations by the nose of antiseptic powders, tannin, boric acid, iodoform, benzoin) and to this latter he gives the preference, He used it in fifty cases, and declared that he obtained a rapid diminution of the fits of coughing. One case was very singular. A child, aged six months, was ill for more than six weeks from whooping-cough when he saw it. It had about forty fits a day, insufflation of benzoin was used, and the child was well in a week. The formula he uses is as follows:—Benzoin in powder, ʒj; salicylate of bismuth, ʒj; sulphate of quinine, xx grs. A little of this powder is inserted into the end of an india-rubber tube and introduced into the nostril, the other end of the tube is taken into the mouth of the attendant or parent and blown through, the powder falls on the desired spot, and the same operation is performed on the other side. From three to five insufflations are made in the day. No danger or pain attends this method of treatment, and the children offer very little resistance. In conclusion, M. Moinard brought under the notice of his colleagues several cases which certainly proved greatly in the favour of the treatment.

Cirrhosis has been generally considered in text-books to be extremely rare in childhood, but M. Laure, of Lyons, has in a work which has just appeared proved the contrary. He has been able to collate 51 cases, of which five came under his own notice. It will be thus seen that cirrhosis depends on other causes than that of syphilis or alcoholism.

Amongst the causes infectious fevers, scarlatina, small-pox, diphtheria, measles, &c., play an important part. M. Laure studied especially the effects of measles, and frequently he found hepatic alterations. The symptoms of the affection differ but little from those witnessed in the adult, hepatic congestion, painful digestion, diarrhœa or constipation, increase in the volume of the liver, with slight ascites, dilatation of the subcutaneous veins, and icteric tint. At a more advanced period, general œdema appears with dyspnœa, diarrhœa, and all the symptoms of confirmed cachexia. Treatment has but a limited influence on the progress of the affection.

TREATMENT OF ORCHITIS BY SALICYLATE OF SODA.—Dr. Pignoret, in his Thèse, insists on the good results obtained in the treatment of specific (gonorrhœa) orchitis from salicylate of soda. In a few hours pain diminishes, and if the administration of the drug be persisted in, disappears totally. Dr. Henderson, of London, already recommended this agent in twenty-grain doses hourly until the pains were eased, and Dr. Pignoret, after having tried it in several cases, affirms that it is superior to every other treatment. As a local application, the following ointment has been very successful in the hands of your correspondent:—Iodoform, ʒss; vaseline, ℥ss.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 20th.

PROF. HOFMSKL ON THE SURGERY OF THE BILIARY DUCTS.—At a recent meeting of the Imperial Society of Physicians of Vienna, Professor Hofmskl showed two women on whom he had performed cholecystotomy with good results, and took this opportunity for discussing the indications for this operation, as well as the different methods which could be availed of in such cases. In the first case which he showed he had removed twenty biliary calculi, and there remained a fistula, which he afterwards closed. He had operated on this case in February, 1885, and no appearances of cholelithiasis had been observed during the two years after operation; the patient was moreover free from any pain since that time. This was one of the first cases on record in which no relapse of cholelithiasis occurred for such a long interval. In the second case he had removed two biliary calculi of the size of a pigeon's egg some weeks ago; no bile discharged at present from the wound, but the latter course of the operation will show whether a biliary fistula will establish itself or no. Speaking of the indications for cholecystotomy, he remarked that the obstructions of the biliary ducts by calculi, especially those of the ductus choledochus, were most frequently a reason for performing this operation, besides the traumatic injuries of the gall-bladder, which also often required operation. As to the neoplasmata, they were mostly of a malignant nature, and therefore made the operation superfluous. In cases in which the diagnosis was very difficult, we must have recourse either to puncturing or incising the bladder for ascertaining the diagnosis. Prof. Hofmskl is, however, of the opinion that puncturing the bladder should generally be avoided, as it would do great damage in cases of empyema of the bladder, and that incision of the bladder might safely be resorted to when the required modern antiseptic measures were taken. In cases in which we could anticipate an adhesion of the gall-bladder to the intestines, or the stomach, an infusion of the latter organs was also of great use for making the diagnosis certain. As to the question whether cholecystotomy or cholecystectomy was to be preferred, Prof. Hofmskl remarked that no general rule could be given in this respect, and that the method of procedure depended on the case with which we had to deal. When the gall-bladder was quite movable, and had sound walls and a free "ductus cysticus and ductus choledochus," the extirpation of the bladder must be resorted to, but, on the other hand, cholecystotomy must be performed when the mobility of the bladder was impaired, its walls thickened, its pedicle enlarged, and so on. He proposes to always suture the gall-bladder, and then drain it. When the cystic duct was free, a biliary fistula always established, with which the patient could live for a long time. There were hitherto 45 cases of artificial opening of the gall-bladder on record in literature: among these, 21 cases were operated on for empyema of the bladder, out of which 15 patients recovered (5 completely, and 10 with fistulas), 3 died, and the destiny of the remainder was unknown. Prof. Hofmskl finally remarked that he wished to bring the cases he had operated upon to the notice of the Society, to the effect of hearing also the opinions of other colleagues in this matter, and giving an impulse towards the collection of statistical data illustrating the successes and the non-successes of the operation in question in a certain number of years.

ACTINOMYCOSIS OF THE FACE SUCCESSFULLY TREATED.—At the last meeting of the same society, Dr. Julius Hochenegg, Assistant to Prof. Albert, at the Clinic for Surgery, showed a boy who had suffered before from actinomycosis of the face, and who was treated at that Clinic with success by operation and the application of a dress of sublimate fossil meal (sublimat Kieselguhr). Patient states that in January of the current year he had observed over the left zygoma a hard swelling which could be easily dislocated; the skin over the swelling was quite normal. Later on, the skin became red and painful, and the swelling became soft and broke up (opened) on the application of moist and warm cataplasms. There was no tendency to recovery, and new small swellings of the same qualities as that mentioned, formed, which also became soft afterwards and broke up. At the beginning of March fifteen such swellings could already be observed on the left cheek, the new ones being alway hard and painful, the older ones soft and painless; the adjacent parts were enormously infiltrated. Dr. Hochenegg remarked that the diagnosis of actinomycosis could already be made from the external appearance of the swelling before the microscopical examination had been made, as they had already, at an earlier period, to deal with a similar case at Prof. Albert's clinic. On the microscopical examination of the pus, especially of that discharged from the granulations, they discovered a great number of granules which were characteristic of actinomycosis, the so-called actinomyses granules. On the 29th of March the patient was put under the influence of chloroform and operated on by Dr. Hochenegg. He opened the swellings and removed the granulation masses by means of the sharp spoon, a dressing of sublimate fossil meal (sublimate Kieselguhr) was then applied. All diseased parts healed and covered with skin, and the infiltrations of the adjacent parts completely disappeared. A granulating wound of the size of three centimetres was only to be observed on the day when the patient was shown to the Society. Dr. Hochenegg had remarked already on a previous similar occasion that he was inclined to ascribe the chief influence to the dressing of the sublimate meal, and not to the effect of the excochleation, as under the influence of the sublimate also the infiltrations disappeared entirely, and the recovery was quite certain.

Imperial Honours.—The Emperor has conferred the title of a "Hofrath" on the "Sanitätsrath" and Director of the Vienna General Hospital, Dr. Joseph Hoffmann. The order of the "Iron Crown" was bestowed by the Emperor on Dr. Frederic William Lorinser the Director of the Hospital "Wieden." The "Primararzt" (chief physician) of the "Landes Irrenaustalt" in Prague. Dr. Joseph Kratschwil was named a director of this Institution.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 25, 1887.

THE GENERAL MEDICAL COUNCIL.

This long and tedious session has now come to an end. Notwithstanding an obstinate resistance to the inevitable on the part of several members of the Council, the apothecaries both in London and Dublin have triumphed, and have ultimately succeeded in obtaining every item of their demands. Only those who have scrutinised the reports of the proceedings can fully appreciate the kind of opposition which they have had to encounter and which they have overcome. After conceding the principle in so far as the English Society of Apothecaries was concerned, an attempt was made to raise an objection of another kind to the Irish Company of Apothecaries, based on the wording of the original charter and bolstered up by a threat of legal proceedings on the part of the Royal College of Physicians of Ireland. Both contentions failed as they deserved to do. It was obviously irrelevant and beyond the attributions of the Council to discuss the merits of a question which had been virtually decided by numerous Acts of Parliament, the last being the Medical Act of 1886.

Henceforth then, the Apothecaries' Society in London and the Apothecaries' Company in Dublin will be enabled to grant diplomas conferring a full title to registration. Although doubtless the difference in the fees will shortly be modified so as to allow for the extra requirements, they will in future prove formidable rivals to the bodies which have ungenerously and ungraciously refused to admit them to combination. The opposition was, in fact, an audacious attempt on the part of the other corporations to secure a monopoly of examining powers as a reward for indifference in the past and interested zeal in the present. The result of the appointment of examiners will be to create a quasi-state examination, at any rate in the subject in which examiners have been granted by the Council. This cannot but tell favourably on the public estimation of the licences which will now be enabled to compete on favourable terms with those of rival bodies.

The serious increase in expenditure which the frequent meetings of the Council have involved, has naturally brought the question of finance to the front. Even under ordinary circumstances the income of the Council would not have left much margin, and the extraordinary expenses of the past year had drained its coffers, so that no cash was in hand to pay the members for their attendances, and this had to be advanced by the English Branch Council. With the object of lessening the demands on the time of the Council the Executive Committee has been enlarged and its attributes extended. It is hoped that by these means much work of a minor importance may be got through without trespassing on the time of the Council which might be devoted to practical objects. In future the Committee will be competent to strike names off the *Register* where this may be required, "except as to deciding whether any medical practitioner has been guilty of infamous conduct in a professional respect." Allegations of this description will still be adjudicated upon by the Council itself.

Sir William Gull made an endeavour to secure the support of the Council to the principle contained in a communication from the London School of Medicine for Women, complaining of the exclusion of women from the examinations of the Apothecaries' Society. He was, however, unable to enlist the sympathies of the Council, and the matter was allowed to drop. The advocates for women's rights need not despair nevertheless. They have succeeded in overcoming the formidable resistance which was at first offered to their movement, and the rest will doubtless follow in due course.

A suggestion to send a delegate on behalf of the Council to the International Congress on Hygiene, was promptly dropped on its being ascertained that whoever was appointed would have to pay his own expenses.

The last two days of this protracted session were devoted to reorganising and re-electing the various committees. In future the Council will meet twice a year, in the fourth weeks of May and November respectively.

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THE TREATMENT OF CARDIAC AFFECTIONS.

The continual addition of new remedies to the list of drugs made available for the use of physicians has been a marked feature of recent years, and has resulted in a not inconsiderable improvement upon methods of treatment formerly pursued. It must not, however, be assumed that all the advances made in this direction have been the outcome of employing new remedies so-called, for very much that is valuable in present day practice is consequent on a juster and truer appreciation of the influence of surroundings, of diet, of repose, and of atmospheric conditions on the phases of disease; the more intimate study of which has in itself given rise to a permanent understanding of the importance of factors that were formerly unnoticed in their relation to bodily states. But unquestionably the higher position assumed by pharmacology in the later history of medicine has largely helped to bring us to our present knowledge of disease and its treatment, and one of the best consequences flowing therefrom is that the resources of therapeutics are daily increasing in extent; drugs that were the main resort of our fathers in particular diseases are now supplemented in many directions, both from the materia medica and from elsewhere; and whereas the recognition of a certain group of signs and symptoms would formerly have indicated always the administration of one and the same remedial measure, we can now vary this by ringing the changes on a number of substances of which our forefathers had no conception. In the treatment of diseases associated with changes in the structure and function of the heart this is especially true, and each year that passes is witness to the addition of what are veritably new remedies in such a connection. It is well within recent memory that digitalis formed the principal ingredient in mixtures designed to assist the heart in the performance of its work under embarrassing circumstances; and the description of this drug as a "cardiac tonic" has only lately been at all vigorously assailed by careful observers of its action. Now, however, the physician's *armamentarium* is comparatively rich in agents of which the action on the heart weakened by disease can be estimated with a certainty formerly unattainable; and the results accruing therefrom are correspondingly favourable. We have thus in addition to digitalis, such drugs as strophanthus, nitro-glycerine, nitrite of amyl, convallaria, &c., and though no one of them can aspire to the position of a "cure-all," yet their possession gives the therapeutist a power to combat disease which was wanting before their introduction into the materia medica. It cannot, however, be said that we are able to determine, without the possibility of doubt, under what precise conditions each of the group of remedies in question is more available than the others, though in many instances there are unquestionable reasons for selecting a particular one. Nor is it likely, as it is not desirable, that this should be the case until the accumulation of observations shall furnish means for arriving at a complete and accurate diagnosis of every case coming under treatment. So long as this is wanting, then so long must the care of every case partake somewhat of the nature of an experiment, and afford the teaching of one. With the heart, as with every other important organ of the body, we stand in the position of a guardian who has still many things to learn respecting the peculiarities of his charge under changing conditions, and everyone who devotes attention to a study of its action in health and disease, helps forward the perfection of knowledge. A good deal in this direction has lately been achieved, and a noteworthy addition to the clinical history of the subject has been made by Dr. Roberts Bartholow, whose researches on the treatment of "weak heart" are summed up in a valuable paper contributed to the Philadelphia *Medical News*. In this Dr. Bartholow combats the statement that digitalis is a heart tonic adapted to all states in which the action of the organ is improperly performed, and he attributes many fatal terminations to the pernicious influence of the drug when administered in cases of fatty degeneration, &c. In his experience cases of this description progress most favourably under a *régime* in which a due and prominent influence is assigned to the regulation of diet and exercise, and the administration of nitro-glycerine, one *per cent.* solution, medicinally. The objections raised to digitalis are physiologically sound, for the drug undoubtedly exerts its power over the arterial system as well as on the heart, and undoubtedly promotes a higher degree of tension throughout it, to overcome which the central organ must necessarily put forth an amount of strain that cannot but be injurious to an already weakened structure. Nitro-glycerine, on the other hand, reduces the amount of work to be done by the heart, through its action on the arterioles, which become dilated under it, and so readily yield to the current of blood passing through them. Nitro-glycerine, moreover, increases the rapidity of the heart's movements, and diminishes the tendency to spasm arising from irritability of the nervous system found in the subjects of cardiac affections. On these grounds the substance in question appears to be much more salutary and certain in its results than that which, in the opinion of the Philadelphia Professor, it ought to supplement in cardiac therapeutics.

Some stress is laid on the manner in which the drug is administered. The dose at commencement should be one drop of the one per cent. solution, and an additional drop per dose until the characteristic effects are produced. To this end the amount required varies with the individual from one to ten drops, and the frequency of the dosage from two to six hours. The most convenient method of administration is afforded by the present system of combining the drug with chocolate in tablets of definite strength, thus enabling the amount given to be regulated with extreme nicety. By carefully watching the effects produced it sometimes happens that large doses may be reduced, the full physiological action being still maintained; and on the other hand smaller doses may require to be considerably increased to the same end.

As an adjuvant to nitro-glycerine Dr. Bartholow employs also arsenic, generally in the form of Fowler's solution, two or three drops thrice daily. By this means the gastro-intestinal mucous membrane is much improved, the appetite is stimulated, and abnormal reflex nervous excitability is controlled. Other tonics, such as iron, &c., he emphatically condemns. Strophanthus claims attention in the treatment of cardiac weakness from the undoubted advantages which have in many well-authenticated instances followed from its use. The researches of Dr. Fraser and other observers have clearly established that it exerts a distinct tonic influence over the heart, while it does not injuriously affect its labour through encouraging increase of arterial tension. On this account the new drug deserves recognition as a valuable addition to the materia medica, though it is too early as yet to assign its final position in the list of remedies available in heart affections. It would be unwise to assume that these alone are even primarily influenced by its presence in the body, and indeed there is sufficient evidence already accumulated to show that it promotes a freer flow of the urinary secretion. As observation of its action becomes more extended it is probable that it will be proved to exercise a wider sway than is now assigned to it, but meanwhile it is desirable to recognise and appreciate the ascertained results of its administration. That these include an undoubted improvement in the heart's propulsive force is no longer questionable, and we have yet to learn that its dangerous properties are such as to preclude its use in cases where the main symptoms indicate weakened action. The more it is adopted in practice, and the conclusions arrived at in regard to it by practitioners are made known, the sooner will it take its proper place in the class of drugs to which it belongs; and all who have the opportunity of assisting in this direction ought to do their best to that end.

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THE FUTURE OF THE IRISH APOTHECARIES' HALL.

The General Medical Council on Wednesday last decided, by a majority of 21 votes to 8, to grant to the Irish Apothecaries' Company the two assistant examiners in surgery, which that Company considers to be all that is necessary to make their examinations complete and comprehensive, and their L.A.H. a perfect testimonial of competency in medicine, surgery, and midwifery. In other words, the Council which is created and maintained at vast expense to protect the public and the profession against the ingress of practitioners of an inferior standard of education, and which is specially charged by the Act of Parliament with that responsibility, has elected by a great majority to impose no limitation or restriction whatever upon the degrading of the educational or monetary tests which have heretofore protected us against the inroads of half-ignorant medical men. We say advisedly "no limitation or restriction whatever," because we regard the appointment of two Assistant Examiners in Surgery in this case as a mere sham, inasmuch as the supervision by these gentlemen of a little bit of one of the four examinations to which the "Hall" is supposed to submit the student could not be, however conscientiously and rigorously it might be carried out, of the very least value towards ensuring the competency of the future L.A.H. No conclave of gentlemen could know better than the General Medical Council that, by this *ruse*, they hand over to the Directors of the "Hall" uncontrolled discretion as to how much anatomy, physiology, medicine, materia medica, or any of the other correlative subjects a student shall be required to know. At the first three examinations of the series the Inspectors (save the mark) will not be present at all, and at the last of the series they will be empowered to take notice of only an insignificant fraction of the subjects.

To any people who possess common sense or any knowledge of medical students or teachers, it will be obvious that, under these circumstances, candidates will grind up the necessary amount of surgery to satisfy the Inspectors, and in all other subjects will remain as ignorant as the Directors of the Hall will allow them to be. This pleasing prospect derives an additional charm from the consideration that, in matters of medical study the Directors have the same unlimited discretion. They may, if it seems good to them, cut down lectures, dissections, hospital attendances, or any other form of study they please to whatever minimum they please; they may cheapen medical education to whatever extent they please; and, finally, they may issue their all-sufficing, State-patronised diploma for 9s. 4d. if they please. In such matters the General Medical Council has never in the least degree interposed except by vapid recommendations, which every one regarded or disregarded at their pleasure, and now that they have surrendered to the Directors of the Apothecaries' Hall their control over the qualifying examinations, we may say with truth that the worst apprehensions which were entertained as to the effect of the miserable Medical Bill are more than realised.

This extraordinaay and calamitous vote of the Medical Council was the outcome of voluntary ignorance of the merits of the case and of its effects. Having debated and decided the application of the London Apothecaries' Company for Assistant Examiners, an application which had good reasons and equities to sustain it, they declined simply to enter upon any differentiation of the Dublin "Hall" from the London body, and calmly voted, "Like cause! like rule!" in the case of an institution which never had the shadow of a claim to any such recognition. This they did in the teeth of the almost unanimous protest of the Irish members of the Council, for not one of them except the Rev. Dr. Haughton followed the representative of the "Hall" in the division, and thus they deliberately disregarded the opinion and advice of the only members who knew anything about the subject of debate.

We have said that we regard the chartering of the Dublin Apothecaries' Hall by the Medical Council free of the restrictions and precautions put upon the other licensing bodies, as the worst and most calamitous of the long series of blunders by which that body has achieved an immortal reputation for weakness and stupidity. They are, in the greatest degree, to blame for the disaster, the Fellows of the Irish College of Physicians next. We trust these gentlemen are elated at the success of their policy; that they admire the prospect which they have opened up to the profession in Ireland, and that they are satisfied with the outlook of their own College in the near future. It is they to whom the Directors of the

"Hall" owe the chief part of their debt of gratitude, to these who have lifted the "Hall" from the position of an obscure pharmaceutical licence to that of an all-comprising State qualification in medicine, surgery, and midwifery. It is they who have endowed the Directors with the faculty of fixing the minimum of the educational and social standard of the profession in Ireland, and it is they who have placed the physician's profession within the easy reach of every chemist's assistant in the country. They may, perhaps, feel that their elation at having saved their own awful respectability from the possibility of farnish is alloyed by some regrets, not the least of which may be the grave apprehension that they will, before long, be left to the lofty and lonely contemplation of their aristocracy. The picture which we have drawn of the future of the profession in Ireland may, however, not be realised; but whether it will or will not depends altogether on the regard which the Directors of the "Hall" may have for the maintenance of the decency of the profession, and we are glad to say that experience of their acts encourages us to hope that they will not exercise the powers they now possess to degrade the profession. Heretofore they have resisted many temptations to earn money and secure licentiates by cheapening medical education, and we earnestly trust that no consideration will induce them to lower their educational terms so as to attract ignorant people of inferior social grade to their examinations. We submit that to do so would, in the interest of the "Hall," be a great mistake, that it might yet be possible, by co-operation, to establish the "Hall" as a licensing corporation more firmly than it can ever be established as a Licentiate Apothecaries' examining body, and we trust that it is not now too late to reconsider the situation.

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Notes on Current Topics.

Sanitary Liabilities.

LANDLORDS have been rather slow to grasp the idea that defective sanitary arrangements may render them liable to an action for damages whenever such defects can be proved to have resulted in injury to the tenants. So far the law has only been defined as applicable to furnished houses, which are presumed to be in a fit and proper condition for habitation. Two cases, at least, have been recently decided in which damages to the extent of £175 to £150 respectively were awarded as compensation for deaths traceable to defective sanitary arrangements, and no one will be disposed to consider them exorbitant, under the circumstances. It is to be hoped that the law on this subject will, in the near future, be revised, amended and extended, so as to render it of more general application. In the absence of special stipulation to the contrary, the onus of providing adequate drainage arrangements and ventilation, ought to fall on the landlord. A check would thus be given to the tendency to scamp work, which even more than ignorance, is responsible for so much of the evil which results from imperfect workmanship and the employment of improper or inferior materials. The Parkes Museum of Hygiene contains some interesting relics of the culpable negligence of builders and sanitary plumbers, and unfortunately the specimens do not all belong to the distant past.

Voidable Policies.

IN a case which recently came on for judgment before the Chancery Division, the folly of making mis-statements on the part of the would-be assurer and the necessity for extreme care on the part of the medical advisers to assurance companies, was clearly exemplified. The action was brought by the company against one of their policy-holders on the ground that the policy had been rendered null and of no effect in consequence of erroneous information given by the defendant when asked whether he had ever suffered from rheumatic fever and heart disease. It was proved, contrarily to the defendant's assertion, that he had suffered from both previous to making his proposal for assurance, and the result was that the policy was cancelled and the premiums already paid, forfeited. The punishment is a severe one no doubt, but the company cannot be blamed, if, under the circumstances, they took the necessary steps to enforce their rights. It cannot be too clearly borne in mind by persons desirous of effecting an assurance on their lives, that any error in their replies, will stultify the policy and deprive the holder of the policy of the prospective benefits accruing thereunder. Wilful mis-statement is neither more nor less than a deliberate attempt at fraud, and may subject the culprit to the penalties in that case made and provided.

Checks to Population.

THE believers in the sombre doctrines of Malthus are much preoccupied at the present time about the disciplinary measures with which the medical author of "The Wife's Handbook" is menaced at the hands of the Royal College of Physicians of Edinburgh. They profess to see in the punishments which are in store for him, a proof of the intolerance of the "conventional classes" towards doctrines which have been approved and even advocated by many well-known economists. We are quite unable to endorse this point of view in the present instance. Without allowing ourselves to be drawn into a discussion of the principles which Malthus first enunciated, and with which we are not immediately concerned, we maintain that the publication of the pamphlet above quoted, constitutes a distinct infringement of professional duty and etiquette. We need say nothing as to the desirability or otherwise of generalising a knowledge of the physical means of checking over-population, but we conceive that the form in which the author of the pamphlet has conveyed the information is objectionable in the extreme, and the offence has been aggravated by the admission of advertisements better fitted for, or at any rate more usually found on, the walls of public urinals. For these reasons it is impossible to sympathise with the movement which has been started to assist and defend the author now that the consequences of his departure from the paths of professional virtue stare him in the face. Any attempt at justification will only render the punishment more certain, and nothing short of an abjuration of both principles and practices, will be of avail in mitigating or averting the wrath to come. It is, nevertheless, not the principles that are attacked, but their practice by a medical man, whose sole object should be to foster and prolong human life. The rules which govern the action of the licensing bodies in such matters are logical in their conclusions and salutary in their effects. If the author's convictions are so deeply rooted that recantation is distasteful or impossible, then he cannot do better than to recover his liberty of action by quitting the ranks of a profession which is by its nature hostile to the dissemination of his ideas.

Female Labour at the Pit-Head.

Some well-intentioned, but misguided, philanthropists have brought forward sundry measures which, if they became law, would have for effect to prohibit the employment of women at the pit-head. These women, whose muscular development and peculiar if appropriate attire, have oftentimes excited the admiration and curiosity of visitors to the black country, having been alarmed at the prospect of being thrown out of work, have taken a bold step. A selection, presumably of the more comely among them, have waited on the Home Secretary, and have poured their grievances into his sympathetic ear, with the result of enlisting him on their side.

We fail to see any sufficient reasons, moral or physical, why women should not be allowed to earn their living by manipulating the coal as it comes to the surface. There is nothing necessarily demoralising in the work, and from a health point of view, their fate is infinitely preferable to that of female factory operatives, who languish and die in the polluted atmosphere which they are condemned to breathe during working hours. Æsthetic objections to their attire, which if scanty, is certainly sufficient for all purposes of modesty and warmth, cannot well be alleged as a justification for curtailing in one more direction the field of female labour. Many of the pit-brow women are married, and so far this, like other occupations, is to be deprecated, inasmuch as it takes away the wife from her domestic duties, and the mother from her children. These are, however, in many cases the unavoidable consequences of the struggle for existence, and to base legislative interference thereon would be fraught with the gravest consequences to the very people in whose interests it was proposed to intervene.

Royal Colleges of Physicians and Surgeons.

The Royal Colleges of Physicians and Surgeons have respectively given notice that extra-final examinations for the Licence and Membership will be held, commencing on Friday the 17th June next, in order that candidates who have completed the required curriculum of professional study may have an opportunity of obtaining the licence in time to register it under the conditions now in force, before the new Medical Act comes into operation. Those candidates who were referred for three months in any part of the examination held in April last, as well as those referred at the examination in January, will be specially allowed to present themselves for re-examination on the 17th June. No candidate will be admitted who has not given fourteen days' notice in writing, stating the subjects in which he desires to be examined, to the Secretary at the Examination Hall, Victoria Embankment, to whom all certificates and testimonials required by the bye-laws must be sent at the same time.

The Election of the Council of the Irish College of Surgeons.

In addition to Dr. Franks, Mr. Heuston, and Dr. Conolly Norman, whose candidature for the Council of the College we have already announced, Dr. William Frazer, of Harcourt Street, formerly for several years Examiner in the College, and Dr. Montgomery Albert Ward, Surgeon to Mercer's Hospital, have announced their intention to seek election.

Cataract or no Cataract?

We are curious to know what truth there is in the paragraph which has gone the round of the lay press to the effect that an eminent German oculist, consulted by Sir Michael Hicks-Beach at Wiesbaden, is of opinion his case is not one of cataract, but that the apparent opacity arises out of other changes due to the exciting influences of "overwork and anxiety and want of rest." That natural rest, we suppose, is here implied which the House of Commons is not at the present time in a position to afford.

The Metropolitan Hospital Sunday Fund.

A meeting of the Council of the Hospital Sunday Fund was held at the Mansion House on Friday last, to finally settle preliminaries for holding a series of public meetings, for promoting the fund prior to the Hospital Sunday. A discussion took place with regard to those hospitals that had refused to co-operate in the movement. In the Chelsea district the arrangements had fallen through, chiefly from being unable to find either a chairman or speakers. It then became a question whether hospitals, which took no interest in the matter should participate to the same extent as others that did. Four hospitals were specially referred to as refusing to help, and these were the Charing Cross, King's College, University College, and the Westminster. The Rev. R. J. Simpson thought it would be an exceedingly invidious thing to exclude hospitals that did not, and perhaps could not, give their aid, and he suggested that it would be better to make known to the managing committees of hospitals participating in the Fund that they would in future be expected to appoint a sub-committee to co-operate with the Council in carrying out the object of the Fund. Sir Edmund Currie thought a special instruction should be given to the sub-committee of the Council to prepare a list of the hospitals and medical charities actively co-operating for the information and assistance of the committee of distribution when determining the awards for the current year, but this suggestion was ultimately abandoned, and the proceedings came to a close without coming to any definite conclusion on the subject.

The honorary degree of M.D. of the College of Physicians and Surgeons of St. Louis, has been conferred on Mr. Lawson Tait, of Birmingham.

The Diseased Meat Trade in Dublin.

EXTRACT from monthly report of Superintendent Medical Officer of Health of the Dublin Corporation:

Confiscated as unsound:

14	carcases of oxen	10,164 lbs.
1	„ „ calf	
2	„ „ swine	

Surrendered as unfit for sale:

3	carcases of oxen	2,884 lbs.
5	„ „ calves	
1	„ „ sheep	
	Total	13,048 lbs.

Assuming, which we may fairly do, that not more than one-twentieth of the fever-laden, lung-diseased meat sold by the Dublin Board of Guardians, with the connivance of the Privy Council and the Local Government Board, is intercepted by the Corporation officers, this return represents one hundred and fifteen tons of diseased meat in one month put into circulation surreptitiously by the guardians of the health of the community in Dublin, retailed at a monstrous profit by unscrupulous butchers, and consumed by unsuspecting buyers. No wonder that irritative diarrhœa and pseudo-typhoid are chronically prevalent in Dublin. Can any traffic more beastly be imagined?

The American Congress.

THE persons who for various reasons have laboured to minimise the success of the forthcoming Congress having failed in their efforts to deter the eminent members of the profession in different countries from promising to put in an appearance, are stated to have adopted a different line of tactics with the same object in view. Since a large number of foreign professors have expressed their intention to be present, a scheme has been set on foot to whisk them off on an enticing excursion to the Rocky Mountains and other parts of the country which may be supposed to possess attractions for visitors. It is hoped that the inducement may be sufficient to secure their absence from the meetings, and thus diminish their attendance and the *éclat* of the latter. It is to be hoped that suitable measures will be taken to nip this artful plan in the bud and provide for the sojourn of visitors in Washington during Congress week. Forewarned is forearmed, and the promoters of the Congress ought not to experience any insurmountable difficulty in offering sufficient opportunities of sight-seeing at times when it can be indulged in without detriment to the proceedings of Congress. It is extremely probable that a certain number of honorary degrees will be conferred on the more distinguished visitors, but these will in all probability be confined to badges of literary distinction. The laws in the States are generally very strict on the subject of medical degrees, which can only be conferred on persons who have complied with the State regulations on the subject. This difficulty could be overcome by special enactment, and doubtless the prospect of acquiring an M.D. on easy and honourable conditions would act as a substantial "draw." We have not heard, however, of any special provisions, and presume that this cannot be numbered among the attractions. These are nevertheless sufficiently numerous to make the trip a popular one for those who are not deterred from attending by reason of time, distance, or money. A medical congress, indeed, ought not to be a huge "junketing party," such as the meetings of the British Medical Association are alleged to be, but, on the other hand, human nature is so constituted that a pill will be more readily swallowed if it be coated with sugar or otherwise ornamented.

Broken Noses.

INJURIES to the nose involving fracture and displacement of the nasal bones are by no means uncommon, whether as the result of a difference of opinion in regard to the land question or simply from an unguarded blow in boxing. The victim is not unnaturally extremely anxious to have the deformity removed as promptly, and as completely as possible. The directions given in surgical text-books are to restore the position of the bones, preferably by means of a silver female catheter. Experience soon shows, however, that apart from æsthetic objections to the use of this implement, it is by no means the best or the most convenient to employ. Gentlemen of sporting proclivities, or whose calling or tastes have familiarised them with this particular mishap prefer to use the handle of a tooth brush for the purpose. Introduced into the nostril it offers an excellent means of restoring the natural contour of that organ, be that contour what it may, and it is both more convenient and more efficacious than the catheter. We have seen damaged probosces treated in this manner, and can guarantee the excellence of the results. In certain cases a nose originally wanting in elegance and shapeliness has been manifestly improved by the operation.

Legal Aspects of Drug Adulteration.

WE recorded, some months since, a judgment given by the stipendiary magistrate in Sheffield, so incomprehensible and absurd as to make ridiculous the law against drug adulteration if his decision were upheld. A druggist was prosecuted by the Medical Officer of Health for selling as "tincture of opium" a mixture which contained only one-third of the proper proportion of opium, and one-half the proof spirit. It was maintained, for the defence, that "tincture of opium" was a commercial phrase which did not imply that the mixture was in any way identical with the pharmacopœial tincture, and that, in fact, it was a common practice to sell stuff under that name, from which, in order to evade the Poisons Act, the opium was altogether omitted. It was, therefore, contended that a buyer who wanted real tincture of opium must specify that it was to be of B.P. quality, or if not he might lawfully be served with any mixture which the druggist pleased to sell him. The stipendiary magistrate adopted this extraordinary view of the matter, and refused to convict the druggist, and if his decision had been allowed to stand unquestioned, it is obvious that applying the same principle to all other drugs of common commerce, the Adulteration Act would become totally useless, and the flood-gates would be opened for admitting to the open market every sort of fraudulent concoction which roguish shopkeepers or unscrupulous manufacturers thought they could make most money of. The Sheffield Health Officer, however, took the case on to the High Court, where the decision of the magistrate has been unanimously reversed by the judges. Considering that one of their lordships is notoriously a patron and protector of every form of quackery, hostile on all occasions to medical men and their affairs, the judgment may be taken as decisive against the dealers in fraudulent medicines.

The Hospitals' Association.

The third annual meeting of the Hospitals' Association was held on Wednesday last in the room of the Society of Arts, Sir Andrew Clark presiding, when the annual report was read. The number of members and associates had steadily increased during the past year. Sir Andrew Clark had formulated a scheme which the Council had adopted and decided to distribute by circular letter throughout the country, inviting all persons interested in the treatment of the sick poor to affiliate themselves to the association in London by the formation of local branches. Sir Andrew Clark, in the course of some remarks referred to the announcement that the Council of the Association contemplated having a tabulated statement of the expenditure of the various hospitals prepared. He wished to utter a word of caution about that matter. He very much doubted if it were possible to make a just relative inference from such returns. In the first place, difference of locality often implied difference of cost. Then, patients were of different characters, different occupations, and different habits, and the dietetic treatment had of necessity to be accommodated to these differences. He deprecated the assumption that costliness meant bad management.

The Profession and the New Medical Act.

In our columns elsewhere will be found a letter from Mr. Carpenter, the indefatigable defender of professional interests, in which he calls attention to certain disadvantages which he alleges will result from the repeal of clause xxxi of the Medical Act of 1858, and its replacement by clause 6 in the Medical Act of 1886. We must confess that we fail to follow Mr. Carpenter in his arguments, and that we are unable to see quite where the disadvantages lie. With all deference to his vast experience in medico-legal matters it does not appear to us that the words "to which he may be entitled" have the mmense significance attached to them by him. As to the fees of the Apothecaries' Society, it was stated by their representative that application would shortly be made to Parliament for the purpose of obtaining power to raise them to an amount commensurate with the extra expense involved by the present arrangements, and more in accordance with the demands of the other licensing bodies. They will, moreover, take advantage of the opportunity to hold their examinations at stated intervals throughout the year instead of weekly as heretofore. When these changes have been made the licence of the Hall will not differ much in status, difficulty or cost from other licensing bodies, and will therefore, one may suppose, cease to have the same attraction for students.

The death is announced of Professor Carl Friedländer, of Berlin.

The Carmichael Prizes.

We recently announced that the Irish College of Surgeons had awarded the first prize of £200 to Mr. Walter Rivington, of London, and the second, of £100 to Dr. Laffan, of Cashel. These gentlemen were also the winners of the prizes awarded in 1879, and it is manifest that their style of writing and their opinions must be pre-eminently acceptable, for which they deserve every credit and honour. For the instruction of the uninitiated we may state that the "Carmichael" Prize was founded by the late Richard Carmichael, a former President of the College, who bequeathed £3,000 to the College for the formation of a fund. Every fourth year premiums of £200 for the first, and £100 for the second, are adjudged by the Council of the college for the two best essays on:

First. The state of the medical profession in its different departments of physic, surgery, and pharmacy.

Second. The state of the hospitals and schools of medicine, surgery, and pharmacy.

Third. The mode of examination of candidates of the different licensing colleges.

The authors competing are directed to make suggestions respecting the improvement of the profession, with a view of rendering it more useful to the public, and a more respectable body than it is at present.

In considering the testing of the qualifications of candidates by the licensing bodies, the authors are directed to consider the most practicable mode of rendering the examinations as demonstrative as possible.

Eight essays were sent to the College for the recent award, several of them of excessive prolixity, extending in one case to six manuscript volumes, and in the case of one of the successful competitors to over a thousand pages. It is scarcely necessary to say that the reading of these eight essays with due deliberation would be but poorly repaid by a fee of £100 to each adjudicator, and that, even at this rate of remuneration, no busy man could be expected to undertake the duty except under the strongest sense of conscientious obligation. But the law does not permit any payment whatever to be made to them out of the Funds, and the College does not see its way to expend collegiate money for the purpose, so that infinite difficulty has arisen in finding adjudicators to undertake so stupendous a task. With a sense of duty almost Quixotic, two councillors did on this and also on the last occasion undertake the function and performed it, but it must be obvious that an adjudication which waits upon gratuitous service of such extent is not likely as a rule to be justly or even carefully performed. Moreover, it stands to reason that, irrespective of the literary merits of the essay, its medico-political opinions may have much to say to its success in the competition. Radical opinions, trenchant criticisms, and outspoken revelations of the abominations of medical education and medical practice are pretty sure to make the failure of a competitor a foregone conclusion, while complimentary platitudes are the sort of stuff likely to attract the approval of the average collegiate arbitrator. But the late Richard Carmichael was just the man who despised the *suaviter in modo* method, and gave his money in order that abuses might be unveiled, and remedies freely prescribed, and everyone knows that with smooth and civil criticisms the General Medical Council has glutted the profession *ad nauseam*. The medical education question has, in fact, been done to death, and we shall, therefore, be excused for expressing the hope that no more of the Carmichael money will be wasted over these prizes which have heretofore been written with infinite pains, perused with great and unrequited weariness, printed at great loss, and read by no one. Mr. Carmichael's will provides that in case of failure to award, the accrued interest shall go to the Royal Medical Benevolent Fund of Ireland, and we trust that the Irish College of Surgeons will before the next adjudication period arrives obtain the necessary legal permission to hand the money over to the Fund, or to expend it in some way which will yield less vexation of spirit to them and more tangible benefit to the profession and the public.

Milk Diphtheria.

Yet another instance has to be added to the list of those already recorded of Diphtheria being caused by the agency of milk. And, although in the case of this outbreak at York Town and Camberley, the milk causation has not been so conclusively proved as in the analogous Hendon case, yet the circumstantial evidence is, if anything, even stronger. Diphtheria became suddenly epidemic there in October of last year, and children of better class people were mostly attacked. Milk was early suspected, since most of the invaded houses got their milk from the same dairy farm. But there were other conjectures, such as imperfect sewerage, and water supply, and Blackwater sludge, which latter were set aside early in the inquiry by the keen and merciless logic of Mr. Power, who then set himself earnestly to work out the problem of the milk factor. It was at once seen that great contrast existed between the relative incidence of Diphtheria on houses in relation with a particular dairy and that on others not suspected. For of the total 176 houses about which inquiry was made, 57 were invaded in October, and 84 per cent. of these got their milk from the particular dairy, and all were invaded in a period of ten days. And of 140 people who were ill of throat complaint in October, 88 per cent. were members of families having milk from this dairy, and 93 per cent. were attacked in the same ten days' period. It was next found that the incidence of the disease was three to four times greater upon the well-to-do than upon cottagers and tradespeople. But both of these two classes had received virtually the same milk, for the dairyman had mixed his milk from the different sheds before sending it out, and there was no excessive incidence upon any particular milk-walk. But there was a great distinction between the amount of milk used by the two classes of houses, indicating that amount, or quantity rather than quality, *per se* had much to do with determining attack. The habits of the people, especially the children, in the two classes, and their methods of using milk were in strong contrast, and showed how much greater and many more opportunities the better-class children had of getting attacked. For the latter used more milk, and stored that received for longer time before finishing it. Cream by itself had not been especially infective; but there was a suspicion of the morbific power of skim milk, for there had been unusual incidence upon certain households using it. Intensity of attack among children seemed related to amount of milk consumed; but this relation was not observed in the case of adults. Thus far, then, the circumstantial evidence had been fully worked out in York Town and Camberley. But on proceeding to the farm and trying to get at the *vera causa* by probing into the condition of the cows and cognate matters, Mr. Power was arrested by the fact (unfortunate to science) that, the different portions of milk having been mixed, no accurate differentiation could be made of their respective influence. Nothing in the condition of the farm or the cowsheds could be pointed to as affording a satisfactory explanation of the outbreak, or of the means whereby the milk became infective, though every inquiry in this direction was made. Of course, various theories were floated, but they were mostly unsupported hypotheses, not worthy of serious examination by Mr. Power: the agency of human infection, which was strenuously put forward by certain people, was, however, firmly disproved; though there was more to be said of the view that two recently calved cows who began to supply milk at the beginning of the outbreak were concerned in its production. For, a little later than this, another cow was observed to have scabs on the teats like those seen at Hendon; and there seemed some ground for supposing that she may have been inoculated with an ailment, unnoticed in them, akin to the disease observed in the case of the Hendon cows. We commend careful perusal of Mr. Power's brilliant and suggestive Report, which can be purchased of Eyre and Spottiswoode, of London, and Hodges and Figgis, of Dublin.

Antipyrin in Neuralgia.

Before the Academy of Sciences of Paris at its Session of April 18th, Professor Germain Sée, confirmed the observations that had been made regarding the relief of pain afforded by antipyrin. Especially in rheumatic and gouty subjects, it gave quick and lasting relief. Attacks of gout ushered in by swelling were successfully treated by 6 to 8 grms. of antipyrin. In 14 cases of headache, 4 cases of neuralgia of the *trigeminus* and 6 cases of inveterate migraine were all quickly cured. Cases of muscular pain, severe neuralgia accompanying diabetes, pain remaining after herpes zoster, cases of lumbago, neurasthenia, the acute pains in the early stages of *tabes dorsalis*, were all either favourably influenced or actually cured. The smallest dose was 3 grms., and the largest 6 grms. pro die, given in doses of one grm. hourly to every 3 hours. If it caused vomiting, eructations, or giddiness, it was given in half grm. doses. It sometimes caused urticaria or erythema. We are able to add that in a case of agonising pain from rapidly growing cancer of the uterus, it has invariably given relief during a period of eight weeks; the pain of peritonitis has also generally been relieved by it. In neurasthenia, and severe ovarian neuralgia, we have not found it so successful, but we have never given it in more than half drm. doses and generally by the rectum.

The Annual Dinner of the Army Medical Department will take place at the Holborn Restaurant, on Wednesday, June 1st, at 7.30 p.m., Sir Thomas Crawford, K.C.B., in the chair.

The Influence of Diet on the Toxic Properties of Urine.

In the course of last year, some French observers published the result of a series of experiments which they had made with the normal urine of man and of various animals. They had found that urine invariably yielded certain ptomaines or alkaloids which were possessed of really remarkable toxic powers, the activity of which varied according to the source of the supply. That of the guinea pig was most poisonous, the quantity of the agent excreted per kilogramme of weight being sufficient to kill more than five and a half kilogrammes. The rabbit comes next, then the dog, and finally man. These facts having been demonstrated, the next step was evidently to ascertain what connection the formation of these poisonous substances bore to the food ingested. This the same observers proceeded to investigate, and the result of their experiments have lately been made public. The deprivation of food not unnaturally had a marked influence in diminishing the total quantity excreted. After a three days' fast, the poisonous properties of the urine of a guinea pig had fallen to a quarter, and the same result was obtained, whatever the animal experimented upon. The most important point in their observations however, consists in the peculiar effect of an exclusively milk diet in diminishing the out-put. Directly the animals were put upon a milk diet, the differences observed in the toxicity of the urine tended to disappear, and the quantity excreted was considerably reduced. It is proposed in this way to account for the undoubted beneficial effect of a milk diet in dyspeptic disorders where the patient seems to be poisoned in consequence of the formation in the stomach or intestines of poisonous alkaloids. In pyrexial conditions and slow intoxications as in uræmia, the same explanation holds good. The observations are extremely interesting, and may aid in the comprehension of some of the recondite problems in pathology, which have so far remained unsolved. They certainly open up a new horizon of possibilities, and although the idea of the toxicity of the urine is not altogether novel, the credit is due to these gentlemen, of having formally demonstrated the fact and its bearings.

A Teaching University for London.

University College and King's College, London, have for some time been co-operating for the extension of University training. In March last identical resolutions were adopted by the Councils of these Colleges to the effect that a petition should be presented to the Crown praying that a Charter to confer degrees in Arts, Science, and Medicine, and any other Faculties that should afterwards be determined, might be granted to a suitably constituted body in and for London; attendance on an approved course of study in these Institutions and others within the metropolis that might be recognised by the University to be a condition of obtaining such degrees; and there being adequate representation of each of the two Colleges to be incorporated in the governing body of the University. Committees were appointed by each of the two Councils to draft the petition in conference, with power to confer with the Royal College of Physicians and the Royal College of Surgeons in reference to the desire for a power to confer degrees in medicine, which is understood to be entertained by those Colleges. The draft of a petition, in accordance with the above resolutions, was recently completed by the Committees in Conference, presided over by the Bishop of London, on behalf of King's College, and by Mr. J. E. Erichsen, on behalf of the University College; and this petition was adopted by the Council of King's College at a meeting held on the 13th inst., and by the Council of University College at a special meeting held on Saturday last.

Professor Billroth, the illustrious Viennese surgeon, is reported to be seriously ill.

An epidemic of small-pox is reported to be prevalent in the Cape de Verde Islands at the present time.

Hospital Saturday in Birmingham has realised a sum of £6,125 as the contribution of the workshops and warehouses of the town to the hospitals on May 14th.

Last week another cremation took place at the Crematorium, Woking. The body, that of a young Indian Rajah, was consumed in about an hour and a-half.

A meeting of the Anatomical Society of Great Britain and Ireland will be held at the rooms of the Medical Society, Chandos Street, on Monday, June 6th, at 5 p.m.

The eye department at St. Mary's Hospital will in future be open on Tuesdays, Fridays, and Saturdays, at 9 a.m., Fridays being specially reserved for operations and selected cases.

All drawings intended for insertion in the next volume of the "Transactions of the Pathological Society of London" must be sent to the Honorary Secretary, Dr. Coupland, 14 Weymouth Street, W., before May 31st.

The London Court of Aldermen, at their meeting on Tuesday, sealed an application on the part of the Governors of Bethlem Hospital to the Charity Commissioners for permission to frame a scheme to enable them to admit paying patients.

Dr J. Milner Fothergill announces his intention of giving three lectures to members of the profession at his residence in Henrietta Street, Cavendish Square, W., on Thursday, June 2nd, and two following Thursdays, at 4 p.m. Admission on presentation of visiting card. We propose presenting these lectures, which will be on "The Modern Tendency of Disease," to our readers in due course.

The death is announced from Paris of the eminent French chemist, M. Joseph-Dieudonné Boussingault. He was named Commander of the Legion of Honour in 1857, and promoted to the rank of Grand Officer in 1876. M. Boussingault was the author of a large number of papers on physics and chemistry, and of treatises on

"Chemistry and Physiology in Agriculture," "Studies on the Trans-formations of Iron and Steel," &c.

We are asked to announce that a course of three lectures to medical students on "The Medical and Scientific Aspect of the Temperance Question" will be delivered in the Parkes Museum of Hygiene on Wednesday next June 1st, and two following Wednesdays, at 7.30 p.m., by Dr. B. W. Richardson, F.R S. Two prizes of ten and five guineas will be awarded for the best report of the lectures. Medical students may obtain tickets for the course free on applying to the National Temperance League, Strand.

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At the Societies.

PATHOLOGICAL SOCIETY.

The last meeting of the Pathological Society of London for the present session was held on the 17th inst., when a considerable number of communications were read and discussed. The first of these contained the description of a case of multiple fibro-neuromata occurring in a woman, æt. 43, the subject of molluscum fibrosum, and who had been under the care of Dr. F. J. Payne. *Post mortem* the left brachial plexus was found to be the site of fibro-neuromata in considerable numbers and of various sizes, and a microscopical examination of the skin tumours was made by Mr. Shattock, with a view to demonstrating a connection between them and the nerves near them. This, however, could not be made out, though the possibility of their origination in the nerve sheaths was not disproved.

Mr. Leopold Hudson described a case of sarcoma originating in the recto-vesical fascia, and which weighed, after death, seven and a-half pounds. It had grown rapidly, spreading from the pelvis into the abdomen, causing acute lancinating pains and severe vomiting. The accompanying constipation was overcome by purgatives. The tumour possessed a distinct capsule, and consisted of small spindle and round cells; it was partly myxomatous, and contained mucoid cysts in parts.

Dr. Collier mentioned the case of a young woman in whom subsequently to a fall a sarcomatous tumour developed in the pelvis. The clinical course of the case extended over only ten weeks.

The history of a case of cerebral hæmorrhage following thrombosis of the venous sinuses in a boy, æt. 5, was next communicated by Dr. Handford, who attributed the result to increased vascular tension from the thrombosis. He inclined to the opinion that the ruptured vessels were veins. Dr. Wilks considered the cause of the hæmorrhage was to be found in the condition of the blood. He had seen five or six instances of the affection in anæmic young women in whom the cerebral sinuses were thrombosed. Dr. Coupland mentioned the occurrence of such thrombosis in a case of cancer, and Dr. Ord described it as having been seen by him in a patient suffering from acute rheumatism, in whom phlebitis developed in the neck and arm of one side. In this case hæmorrhage into the brain took place. As to the possible source of the bleeding, Dr. Barlow referred to a statement made to him by Sir Wm. Jenner, who thought it resulted from venous stasis, and arose through rupture of the small vesicles. In all the cases noted by him (Dr. Barlow), a cachectic condition of the body had existed for some time.

Dr. Charlewood Turner having exhibited a specimen of gastric stenosis due to fibroid thickening, and Mr. F. W. Clark one of sub-pleural fibroma which had existed without symptoms in a woman, æt. 65, Mr. Bland Sutton read an interesting communication on the occurrence of rickets among animals. In the course of his remarks the curious fact came out that lions in Manchester and Dublin remained free from rickets, while those in London suffered from the disease, but Mr. Sutton, replying later to Dr. Horrocks, declared himself unable to assign any reason for such immunity. Paraplegia in the carnivorous subjects of rickets was, he explained, due to great overgrowth of the epiphysial plates of the vertebræ. In these animals the tentorium was greatly ossified and the cerebral ventricles dilated. Following paraplegia the head was drawn to one side, convulsions set in, and later oscillation of the eyeballs and rhythmic head movements came on, this assemblage of symptoms resembling those mentioned by Hilton, Wilks, and Moxon as occurring in hydrocephalic children. Replying to Sir James Paget, who observed that the lions had been cured of rickets in Dublin by giving them bones to eat, Mr. Sutton said this had not succeeded in London, though it prevented the birth of cubs with cleft palates.

A paper on supra-pubic abscess, by Mr. S. Paget, was followed by an account of a long series of cultivation experiments made with new growths by Messrs. Ballance and Shattock, numerous specimens being exhibited. The authors concluded from their experiments that the cancerous parasite differed from others in its life history, since it did not admit of cultivation in any known media. Much interesting description of details was afforded by the authors, and a discussion ensued in which Dr. Coupland, Messrs. Eve, Roger Williams, Felix Semon, S. Paget, and the President, Sir James Paget, took part. Several speakers declined to accept the parasitic theory of cancer, but Sir James Paget thought it a probable valuable distinction between innocent and malignant growths.

The last communication made was one by Mr. Battle, on extensive bony lesions from congenital syphilis and rickets. It gave rise to no discussion.

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Scotland.

[FROM OUR OWN CORRESPONDENT.]

A Hospital Scandal.—"'Tis a far cry from Vienna to Pollokshaws," but no two places in Europe are more closely related to each other at the present time in the matter of hospital management. Das Allgemeines Krankenhaus is in a frightful state, and a Government inquiry will be made immediately. The Cowglen Fever Hospital at Pollokshaws has lately attracted much local interest on account of the way "the queer folk" who compose its Board of Management got rid of the matron of the institution about three months ago. A lively correspondence took place in the local newspaper, and much was said on both sides. The medical officer, a very highly respected practitioner, who has the confidence of the whole community, resigned his position on account of the action of the Board. The case has again come before the public in the form of an action by the matron against James McDougall, a tailor, one of the members of the Board and of the Managing Committee, concluding for £1,000 damages for alleged slander. It appears that the father of a servant in the hospital made certain false and malicious statements or insinuations to Mr. McDougall regarding the matron. Mr.

McDougall then caused a private inquiry to be made by the Sanitary Committee, of which he was a member, but the report of the inquiry was concealed or suppressed from all but members of the Committee, and all information on the subject refused. Mr. McDougall then, at a meeting of the Board, moved that it should be a recommendation to the Managing Committee that a married couple should be engaged as Superintendent and Matron of the Fever Hospital. Soon thereafter they dismissed the matron, who is a widow, her husband having died about three years ago, both having been appointed to take charge of the Hospital in the year 1875. The case comes before Lord Fraser, who has just closed the record before going to proof. It would be wrong for us at the present stage to express any opinion on the merits of this case, but it may be remarked that the Hospital was worthy of more attention at the hands of the Committee of Management than it seems to have got. It would have been more to the credit of the Board if they had not instituted proceedings against the matron upon second-hand and outside information. Besides, one gentleman on the Board seems to have conducted the whole case with more zeal than discretion.

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Correspondence.

SIR WM. GULL ON DRUGS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your comment upon what Sir Wm. Gull stated about drugs in his recent speech before the General Medical Council, you seem to me to have scarcely done the medical baronet quite justice. In your report in another column you make him say—"It was the powers of Nature that cured the disease, and the duty of the medical man was not to give drugs, but to see that Nature's powers were not interfered with." As less than four doses of medicine were administered, it becomes a matter of interest to the whole medical profession, here and elsewhere, to learn what was done for the illustrious patient in the way of feeding and stimulants. It is from no wish to pry into the secrets of the sick chambers of princes that such information is asked. The results were so entirely satisfactory that many medical men, as well as myself, would like to know what measures were adopted to conserve the powers. In a matter which stands so entirely apart from anything requiring, or even suggesting, any necessity for secrecy, it is difficult to conceive any reason for concealment; nor would such information be a breach of that proper reticence observed in medical matters in the case of the Royal family; while the well-known good nature of His Royal Highness leads one to believe that he would not interpose any obstacle to furnishing information which may be of such priceless value to myriads of sick persons for all time. It is not for the gratification of idle curiosity this request is made, but for the benefit and in the name of humanity.

I am, &c.,

London, W., May 20th.

J. Milner Fothergill.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On reading Sir William Gull's onslaught on materia medica I am reminded of Don Quixote's attack on the giants, or to attempt a simile, let us suppose a mason or bricklayer, while admitting the necessity for having stones or bricks to enable him to repair a dilapidated castle, would say that cement or mortar were old-fashioned superstitions to architects of the present day, and that the currier who testified to the superiority of leather was in reality a natural philosopher. This is only a free translation of the statement attributed to Sir William Gull, namely, that "people did not get well by drugs." Now, if his disciples really believe this gospel of Sir William's to be orthodox, there would be some difficulty in trying to prove to them that aconite, digitalis, opium, or quinine had any value as remedial agents among the organic products; or that arsenic, mercury, and antimony had any *raison d'être* among the minerals. I am old-fashioned enough to believe that I can testify to good results accruing to sufferers by the use of those remedies, and also by the use of iodine and the numerous compounds of potassium prescribed in proper cases and ample doses. Not only this, but while admitting the soundness of Sir William's principles in aiding and not interfering with Nature, I am sufficiently obtuse or superstitious to believe that bleeding, blistering, cupping, and leeching are at times valuable auxiliaries in the physician's art.

As, however, the time already wasted by the General Medical Council in discussing apothecaries' rights, needs, and drugs cannot be recalled, I would respectfully suggest that the Council, if still sitting when your journal next appears, should proceed to rehabilitate the Apothecaries' Company, and to impose upon it the duty which the Council itself shirks, namely, the prosecution of all unqualified practitioners, whether these are at large on their own account or protected by any "physician-surgeon" or surgeon-apothecary. Until some *modus operandi* is formulated and put in practice by the Council its meetings and wranglings will have no claim to the gratitude, thanks, or coin of the regular profession of medicine, and no claim to the toleration of the people.

I am, Sir, yours, &c.,

Vigilans.

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THE PROFESSION AND THE NEW MEDICAL ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you permit me to say that the Apothecaries' Act of 1815 fixes the fees to be paid for the licence to practise as an apothecary in London or within ten miles thereof at £10 10s., and £6 6s. for the licence to practise in any other part of England or Wales. It would seem, therefore, that the Society of Apothecaries have no power to increase their charges for their licences beyond those stated in their Act of Parliament.

Also that clause xxxi of the Medical Act of 1858, which states that "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicine or other medical or surgical appliances rendered or supplied by him to his patients: provided always that it shall be lawful for any College of Physicians to pass a bye-law to the effect that no one of their Fellows or Members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such bye-law may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or Member of such College," has been repealed by the Medical Act of 1886, and that in lieu thereof it has been enacted by clause 6 of the last named Act that—"On and after the appointed day a registered medical practitioner shall, save as in this Act mentioned, be entitled to practise medicine, surgery, and midwifery in the United Kingdom, and (subject to any local law) in any other part of Her Majesty's dominions, and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances, or any fees *to which he may be entitled*, unless he is a Fellow of a College of Physicians, the Fellows of which are prohibited by bye-law from recovering at law their expenses, charges, or fees, in which case such prohibitory bye-law, so long as it is in force, may be pleaded in bar of any legal proceeding instituted by such Fellow for the recovery of expenses, charges, or fees."

Now, as the Reform Committee of the British Medical Association have, among other erroneous assurances, represented to the profession that the Act of 1886 was the Act of the British Medical Association, and that it provided for all the profession had contended for, I should like to ask the said Committee to give the profession the reason *why* clause xxxi of the Act of 1858 was so *disastrously* repealed, and still more disastrously substituted by clause 6 of the Act of 1886?

Do the Committee see the position in which every general practitioner who has not the licence of the Hall is placed by this repeal? and that the substituted clause is calculated to give endless work to lawyers, and trouble and expense to a large class of general practitioners?

Clause 24 of the new Act, which professes to be a "saving clause," but which, practically, is a prohibitive clause, will prove to be a very vexatious clause to many of the profession, it says: "This Act *shall not increase* nor diminish the privileges in respect of his practice of any person who, on the day preceding the appointed day, is a registered medical practitioner, and such person shall be entitled on and after the said appointed day to practise, in pursuance of the qualification possessed by him before the said appointed day, in medicine, surgery, and midwifery, or any of them, or any branch of medicine or surgery, *according as he was entitled to practise the same before the said appointed day, but not further or otherwise*." Under this clause no practitioner not holding the licence of the Hall, unless he had a licence from the *London* College of Physicians will be legally competent to practise as a *general* practitioner in England or Wales.

The profession, in consequence of leading articles in the *British Medical Journal* and the *Lancet*, appear to think, and fear, that the Hall is in danger of being extinguished, whereas the new Act has strengthened it, and it has strengthened it in spite of many efforts of the Reform Committee to damage it. The new Act places the Edinburgh Colleges of Physicians and Surgeons, and other corporations as well, in precisely the same position it has placed the Hall. I have endeavoured to bring these and *many* more points under the notice of the profession when the Act was before Parliament, and when they could have been remedied, but my communications were suppressed by the *British Medical Journal*, and the eyes of the profession were blinded by the dust thrown into them by the leading articles of the *Journal;* now, when it is too late, the profession are beginning to open their eyes and to see the mire they have been dragged into by those who were in the habit of asking them for their "confidence"!!—confidence betrayed.

I am, &c.,
R. H. S. Carpenter.

130 Stockwell Road, S.W.,
19th May, 1886.

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Literature.

THE HEALING ART. (a)

La première chose qui s'offre à l'homme quand il se regarde c'est son corps. With this device, however, the contents of the two volumes before us deal with the observers of the body rather than with the body itself. Under an *incognito* which not even the author's initials assist us in penetrating, he has given us a sketch of the principal figures in the history of medicine from Hippocrates downwards, passing in review the different schools of which the doctrines—for medicine was long little more than a dogma—have advanced or retarded the progress of the art. Passing rapidly over the details of the lives of the fathers of medicine we soon find ourselves in *terra cognita* in the history of the method of "touching" for the King's evil. Even now if kings consented to resume a practice which if it flattered their pride must have been repugnant to their feelings, the multitudes which rendered it difficult to preserve order centuries ago, when "touching" was going on, would doubtless still press round the kingly hand and would still derive benefit from his benediction. Kings, however, have degenerated, and the only king's evil they think about is political or financial. William III scoffed at it, but Queen Anne, good old soul, touched no less a personage than Dr. Johnson, then a child. Her Majesty Queen Anne was the last apparently of the series who dabbled in "faith cures," and the method is now probably as extinct as the dodo.

Some of the fees paid for successful inoculation of smallpox on the persons of sovereigns would make the mouths of many public and private vaccinators water, one, Dr. Dimsdale, of Hertford, receiving no less than £12,000, and £500 a year. Such a remuneration, to use the author's phrase, probably "beats the record."

The sixteenth century has been called the century of epidemics, and certainly the roll-call for that hundred years justifies the appellation. The author has devoted a chapter to the series of epidemics, and without entering into unnecessary details, has depicted vividly and truthfully the unfortunate events of that period. Doctors fled hastily into the country far from the plague-infected spots before communication was cut off by the provincials who intuitively shut themselves off from the capital. The King and Court in their dread before the march of pestilence, left their unhappy subjects to their fate, and adjourned to Calais, where the sound of revelry by night was not hushed into silence by the wail of the dying and the ravings begotten of despair. In the meantime the populace in the midst of the filth and wretchedness of their surroundings, "shivered into dissolution" by thousands daily. No wonder if an afflicted people thought that Divine vengeance had marked them as a prey; in their ignorance of natural laws, they credited the Deity with the results of their own dirt and squalor.

It is refreshing to turn to the lives of the great anatomists, to whose patient researches and brilliant discoveries we are indebted for the foundation of the science of our art. While their contemporaries were busy discussing and commentating Hippocrates, Aristotle, and a host of more or less apocryphal individuals, they passed their time investigating the anatomy and physiology of animals and of man, when absurd laws did not render the latter a capital offence. Their lives were far from calm, and the recapitulation of their tribulations is amusing, when not tragic.

The alchemists, with their idle dreams and never ending experiments, naturally furnish the author with some very interesting material which he has turned to profit. An undeserved amount of space is devoted to animal magnetism and faith-healing, but they afford a goodly number of pages of light reading.

We then come to the English physicians of the seventeenth century, and after considering the merits and demerits of a crowd of cosmopolitan celebrities, the author narrows his field of vision to our own little islands. Since our gaze includes such men as Harvey, Sydenham, *et tutti quanti*, whose researches and discoveries are "familiar in our mouths as household words," there is no reason to complain of any want of interest in the subject.

In the second volume we wander amidst names, each of which suggests an innovation, a theory, or a discovery, remarkable in the history of medicine. Heberden, Hunter, and Jenner, with others possibly as great, if not as illustrious, serve to remind us that we (or some of us, alas, how few!) can make our lives sublime and departing leave behind us foot-prints on the sands of time. Space forbids an analysis of the remaining chapters of this interesting compilation. The concluding biographical notes on eminent living physicians will doubtless flatter some vanities and arouse some jealousies, but these we need not consider. The author's style, light but not frivolous, is well adapted to his task, although it is easy to see that he is not a medical man nor even possessed of a smattering of the medical sciences, and we must congratulate him on its successful conclusion.

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INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U.S. ARMY, VOL VII.

We have turned over with pleasure the pages of this new volume of the most remarkable catalogue of medico-chirurgical literature which the professional public has yet seen. It embraces the words alphabetically comprised between Insignarès and Leghorn. It is, therefore, likely to be the central volume of the complete work.

The punctuality with which the yearly volumes of this vast work, for such it really is, not only in matter but also in manner of execution, are brought to the press, speaks most creditably of the supervision of Mr. J. S. Billings, under whose supervision the indexing process is being carried out.

The library of the office of the Surgeon-General of the United States Army, although founded in the year 1830, is now one of the largest, if not the very largest, in the world, as will be easily believed by any one who has turned over the leaves of the seven huge index volumes already printed, containing over 254,000 references.

The most remarkable feature of the catalogue is the vast number of reference of articles which have appeared in periodical literature. For the enormous pains that must have been bestowed in this direction, most of the struggling aspirants to future medico-literary fame will find ample reason to be grateful. The number of periodicals taken in by the library last year was 3,005. this year it has amounted to 3,270. Its comprehensive grasp of old-world literature will be surmised by the geographical range from the *Norsk Magazin*, of Christiania, to the *Klin-le I-letzu*, of Yedo, while under the heading of each important subject in the catalogue, the author of every important article dealing with such, will be found to have his name duly recorded, and standing out in bold type from among the mass of contributors.

(a) "The Healing Art: Historical, Biographical, and Descriptive." In two volumes. London: Ward & Downey. 1887.

We heartily congratulate those concerned in the preparation of the catalogue on the success which has hitherto attended their labour.

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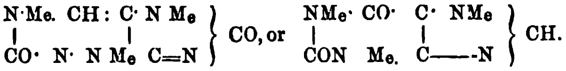
YEAR BOOK OF PHARMACY.

We congratulate the British Pharmaceutical Society on the work whose publication helps to commemorate the twenty-third anniversary of its existence. The book is extremely well brought out, very carefully and neatly printed, and embodies a series of abstracts of the subjects which are within the pale of its supervision, made in all cases with judicious care and creditable scientific accuracy. Very interesting reactions of the more familiar drugs will be found under certain headings, such as the two described by Donath in the *Journal für Prakt. Chemie*, xxx, 5, and succinctly given on pp. 45-6 of the volume before us. Codeine, strychnine, atropine, cocaine, &c., &c., all have had their reactionary phenomena more thoroughly investigated during the year of which the survey is given by the compilers. A great deal still remains, however, to be done, for instance, the careful investigations of the scientific chemist have not yet been able to decide whether the constitution of caffeine is more accurately represented by



$$\left.\begin{array}{ll} \mathrm{N{\cdot}Me.\ CH:} & \mathrm{C{\cdot}\ N\,Me} \\ | & | \\ \mathrm{CO{\cdot}\ N{\cdot}\ N\,Me} & \mathrm{C{=}N} \end{array}\right\} \mathrm{CO,\ or} \left.\begin{array}{ll} \mathrm{NMe{\cdot}\ CO{\cdot}} & \mathrm{C{\cdot}\ NMe} \\ | & | \\ \mathrm{CON\ \ Me.} & \mathrm{C{-}{-}N} \end{array}\right\} \mathrm{CH.}$$

We are, however, disposed to suspect that the average pharmaceutical student will not feel very anxious about the final settlement of this interesting discussion.

An extremely succinct and lucid account is given of the preparation and proportion of the wonderful sweetening agent discovered by Dr. Fahlberg, of New York. This remarkable body saccharin, which is about 230 times as sweet as our ordinary loaf sugar, has already been recommended as a sweetening material for the food of diabetic patients. The new tests for aconitin and digitalin appear to be fairly satisfactory, and several very neat methods of volumetric estimation here appear for the first time in an English dress The portion of this volume allotted to the domain of materia medica and pharmacy has been prepared with corresponding care. For example, on pp. 249-250 an excellent analysis is given of the comparative physiological effects of a series of drugs which are now engaging the interest of the scientific workers in the profession: kairine, thalline, hydrochinone, resorcin, and antipyrin. The great popularity of lanolin as a basis for ointments is strikingly shown by the list of twenty-one ointments (pp. 303-5) into which it has been made to enter, in preference to any of the older media.

Various interesting and instructive papers were read by members at the annual meeting. A very carefully prepared account of the estimation of emetine was given by Mr. Jones, which gives to the general reader a fair idea of the scrupulous care which the scientific chemist must take when attempting to add to the knowledge of his contemporaries.

We wish the British Pharmaceutical Society every success in the good work with which they have already progressed so favourably, and give it as our decided opinion that a yearly volume prepared with the obvious care and skill which has been expended on that now before us, will form a very important factor in the diffusion of a thorough knowledge of the most practical departments of professional investigation.

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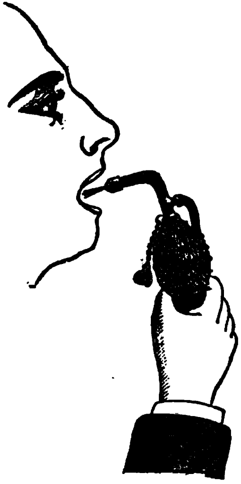
King's College Hospital.—At the annual festival dinner of this institution, held on Monday last, the Lord Mayor of London presiding, donations were announced in the room amounting to £1,876.

New Inventions.

THE "DESIDERATUM" SPRAY PRODUCER.

With so many spray producers before the profession, it would appear at first sight a bold venture of Messrs. Maw, Son, and Thompson to introduce another. Yet so it is, and now we have before us the "Desideratum Spray Producer," which is decidedly the most simple as well as the handiest and cheapest with which we are acquainted. Annexed illustration shows its form and application. It consists of two black rubber chambers, each about the size and shape of a hen's egg, the lower as the air-forcing medium, the upper the recipient of the bottle containing the fluid to be used. On pressure of the air-bulb a vacuum is formed, and the spray passes through the pin-holes at end of tube in the ordinary way. The advantage claimed for this little invention is that only one hand is required, thus leaving the other hand free to the operator.



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NEW DISINFECTANTS.

The "Sanitas" Company, which has been awarded a number of gold medals for disinfectants (fluids, powders, soap, &c.), has recently introduced, as the invention of its managing director, Mr. Kingzett, F.C.S., a new preparation, called "Sanitas Air Purifier." This has been designed to effect by simple evaporation on exposure, the purification of the air of dwelling rooms, factories, state rooms and cabins on board ship, theatres, public halls, sick rooms, hospital wards, &c. The preparation consists of a fine wood flour impregnated with camphoric peroxide, which substance—in common with the other healthful principles generated in pine and eucalyptus forests—it gives off when exposed to the air. The method of using it consists in placing a quantity in a saucer or plate, and renewing about twice a week; or it may be strewed about the floors of buildings and courtyards to effect a similar purpose by means of the fragrant vapours which are given off from it, The preparation is elegantly got up in 1s. decorated tins, and cannot be too strongly recommended for household use. Another new invention is "Sea Water Sanitas," that is to say, Sanitas Fluid made with sea water instead of fresh water. This article is introduced as specially useful in certain cases of disease.

Mr. Kingzett has also recently patented a new method for the precipitation of sewage, the principal agent employed being powdered coke. As this invention is in its infancy, we cannot of course pronounce on its value until we have had the opportunity of seeing it tested by practical results; but from previous known experiments with this medium as a water filtrant it promises well.

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HAY'S HOP ESSENCE.

Since Mr. Hay, the well-known manufacturing chemist of Hull, surprised the pharmaceutical world some ten years since by the production of what until then had been thought an impossibility, viz., a perfectly soluble and transparent essence of ginger, nothing he has done has attracted so much attention in this direction as his latest "Essence of Hops." This, like his other essences, is a production unique in itself, and contributes as far as possible to the attainment of that much longed-for desideratum of abstainers, "a glass of non-alcoholic beer." Hitherto all attempts in this direction have been miserable failures, those minus alcohol being filthy chemical concoctions, and those containing it being unwholesome and a sham. Now we have before us an essence as bright as sherry, a half-teaspoonful of which will make a tumbler of soda water cream like a glass of freshly-drawn Bass, evolving at the same time that delicious aroma of hops which tells of the growth from which it is extracted. We have had before us for some months both the essence and the hop ale made by Mr. Hay therefrom, and have tested them for alcohol without finding the remotest trace of its development. We have always felt that teetotalers laboured under a disadvantage that ought not to exist, in having no really decent beverage to supply the place of wine and beer; by this pharmaceutical triumph of Mr. Hay this objection has been overcome, and it affords us much pleasure to commend this truly temperance drink to the notice of abstainers and non-alcoholic abstainers alike.

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A NEW DRAUGHT EXCLUDER.

Those who have the misfortune to reside in a house erected by a modern speculative builder, will welcome the invention by Mr. Porter, of Fleetwood, as a simple but yet very effective means of rendering their windows and doors draught-proof, and inimical to the possible entrance of rain and snow in bad weather. In appearance, this "Matrix Draught Excluder," resembles the India-rubber tubing used for a like purpose, except that it is not so bulky and is covered with a claret-coloured cloth. It is sent out in the form of a coil, which on being immersed in hot water, immediately softens and can then be fixed without the aid of a skilled mechanic to any door or window, and by a little firm pressure while in the soft state, a perfect matrix is formed as an effectual remedy for the builders' delinquencies and the discomforts of his victims.

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Medical News.

Queen's College, Cork.—The following prizes and exhibitions have been awarded at the sessional examinations in the Faculty of Medicine:—Exhibition in Practical Medicine: William Kelleher. Exhibition in Practical Surgery: William J. O'Meara. Practical Anatomy: Third year—James Jackson and J. V. Ryan, equal (1st); E. Jenney and J. Wolfe, equal (2nd). Second year—Wm. O'Donnell (1st); J. Hennessy (2nd). Anatomy and Physiology: Third year—James Jackson (1st); J. Smith and E Jenney, equal (2nd). Second year—W. O'Donnell (2nd); J. Tracey (3rd). Practical Physiology and Histology: J. Jackson (1st); J. Smith (2nd); J. Macpherson (3rd); J. Wolfe (4th). Surgery: E. Jenney (1st); J. Smith (2nd). Practice of Medicine: W. O'Meara (1st); W. Kelleher and J. Ryan, equal (2nd). Materia Medica: J. Hennessy (1st); W. O'Donnell (2nd); J. Tracey (3rd). Medical Jurisprudence: W. O'Meara (1st); J. H. Wilson (2nd). Midwifery: G. Jenney (1st); C. Porter (2nd); J. Smith (3rd). Practical Chemistry: J. Hennessy (1st); J. Ambrose (2nd); J. Tracey (3rd).

The West London Medico-Chirurgical Society.—The fifth annual dinner of the West London Medico-Chirurgical Society, under the Presidency of Dr. Alderson, at which about a hundred members and guests were present, was held at the Criterion Resturant on Wednesday last. The guests included amongst others, Sir Edward Sieveking, Major Gen. Goldsworthy, M.P., Canon Morris of Chester, the President of the Clinical Society, the President of the Medical Society. The Royal toasts having been duly honoured, the Society was given by the President. The health of the President was proposed by Mr. Hemming and warmly received. Dr. Alderson having replied, the vice president, the treasurer, and council were proposed by Mr. Reeves, and responded to respectively by Dr. Pope, Mr. Lawrence and Mr. Alderton. The Secretaries were given by Mr. Keetley and acknowledged by Mr. Dunn and Dr. Clippingdale. The House of Commons was proposed by Dr. Thudichum, General Goldsworthy making some very trite remarks in response to the toast. The West London Hospital with Mr. Gilbert was proposed by Dr. Hart Vinen and acknowledged by the able Secretary to that institution, Mr. Gilbert. Mr. Pickering Pick proposed the guests, to which Sir Edward Sieveking and Canon Morris replied. The concluding toast of the evening was given by Mr. Mason, and responded to by Mr. Drew.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 24, Paris 27, Brussels 22, Amsterdam 24, Rotterdam 22, The Hague 22, Copenhagen 26, Stockholm 29, Christiania 19, St. Petersburg 36, Berlin 21, Hamburg 25, Dresden 25, Breslau 34, Munich 31, Vienna 29, Prague 38, Buda-Pesth 33, Trieste 26, Rome 28, Turin 35, Venice 31, Cairo 42, Alexandria 37, New York 27, Brooklyn 22, Philadelphia 25, and Baltimore 19.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19·7 per 1,000 of their population, and were—Birkenhead 19, Birmingham 22, Blackburn 21, Bolton 10, Bradford 21, Brighton 16, Bristol 17, Cardiff 18, Derby 12, Dublin 24, Edinburgh 23, Glasgow 23, Halifax 18, Huddersfield 29, Hull 17, Leeds 22, Leicester 14, Liverpool 26, London 17, Manchester 26, Newcastle-on-Tyne 26, Norwich 24, Nottingham 21, Oldham 21, Plymouth 23, Portsmouth 18, Preston 24, Salford 23, Sheffield 20, Sunderland 15, Wolverhampton 25. The highest annual death-rates in these towns last week were—From measles, 2·3 in Huddersfield, 2·6 in Liverpool, 3·6 in Sheffield, 3·7 in Manchester, 3·8 in Salford, 4·0 in Newcastle-upon-Tyne, and 7·3 in Norwich; from whooping-cough, 1·7 in Huddersfield, 2·1 in Birmingham, and 2·7 in Blackburn; from scarlet fever, 1·1 in Hull, and 1·2 in Oldham; and from "fever," 1·1 in Liverpool. The 24 deaths from diphtheria included 9 in London, 4 in Glasgow, 2 in Brighton, 2 in Liverpool, and 3 in Huddersfield. Small-pox caused 1 death in Portsmouth and 1 in Cardiff, but not one in London or in any of the other large towns.

Royal College of Physicians of London.—The following gentlemen have been admitted Licentiates of the College:—

Adams, Gerald Wheatley
Adie, Alexander James
Barker, Alleyne Hayward
Barling, Arthur Stanley
Barton, Francis Alexander
Batchelor, Charles
Blomfield, George Wills
Bower, William George
Brown, Frank Manson
Brown, Lewis Henry
Burke, Harry Morton
Capes, Robert
Charlesworth, George Henry
Chilcott, Arthur Edward
Cookson, Reginald George
Comber, Arthur Wandesforde
Davenport, Cecil John
Davies, Frederick Mark
De Carvalho, Alberto Pedro
Dewsnap, William Frederick
Fox, George Martin
Fox, Stephen Charles Gundry
Frost, Francis Turner
Garman, Edward Cornelius
Gardner, Ernest Frederick
Gooddy, Edward Samuel
*Goodman, Roger Neville
Goodwin, Frederick Charles
Gowan, Bowie Campbell
*Green, Conrad Theodore
Green, William
Henderson, James Therapland
Holt, Joshua
Hood, Charles John Jacomb
Hosegood, Samuel Price
Howse, Neville Reginald
Humphry, Ernest
Hutton, John
Jaques, John Warren
*James, Arthur William
James, John Angell
Kelly, Thomas William
Kirkpatrick, Randolph
Kitching, John Lea Walton
Lankester, Francis John
Lawson, Hugh
Lewis, John Nicholls
Maclean, W. W. Laroche
Macnab, Allan James
Malpas, James
Marston, Henry John
Metzgar, Charles
*Miley Miles
Morison, Frederick William
Nott, Arthur Holbrook
Oldham, Montague Williams
Oliver, Franklin Hewitt
Oliver, Stuart
Osmond, Edward Bartram
Parsons, Charles Octavius
Paul, Arthur Edmund
*Peake, William Pemberton
Pitcairn, John James
Preston, Frederick
Pye, Thomas
Sansom, Harry Arthur
Scudamore, Charles Edward
Sen, Chandi Chavan
Shellswell, William Arthur
Shute, George Sydney
Simmons, Harold
Simson, Francis Taylor
Smith, Arthur Henry
Smith, Edmond Symonds
Solly, Ernest
Spurrier, Alfred Henry
Stuart, Thomas Edmund
Thompson, Edward Eggington
Thompson, Wilberforce
Tinker, William
Todd, Henry Bansall
Tonks, Henry
Vincent, Herbert Edmund
Waites, Richard Foulstone
Walker, Joseph Eagland
Ward, Charles Walton
Warlters, Walter Scott
Watson, William Robert
Whiston, Philip Henry
Wigglesworth, Vincent
Wilkins, Griffith Charles
Williams, John T. Creswick
Yonng, William Archibald

* Approved by the Examining Board.

Edinburgh Association for Incurables and Longmore Hospital.—In their last Report to hand the Committee of Management of this Institution, like those of most other benevolent medical charities, are appealing for increased contributions to assist them in maintaining its efficiency. During the year 1886 the ordinary expenditure was £3,523 7s., while in the previous year it was £2,784 1s., an increase of £739 6s. On the other hand, the amount of subscriptions and donations received during the year was £2,055 8s. 4d., while in 1885 it was £2,200 2s. 8d., a decrease of £144 14s. 4d. During 1886 accommodation was provided for 12 additional patients, bringing the total number of beds up to 66. 176 applications were under consideration in 1886, as against 115 cases in 1885.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. ATKINS (Melbourne) is thanked for his complimentary note; we are glad to hear the journal is so appreciated in Australia.

DR. CROSSE (Hurlingham).—Your note has been handed to the publisher to supply the back numbers.

A STRANGE SOPORIFIC.

APROPOS of Dr. Curran's curious "Excretal Therapeutics" in our columns, a correspondent sends us the following from Vambery's "Sketches of Central Asia," p. 28. Describing a habit the inhabitants of these parts have of burying their soaked bodies up to the neck in a powder of horse-dung dried in the sun, he adds that "such a bed induces a most sweet and refreshing sleep, however it may offend the European eye and sense of refinement." There is certainly no accounting for taste in this other and matters—medical and otherwise. The practice, if it be as successful as 'tis here painted, tends to show that the vagaries of habit are inexhaustible, and that "what's one man's meat is another man's poison."

DR. L.—The subject has been discussed over and over again in our columns, and we cannot take it up again, at any rate, for the present.

B. H. M.—Your MS. has been received, and will be considered. The Report is likewise to hand.

THE LAW OF THE DETERMINATION OF THE SEXES.

So many laws, founded upon insufficient data, have been advanced lately as determining the sex of the child, that we are led to give our own (American Exchange), which has been deducted after the compilation and careful examination of a vast quantity of statistics: If the mother, while pregnant, sees a bow-legged flea with a wart on its left knee, the child will be a male. If the wart is on the right knee, a female. In case the flea is cross-eyed and lacks its eye-teeth, these indications are reversed.

THE NEW METAL—GERMANIUM.

THE new metal, germanium, when melted, forms a glittering globule, which rotates and evolves white fumes. If the glowing globule is allowed to fall on paper, it breaks, like antimony, into many little globules, which hop away, forming a series of radiating brown dotted lines. No sharp test has as yet been found for germanium.

DR. FULLER (Guildford).—We shall be happy to assist in the proposed effort.

DR. PEARSE (Plymouth).—Your case is marked for early insertion.

STUDENT.—"Gant's Surgery," which you have been advised to take, is a thoroughly reliable work, the last edition of which is quite up to date.

FOREIGN LABOUR.

SOME statistics have recently been published bearing on the number of foreigners of various nationalities residing in England. There would appear to be a formidable number of foreign tailors, waiters, &c., but no figures are given of the number of foreign medical men or foreign men practising medicine in this country. There are not as many doctors, doubtless, as there are tailors, for the requirements are somewhat stricter, and less easy to comply with. Further, however much a man may like to talk a foreign language to his waiter, he as a rule prefers to talk English to his medical adviser, and does not care to have to repeat the details of his complaint in order to make sure of being understood. It is a noteworthy fact that a very large proportion of the public analysts of England are Germans, a fact which can only be explained on the supposition that English chemists are lacking in the qualities of precision and technical knowledge which are required in the holders of these posts. If this be so, it is a melancholy reflection.

DR. P. and **MR. T. H. M.** will please receive our best thanks. They will notice the information has been utilised in the present number.

DR. FRANCIS (Brondesbury).—Communication received as we were at press.

W. P. O. L.—We do not understand your query relative to "Begbie's Acid Treatment." When was the reference?

DIOGENES.—Though your letter contains much that we agree with well expressed, it is too much of an onslaught on a particular hospital and particular individuals, and we, therefore, prefer not to insert it. It can be had on application to our publisher.

PRECEPTOR.—Jubilee nonsense. We have no space for such effusions.

F.R.C.S.—It is as you opine. The truth will out shortly.

MR. C. W.—We have made inquiries, and find the book has not been translated into English, nor indeed is there any likelihood of its being done, with the recent translation of the classic Politzer before us.

Meetings of the Societies.

WEDNESDAY, MAY 25TH.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens will be shown by Dr. Grigg, Dr. Edis, Mr. Lawson Tait, and others. Dr. Routh: On the Various Modes of Treatment to be adopted for the Worst Cases of Uterine Flexions (adjourned discussion). Council at 8 p.m.

THURSDAY, MAY 26TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. Dewar, The Chemistry of the Organic World.

FRIDAY, MAY 27TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Report of the Committee on Joint Disease in connection with Locomotor Ataxy. Dr. Robert Maguire: Cases illustrating Acute Dilatation of the Heart produced by Alcoholism. Dr. H. Handford: Case of Endemic Hæmaturia due to the presence of the Distomum Hæmatobium. Dr. Dawtrey Drewitt: Case of a Child with a Patch of Lupus, which has been treated partly by Scraping and partly by Salicylic Acid. Mr. Wm. Anderson: Cases of Hammer Toe. Living Specimens:—Dr. Arthur Davies: A case of Rhythmical Tremors affecting One Limb only. Mr. George Eastes: Chronic Spasmodic Affection of Inspiratory Muscles, with loud Crowing Inspiration.

ROYAL INSTITUTION.—At 9 p.m., Dr. Edward E. Klein; Etiology of Scarlet Fever.

Vacancies.

Brighton.—The Royal Alexandra Hospital for Sick Children.—Honorary Assistant Physician. Applications, with recent testimonials, must be addressed to the Chairman of the Medical Committee before Wednesday, June 8th next.

Gorey Union, Killenagh and Wells Dispensary.—Medical Officer. Salary £135, and fees. Election, June 6th.

Liverpool Northern Hospital.—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance in the house. Applications and copies of testimonials to be addressed to the Chairman of the Committee not later than the 31st inst.

Newcastle-upon-Tyne Infirmary.—House-Physician. Salary, £100 per annum, with board, lodging, and washing. Applications and testimonials must be in the hands of the Chairman of the House Committee on Wednesday, May 25th.

Ongar Union, Essex.—Medical Officer and Public Vaccinator. Salary, £75 per annum, &c. Applications and testimonials as to competency must be sent to the Clerk not later than May 30th.

Rotherham Hospital.—Assistant to the House-Surgeon. Rooms, commons, and washing will be provided in lieu of salary. Applications to be sent to the House-Surgeon by the end of May.

Wilton Union.—Medical Officer and Public Vaccinator for the Bishopstone District. Salary, £100 yearly (inclusive of all Midwifery and surgical fees). Applications, with certificates of qualification and testimonials, to be sent to the Clerk to the Guardians on or before the 27th May inst.

Appointments

MANN, A., M.B., C.M.Ed., Visiting Surgeon to the Chester General Infirmary.

MARK, L., L.R.C.P., M.R.C.S., Surgeon to the Chelsea, Brompton, and Belgrave Dispensary.

MOXHAM, M. C., M.R.C.S., L.R.C.P., L.S.A., House-Surgeon to the Central London Ophthalmic Hospital.

PERRY, E. C., M.A., M.B.Cantab.. Assistant Physician to Guy's Hospital.

PITT, G. M., M.A., M.D.Cantab., M.R.C.P.Lond., Assistant Physician to Guy's Hospital.

SMYTH, J. C., L.R.C.S., L.R.C.P., Medical Officer to the County Antrim Prison; and to the Brookfield and Edenderry Spinning Mills and Factories.

WOOLDRIDGE, L. C., D.Sc., M.B.Lond, M.R.C.P., Assistant Physician to Guy's Hospital.

Births.

CLARKE.—May 21st, at Glenayon, Stoke Newington, the wife of T. Furze Clarke, M.R.C.S., of a daughter.

KIDD.—May 17th, at Brook Street, London, W., the wife of Percy Kidd, M.D., of a daughter.

Marriages.

FOWLER—WACHER.—May 19th, at the parish church, Herne, Walter Fowler, M.B., B.Ch.Camb., F.R.C.S., of London, to Alice, daughter of W. Wacher, Esq., of Eddington, Herne.

Deaths.

BEGLEY.—At St. Peter's Square, Hammersmith, William Chapman Begley, M.D.T.C.D., F.R.C.P., aged 84.

CROWFOOT.—May 12th, at Beccles, W. E. Crowfoot, J.P., F.R.C.S., aged 80.

HUTSON.—May 14th, at Erlegh, Whiteknights, near Reading, Henry Hutson, M.R.C.S., of Demerara, in his 66th year.

MENZIES.—On board the P. and O. steamship *Valetta* between Colombo and Aden, Alexander Menzies, M.B., C.M., aged 24.

MOREWOOD.—May 16th, at Draperstown, co. Derry, Samuel Rowley Morewood, M.B., aged 35.

TROUTBECK.—May 17th, at his residence, Finsbury Park, James Troutbeck, M.B.Ed., L.R.C.S., aged 41.

WOODS.—May 12th, at Heene Villa, Worthing, Francis Benjamin Woods, M.R.C.S. aged 77.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, JUNE 1, 1887. [No. 23.

A Clinical Lecture
ON
THE DIAGNOSIS OF DISEASES OF THE BRAIN. (a)

By PROFESSOR H. NOTHNAGEL.
University of Vienna.

AFTER a short introduction, in which he referred to the great impulse now given to practical medicine, and to brain diseases in particular, by means of the study of physiology and nervous pathology and the ophthalmoscope, he proceeded:—

In the study of brain diseases we must naturally allow full force to the general laws of logic. We can proceed to the determination of the diagnosis in two ways. 1. By inquiring into the subjective complaints of the patients, obtaining the anamnesis in the usual way, performing the physical examination, and then asking what kind of disease may we have to deal with here? In difficult cases many will come into the mind, and thus a differential diagnosis will be reached—a method which may be called the "synthetic"—or, 2, every statement of the patient, every symptom, may be analysed, a method which may be designated as "analytic." If we learn, for example, that the patient is a painter, we may at once think of lead poisoning, when possibly some other disease is present; we think at once, however, of those possibilities which are associated with dealing in colours; we notice at the examination a marked paleness in the patient, but without cyanosis, slight puffiness of the face, we remember then at once that we may be dealing with a case of nephritis; cyanotic paleness will, on the other hand, lead us to think of a heart or lung affection. In this way one analyses at once every symptom noted, and however many meanings each may have at the commencement of an examination each becomes more plainly indicative with the progress of it, inasmuch as each one, so to speak, increases in carrying power, and limits the ambiguity of those already noted to the correct measure. This method of examination is the only correct one in all those cases in which the diagnosis rests on anatomico-physiological phenomena, whilst it is of less worth in those cases in which functional symptoms form the basis. The diagnosis of brain diseases is, indeed, based upon anatomico-physiological, but more upon functional symptoms; a third method must also be brought into use in dealing with them, viz., a purely empirical; thus the diagnosis of degeneration of the posterior columns (tabes dorsalis) is made in a purely empirical way, and for the reason that the function of the posterior column is not yet known with sufficient accuracy to establish why, from the symptoms exhibited, the concluson that such a disease is present is reached. One proceeds in the same manner with brain diseases, all three methods of diagnosis must be employed.

In the spinal cord the so-called "systemic diseases" prevail (muscular atrophy, amyatrophic lateral sclerosis, &c.), whilst in the brain, with perhaps the exception of nuclear paralysis, we do not find any similar systemic diseases; again, a series of affections belong to both brain and spinal cord, for example, multiple sclerosis is so common to both that it is questionable whether it can appear in one of these parts of the central nervous system alone. The inflammation that leads to suppuration (circumscribed diseases) are more frequent in the brain than in the cord, these are connected with accidents, injuries, &c., they may be present in the cord in connection with fracture of vertebræ. A third group of diseases (hæmorrhages and softenings) affects the brain more than the cord. These are connected with the vascular apparatus, and its affections by emboli, autocthnoic thrombi, sclerosis, which appear much more frequently in the cerebral arteries than in those of the cord, and with variation of pressure in the vascular apparatus, things which can be explained by the mode of division of the arteries of the brain and cord, by reason of which, for instance, variations of pressure in the left ventricle are first noted mostly in cerebral arteries, for example in the arteria fossæ Sylvii.

In regard to the symptoms of brain diseases, Griesinger has put together a simple formula in discriminating between diffused and local symptoms. The first may be present in all diseases of the brain, the latter point to a definite seat of disease; the diffuse symptoms relate rather to both hemispheres, the local symptom more to one.

In forming a diagnosis two questions must always be put: What is the nature of the disease? 2. What is its site? The topical diagnosis is here the easier, that of the nature is more difficult, and in a particular case it is often impossible to say whether, for instance, it is one of hæmorrhage or of softening. One must, however, in affections that appear localised always strive to answer both questions, and one must always nowadays, even in cases of progressive paralysis, strive to say what part of the cerebral cortex is affected.

Amongst the symptoms the condition of the reflexes deserves the first consideration. First, as regards apoplectic coma. To the word apoplexy, not an anatomical but a clinical meaning is associated. In deep coma the cutaneous as well as the tendon reflexes are abolished. If uræmia, drunkenness and poisoning are excluded, and thus the presence of cerebral disease rendered probable, then the question arises whether the case is one of apoplexy. On account of general resolution of the muscles it is impossible to determine the presence of hemiplegia. The *deviation conjuguée* is also absent. Then it is often the cremaster reflex that is still present. The side on which it is found is that opposite to that of the lesion. The abdominal and mamillary reflexes, which are not so constantly present as the cremastic, may contribute to the support of the diagnosis, but they have not the value of the latter. The other skin and tendon reflexes return later, on, and become more and more prominent. I have determined the fact that with heightened tendon reflexes after the first weeks of illness, even at this period the diagnosis may be made of lesion of the fibres of the lateral column of the pyramids. The later excessive augmentation of the reflexes is referred to secondary degeneration of the lateral column of the pyramids.

(a) Delivered before the Vienna Medical Doktoren-Kollegium, March 16th and 31st, 1887.

The *deviation conjuguée des yeux et de la tete* (Prevost), consists in a corresponding deviation of the ocular axes.

Before proceeding to the symptoms of irritation and paralyses he mentions a rare symptom that was observed in many cases of disease of the crura cerebelli media, namely, a peculiar form of squint, in which one eye is directed outwards and downwards, and the other upwards and inwards.

Symptoms of irritation, he continued, are met with in brain disease in various forms, as general convulsions, unilateral twitchings, paralysis agitans, tremor. General convulsions are either simply indicative of diffuse brain symptoms, or more rarely of localised disease. They are significant of the latter only in two cases to be presently described; general convulsions ushering in an apoplectic attack indicate that hæmorrhage has taken place in a particular locality, viz.: in the pons varolii. Such symptoms were formerly attributed to hæmorrhages that affected posterior parts of the brain (Kussmaul); I seek the cause in the pons, but the diagnosis of hæmorrhage into it is only permissible when an extreme degree of myosis is present simultaneously. When the eclamptic attack is associated with myosis, and interchanging paralysis (of the facial, one side and of the extremities of the other), the diagnosis may be made with great probability of hæmorrhage into the pons. A further disease, in which general convulsions have the significance of local symptoms, is the so-called Jackson's epilepsy. Clinically, these epilepsies are quite peculiarly characterised. I saw a patient last week from Roumania; he suffers from epileptic attacks with paroxysms and free intervals; the convulsions begin regularly in the group of muscles corresponding to the right facial nerve, and then extend over the upper and lower extremities. Examination (percussion) of the head showed no painfulness of it; only on the left side above the ear the patient experienced some pain. It was ascertained that there was a good deal of hereditary disease in the family (tuberculosis); there was filtration in the apices of the lungs, and tubercle bacilli were found to be present in the sputum. I consider this to be a case of symptomatic (Jackson's) epilepsy which may be attributed to tubercular deposit over the lower end of the left central convolutions. Another patient had a bone cicatrix on the skull, and likewise suffers from Jackson's epilepsy; in him also, the convulsions began in the group of muscles corresponding to the *facialis* of the opposite side (that of the cicatrix). This case may be one of circumscribed chronic pachymeningitis, which one may hope may be favourably influenced by operative therapeutic measures (trepannation). We see in Jackson's epilepsy an affection referable to disease (irritation) of the central convolutions. The aspect of the disease is extremely characteristic; the convulsions do not begin like ordinary epilepsy without regularity, but constantly with contraction of one and the same group of muscles. These convulsions receive their excitation from the cortex; it is undecided whether they begin in this way only. At the commencement of the present century even a Genevese physician describes the disease of a patient which we must now look upon as Jackson's epilepsy, The patient could keep off or keep back the attacks by folding his arms together, an explanation of which is to be sought in an energetic reflex inhibition.

Apart from these two diseases (lesion of the pons and Jackson's epilepsy) eclamptic attacks have only the significance of diffuse brain symptoms. As such they may be present in rapidly induced cerebral anæmia, in case the patient was previously strong. Experiments have already shown that animals bleeding slowly die without convulsions. In puerperal hæmorrhages also that produce rapid anæmia such epileptiform convulsions are met with. On the other hand, we do not find hydrocephaloid associated with convulsions, for the reason that here the excitability is much reduced. The children are found lying in torpor, coma, the *exitus lethalis* even follows without convulsions. A case is especially present to me in which I was called in consultation for the first time. It was the case of a boy, æt. 14, who was suffering from typhoid fever. The attendant, from the symptoms that had developed, feared a complication with meningitis. I found the patient pale, with the pulse small and frequent, but could discover no symptoms of irritation, and therefore gave a diagnosis of hydrocephaloid. After the use of treatment corresponding the patient got well. In phthisical patients, also, in cases of carcinoma, in grave cases of pernicious anæmia (even when the amount of hæmoglobin in the blood is reduced to 12 per cent.) no convulsions are met with.

2. Eclamptic attacks occasionally appear as diffuse cerebral symptoms in (a) arterial hyperæmia; (b) in venous hyperæmia. Here other things come into consideration, such as overloading of the blood with carbonic acid and the simultaneously present arterial anæmia. Convulsions may also occur in bronchitic asthma as the expression of the venous hyperæmia of the brain.

3. Convulsions also occur at the ushering in of apoplectic attacks, but the amount of effused blood must be considerable. According to Durand-Fardel this only happens after the effusion has burst through into the lateral ventricle; this view is not correct, however; convulsions are much more likely to occur after meningeal hæmorrhages, in consequence of ruptured aneurysms or a pachymeningitis hæmorrhagica. In this case it is in proportion to the amount of the blood effused.

4. Finally, convulsions may occur with tumours, and then with the significance of diffuse or local symptoms.

5. There are, furthermore, four diseases in which in association with apoplectic and syncopal conditions epileptiform convulsions occur, viz., progressive paralysis of the insane, multiple insular sclerosis, paralysis agitans, and tabes dorsalis. In the case of multiple insular sclerosis, sclerotic patches may possibly be present in the central convolutions, in those associated with paralysis agitans and tabes dorsalis, however, we can assign no cause.

Turning now to the phenomena of irritation that remain after apoplectic attacks, these are, unilateral contractions after hemiplegia where the lateral pyramidal tracts are injured, from the cortex to the pons. These contractions are much stronger in the upper extremity than in the lower; unilateral tremor; an exaggeration of this condition, unilateral paralysis agitans; athetosis; this also is a post-hemiplegic phenomenon of irritation as well as unilateral chorea. But these symptoms are of no value either for the determination of the nature or the localisation of the disease; athetosis and unilateral chorea only point to a lesion of the thalamus opticus.

As regards the so-called forced movements (Zwangsbewegungen), these have been described as an impulse to run backwards. This symptom is most plainly perceptible when the patient is led a few paces and then made to stand still suddenly. He then makes some uncertain steps backwards. Diseases of the cerebellum were formerly looked upon as the cause of this symptom, this assumption is, however, not accurate, as I have observed the symptoms once in the case of a tumour situated in one of the hemispheres of the cerebrum, but the symptoms may occur more frequently in affections of the posterior fossa. I am opposed to the view that there is anything "forced" under the influence of which the patient makes the movements. They are rather due to a feeling of giddiness, making the patient fear he is going to fall; hence the backward movements. These "forced movements" sometimes appear as "circus" movements. In these cases the patients, in order to reach the corner of the table, for instance, reach it in a curve instead of going straight to it. This movement is to be attributed to giddiness, and as far as topical diagnosis is concerned, it is of no importance. Cases are also known in which patients, in order to reach an object, make wide circuits, and finally cases in which patients lying in bed turn themselves round their longitudinal axis, and thus perform movements that have been produced experimentally in animals by severing the crura cerebelli med. Such a case is reported in French literature, in which the patient turned on his own axis; there was giddiness in that case, and later on an exostosis was found on the basis cranii which had irritated the peduncles of the cerebellum. There are cases also in which the impulse is forwards, but I will not go farther into such curiosities that have no diagnostic value, and will only note that the cases of paralysis agitans in which the patients run forwards depend on muscular spasm of the lower extremities.

The phenomena of motor irritation possess, however, a diagnostic value in many diseases, in meningitis, for example; in the course of this general epileptiform convulsions may come on, the cause of which is still doubtful, as it is still undecided whether we have here to deal with the effect of an irritation of the pons or of the motor cortical centres, in consequence of anæmia produced by hydrocephalus.

The paralyses I shall briefly touch upon. These may be distinguished as direct and indirect. The first often improve after a time, disappear, and are not local phenomena.

Disturbances of vision are another symptom in cerebral diseases. Their high diagnostic value is known. There is tubercle of the choroid, which is more rare than has been thought, cysticerci, &c. Disturbances of vision have special significance as regards the nature of the affection.

The papillæ of stasis here come specially into consideration. These are observed in tumours, in chronic hydrocephalus, and in abscesses. Their greatest importance is as regards tumours, although as regards these, their importance has been over-rated. Thus it has been said that the symptom is present in 90-95 per cent. of cases of tumour, a percentage that I think too high. It is true that without this symptom one would not dare to diagnose a large tumour, but one must take into consideration that small tumours may be present without papillæ of stasis, and only produce the symptom when they press upon *vena magna Galeni.*

In cerebral abscess the symptom is rarer than is thought; it also occurs in chronic hydrocephalus. A. von Gräfe has assumed an obstacle to the blood-stream in the sinus cavernosi as an explanation of the phenomenon, but we know now that it arises from dropsy of the sub-vaginal space of the optic nerve.

The symptom in meningitis is, according to one view, dependent on the hydrocephalus, according to the other it is attributed to descending neuritis.

A further important change that may occur in cerebral disease is atrophy of the optic nerve. I would especially point out the atrophy that occurs in meningitis which is then always a meningitis sclerotica. It developes in exceptional cases as a primary affection, but it mostly arises in consequence of general diseases, in tuberculosis, in drinkers, in syphilis, from strangulation of the optic nerve, which atrophies from pressure.

In the case of tumours, atrophy of the optic nerve may occasionally occur. As such importance is attributed to papillæ of stasis in the case of tumours, I would point out that atrophy of the optic nerve may be associated with a tumour. This happens in three cases: either by the tumour affecting the nerve directly, or in the case of tumours situated on the convexity, causing hydrops ventriculi, and through this pressure on the nerve, or through neuro-retinitis present with the tumour.

Besides these, there are other disturbances of vision, for example, colour-blindness amongst others, which have only the significance of local symptoms, and which I shall show the value of at the close of this inquiry. I will first describe those symptoms which are of value as regards the diagnosis of the nature of the affections. Such are—

1. *Headache.*—This is an old long-recognised symptom, which, however, as regards the kind of disease, is only of subordinate importance. Certain diseases of the brain, such as hæmorrhage and softening, may run their course without headache; indeed, the axiom may be formulated that severe headache is contradictory of hæmorrhage or softening. We find headache regularly present as a symptom in tumours. It cannot be said with certainty, however, that it is constant. We know that the dura is sensitive; of the pia we know that it is only slightly so, and the cerebral substance not at all; this is sufficiently well known from experiments on animals. In explaining the mode of origin of headache, we are of necessity therefore led to the dura, or pia mater, or as in hemicrania, to vascular spasm; but all these explanations are defective, and experiment affords us no proof that the cerebral substance is sensitive. For the occurrence of headache the most essential thing seems to be tension of the dura mater. Examples of a similar genesis of pain are afforded in painfulness of the liver in abscess (on account of tension of the capsule). Similar phenomena are observed in the spleen, and with regard to headache, where there is tension of the membranes over a tumour, one may fairly assume such a mode of origin.

He then spoke of the headache associated with inflammation of the meninges, pachymeningitis, leptomeningitis, hyperæmia, and anæmia of the brain, of its absence in multiple insular sclerosis, and of its uncertain presence in abscess, and remarked that the locality of the pain did not afford much indication as to the seat of the disease.

2. *Giddiness.*—This was of no local significance except in disease of the *crura cerebelli ad pontem* when associated with staggering. It might be the precursor of an apoplectic attack, and might be present in insular sclerosis, in anæmia, pachymeningitis, &c.

3. *Vomiting.*—This symptom is of but little service as regards the diagnosis of the disease; it is more useful for determining the locality of it. (The centre for vomiting is situated in the medulla oblongata.) Vomiting may occur with tumours, with hæmorrhages into the brain. That which occurs at the commencement of meningitis is of special interest; why it takes place is not known; what we possess regarding it is mere hypothesis; we may assume from it that there is a tumour which presses upon the medulla oblongata, or has its seat within it.

4. *Fever.*—Pyrexia is present in only a few brain diseases; on the other hand the highest temperatures have been observed in meningitis, but only in the infectious form, for example, in cerebro-spinal meningitis, and it must be specially noted that meningitis may run its course with very low temperatures, and the fever may range between 37·8 and 38·5 C. We may find rises of temperature with abscess and septic phlebitis. I have had many opportunities of observing the latter, it has the character of a septic fever; there is embolism of the lungs on which the fever is dependant; rises of temperature may also occur in progressive paralysis.

5. *The Pulse.*—This is of significance in the individual case only, thus in the beginning of a meningitis as is known, Richardson has drawn attention in this disease to a rhythmical arythm that I have observed myself. If the pulse of such a patient is felt, 80 beats, for example, are counted, whilst two or three minutes later they reach to 120. This phenomenon has its origin in varying excitability of the vagus centres; the pulse finally returns to the ordinary rate.

6. *The Respiration* has no great significance for deter-

mining the nature of the disease. The Cheyne Stokes phenomenon is deserving of notice, although it is not characteristic of any definite affection, it is met with when the excitability of the vagus centres is affected by abnormal pressure relations within the cranium, but it may come on without disease of the cerebrum; thus Stokes originally described it in connection with fatty heart. (Here it is dependant on changed excitability of the vagus centres in consequence of anæmia of the oblongata.)

7. *Disturbances of Speech.*—To describe them only in outline: We observe (*a*) aphonia, this is rarely present in brain disease, it is most frequent in bulbar paralysis; (*b*) dysarthritic disturbances (Leyden), *i.e.*, disturbances of articulation, these are met with in their most exquisite form in progressive paralysis, in repeating, especially, certain words and sentences the patient stammers over every syllable. These disturbances may be present in various localisation of the disease, and generally when the hypoglossus is affected, and most markedly when both are affected, and thus the most exquisitely in progressive bulbar paralysis. The hypoglossus is mostly affected unilaterally only (as in hæmorrhage), and then the disturbance may disappear. In so-called word deafness one may conclude that a lesion of the temporal convolution is present. (*c*) We may find aphasia in progressive paralysis, and then as a consequence of epileptic attacks, and in hysteria.

I now turn to a question of eminent practical value. How must the diagnosis of a certain condition in a given case be determined when, for instance, we would answer the question, is this a case of cerebral hæmorrhage, or of softening? The correct answer of this question is by no means without practical interest, for our treatment depends upon it. But it is easier to put the question than to answer it. In the case of a patient who has had a stroke, we shall first of all inquire his age. If we learn that he is 38 years of age, for example, and if we ascertain that there is hemiplegia, we shall calculate that at this age the attack is more likely to be caused by a tumour, by syphilis, by nephritis with hæmorrhage, or by embolism; softening by thrombosis is very rare at this age, but it is still possible. If the man is from 50 to 60 years old we must then ask ourselves if the case is one of softening (in Virchow's sense) from thrombosis, embolism, or hæmorrhage.

We first of all get the man's history; if the patient has suffered off and on from headache, this is against embolism, as the effect of this is produced with greater rapidity than by the fall of a tile from the roof, prolonged prodromal symptoms are also evidence against emboli. We examine the heart, we ascertain whether any serious dilation of the aorta is present (atheromatous disease), and in a negative case we have the differential diagnosis before us, softening or hæmorrhage? Headache may come in on both cases, the mode of commencement of the attack shows no characteristic difference. Lightning-like seizures which have been thought to be pathognomonic of hæmorrhage, in reality are rarely met with then, they are more frequent in other diseases (for example, *petit mal*). Sudden death is, indeed, observed in hæmorrhages into the medulla oblongata (the speaker related a case), but this is a rare occurrence. It has been stated that cerebral hæmorrhage may be assumed if the patient's countenance is turgescent and the tension of the pulse is considerable, but I cannot refrain from remarking in contradiction to this that in many cases of hæmorrhage the patients look pale. One can thus only say that the presence of the above-named symptoms is evidence for hæmorrhage, their absence, however, is not evidence against. The often-mentioned notion of the existence of a *habitus apoplecticus* is of no value. Physicians who are engaged in the most elegant practice only, who have only to deal with patients who drink good wine, and eat freely of nourishing food, may be always inclined to attribute cerebral hæmorrhage to an apoplectic habit, but in hospital practice we soon observe that tremendous cerebral hæmorrhages take place in, beyond all belief, miserably nourished individuals, without any indication of the habit spoken of, so that one can only regard this as an accessory factor when hæmorrhage takes place, the main factor lies in changes in the blood vessels. The condition of the pulse in the two diseases is of importance when the tension of it is very great, we then think of the presence of hæmorrhage. Simple arterial sclerosis, without tension, says nothing for or against one or the other affection. If albumen, or sugar, is found in the urine in the course of the attack, one must think of hæmorrhage. Very stertorous breathing is also in favour of this. . . . . Occasionally an agonal rise of temperature is met with in both affections, which is said to be more frequent in hæmorrhage. Statistical data, however, are not numerous enough for the question to be decided by this symptom.

After all that has been said, however, we must unfortunately confess that in the majority of cases we are not in a position to say with certainty that the case before us is one of hæmorrhage, or one of softening, and we must in many cases refrain from making a diagnosis.

It is best to be guided by a consideration of the circumstances, that hæmorrhages are more frequent than softenings, and that turgescence of the face and excessive tension of the pulse, with absence of arterial sclerosis, speak in favour of the former. But one must remember that there is a false tension of the arteries which, for example, is often met with in pneumonia, and which is caused by carbonic acid poisoning, whereby the reserve power of the heart is called into action, as by digitalis. Such a false tension is sometimes met with in apoplectic attacks, produced by carbonic acid intoxication from œdema of the lungs. In a case of apoplexy, therefore, we should only count that tension as real that is unaccompanied by cyanosis.

(To be concluded in our next.)

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ON TUMOURS OF THE NECK, THEIR PATHOLOGY, SYMPTOMS, AND TREATMENT.

Delivered at the Hospital, Brompton,

By F. BOWREMAN JESSETT, F.R.C.S.Eng.,
Surgeon to the Cancer Hospital.

(Continued from page 489.)

Lymphadenoma.—This disease of the lymphatic glands is very commonly met with in the neck, and often attains very great size. Microscopically this affection resembles lymphatic gland tissue, but in different cases a great diversity in the constituent parts is frequently noticed. In some instances the cell element predominates, in others the basis fibre, in the former the growth is softer and grows very much more quickly, in fact, the prognosis is much worse, it frequently infects the neighbouring parts, and contaminates the whole system, causing general debility, anæmia, and finally the patient dies of exhaustion. These growths from the great size they not uncommonly attain, often cause most painful and distressing symptoms by pressure upon the carotid vessels, trachea, and gullet. This was well exemplified in the case of a gentleman, æt. 24, who consulted me for an enlargement on the left side of the neck which had been gradually growing for some months; there was no history of syphilis or malignant disease in the family. On examination, I found he had a string of enlarged glands, extending from the angle of the jaw along the carotid sheath, under the sterno-mastoid to the clavicle; there were, also, other glands along the posterior edge and under she sterno-mastoid muscle; these varied in size from a nut to that of a small tangerine orange. I treated him for some time with iodide of potassium and arsenic, but the glands continued to increase in size. He then consulted Sir J. Paget, who recommended a sea voyage and the continuance of the arsenic treatment, but deemed any surgical interference contraindicated on account of the position and nature of the growth, which he considered to be a case of lymphadenoma. The patient had some slight enlargement of the glands of the axilla and groin. The growths, however, continuing to grow somewhat rapidly, I determined, five months after he first consulted me, to endeavour to remove them. The operation was performed with but little difficulty, the glands all shelling out with comparative ease, excepting the largest one, which was situated deeply underneath the clavicular end of the sterno-mastoid muscle. The wounds healed quickly and well, and a fortnight after the operation he was convalescent. In this case the carotid sheath was pushed considerably forwards towards the middle line, and some of the glands were very deeply seated behind this structure.

After the operation the glands in the axilla and groin decreased considerably in size, and eventually disappeared entirely. But about six weeks after the operation the disease again appeared in the site of the original growths, but deeper and nearer to the clavicle. His father, during my absence for my holiday, took him to see Mr. J. Hutchinson, who advised no further operation, but sent him to the sea-side, and ordered him chloride of calcium, which he tock for some weeks, the glands still increasing, on my return he again consulted me, the glands having extended considerably below the clavicular end of the sterno-mastoid muscle, and along the clavicle, there was also one on the chest just above the sternum. I did not see him again for a month. The growths and whole left neck especially over the supra-clavicular region was much enlarged and numerous large glands deeply seated, but freely movable, were easily felt. I recommended him to submit to a further operation, and on October 20th he was admitted into Fitzroy House, and as he took ether badly on the last occasion, the A. E. C. mixture was used as an anæsthetic. I by means of a long incision, parallel to the posterior margin of the sterno-mastoid muscle, removed the diseased glands which were situated here, and then, by a further incision along the upper border of the clavicle, removed the glands which were deeply seated behind that bone, and finally excised those at the sternal insertion of the muscle. Large drainage tubes were inserted, and the wound stitched up. The patient made a good recovery, and he left the Home in a few days over the fortnight. He was immediately sent to Margate, where he has spent the winter. He was reported to be quite well with the exception of a small gland which appeared just under the jaw.

Another case, the photograph of which I now hand round to you, was operated on by me in this hospital last year. Here are the glands I removed which weighed after removal one pound and a quarter of an ounce. This man made a remarkably good recovery, here is his photograph after he left the hospital, by which you will see he is considerably improved in appearance. In this case some of the glands were somewhat firmly attached to the sheath of the carotid vessels, and one completely overlapped the internal jugular vein close to its junction to the subclavian, and caused me considerable anxiety. I removed these glands by two incisions, one along the posterior and the other along the anterior edge of the sterno-mastoid muscle. By this means I was enabled to enucleate the glands without dividing the muscle.

This form of disease is commonly known in this country as Hodgkin's disease. Virchow has named it lymphosarcoma while Cornil and Ranvier name it lymphadenoma.

The disease may be either local or diffused over all the lymphatic glands in the body. They on inspection are found loose, freely movable, firm to the touch, and the skin over the disease is unchanged.

The disease may be limited to one side of the neck, or may be present on both sides, it usually commences in the glands, at the angle of the jaw or edge of the sterno-mastoid muscle, such was the seat of origin in both the cases I have related to you.

It is often most difficult to diagnose these growths from chronic adenitis. The absence of all scrofulous taint, the rapidity of growth, the soft consistence, multiplicity, mobility, and freedom from pain are usually sufficient, however, to determine their true nature, and as the disease progresses, the glands in the axilla and groin become affected, and even the liver, spleen, and other organs will often be invaded by the disease, and finally the blood becomes so altered as to present a large excess of white blood corpuscles producing the disease known as leucocythæmia.

The treatment of this disease is not by any means satisfactory, the free administration of arsenic, the iron salts, cod-liver oil and phosphates are highly to be recommended, and if with these you can induce your patient to take a long sea voyage, or reside in high and dry atmosphere by the sea, much may be done to improve his condition. Some surgeons have extolled, for what reason I know not, the internal administration of the lime salts in some of its forms, especially the chloride. I have frequently seen this drug employed, but never with any good result. I believe when the disease is local, the best treatment is early and free removal.

Carcinoma as a primary disease in the neck is very rarely met with, when, however, it does occur, numerous glands become affected in quick succession, and without the surgeon sees them very early and recognises their true nature there is nothing to be done for them as they quickly infiltrate the tissues around, and become closely and firmly adherent to surrounding important parts.

Carcinomatous disease of the glands of the neck, secondary to the disease existing on the line of the lymphatics is, however, of very common occurrence, indeed, it is quite the exception to find epithelioma existing in the mouth, tongue, or any part of the lips, face, or scalp, where the lymphatic glands are not very early affected, and when once they become infiltrated the disease runs a most rapid course, and produces the most distressing symptoms; severe pain from pressure on the nerves, interference with the blood supply, from pressure on the carotid vessels and jugular veins, displacement of the windpipe, causing often great distress by interfering with the respiration, and from the same reason often causes great difficulty in deglutition. The skin becomes implicated, ulcerates, forming deep irregular sloughing ulcers.

The glands that are soonest affected in this way are those that are intimately connected with the carotid sheath, and, unless seen and dealt with early are most difficult to remove by any surgical interference, as they quickly become firmly fixed, and incorporated with the carotid sheath, the neoplasm often extending completely round the vessels so as, in many cases, completely to encircle them. In such cases it is hopeless to attempt their removal, unless, as in the following case you are prepared to ligature and divide the carotid artery and internal jugular vein, both above and below the growth. And this, undoubtedly, to my mind is what the surgeon should be prepared to do, as it gives the unfortunate sufferer the only possible chance of life: a very poor chance I am prepared to admit, but in many cases life may be considerably prolonged if the operation is successful. I have seen several instances in which these carcinomatous glands have been removed with the best possible results, and although, in the majority of cases, the disease will return again in approximate glands, in due course, yet you have the satisfaction of having prolonged life, and considerably mitigated suffering.

I am certain from observation of cases that have come again and again under my notice, that if the patients had not been operated upon life would have been considerably shortened, and death much more painful. The case above referred to was as follows, and certainly was as unpromising as one could well imagine, but at the same time it was a case that caused me to think of this subject more hopefully. A man, æt. 50, was admitted into the Cancer Hospital in February, 1885, suffering from cancer of the tongue, implicating the fauces and pharynx, accompanied by a large mass of glands infiltrated with carcinomatous disease in the neck, extending some distance down the carotid sheath. This man was in such agony from the disease of his tongue, and was threatened with early starvation, from the difficulty in swallowing, that he begged me to do something for him. I therefore, upon his earnest solicitation, determined to remove the diseased mass, and at the same time endeavour to remove the affected glands; on dissecting round these, the jugular vein and carotid artery were found to be so surrounded and incorporated with the disease, that it was impossible to remove it without dividing these vessels above and below the mass; this I accordingly did, afterwards removing the tongue and diseased tissues from the mouth, by Köcher's method. The man made a perfectly good recovery, and had no bad symptoms whatever. He lived in comparative comfort for the next nine months, when he had a recurrence of the disease in the neck, and died.

There is no doubt that these operations which at first appear to be tolerably easy of accomplishment, often assume proportions which one had very little expected. But it is from cases such as these that one has been able to learn experience; and it is astonishing how quickly and firmly these extensive operations heal up, and what little inconvenience is experienced by the patients afterwards.

Tumours implicating the Thyroid Gland.—Tumours connected with the thyroid gland are practically limited to changes in the structure of the gland tissue itself. Simple hypertrophy of the gland or goître may exist with but very little structural change.

They are more frequently met with on the right side than on the left. The term goître or Derbyshire neck has been used promiscuously for any enlargement of the gland without respect to the cause of enlargement. Thus, increase of size, as I have already said, may be simple hypertrophy of the gland tissue or hard goître, other enlargements may be due to cystic disease, and here again, there may be one large cyst containing perhaps some ounces of straw-coloured fluid, or there may be general cystic degeneration of the gland which has all the appearances to touch and palpation of being a cyst full of fluid, but when explored with an aspirating needle nothing but a very little bloody fluid escapes.

The contents of cysts also vary much, it may be, as I have said, a clear highly albuminous fluid, or a gelatinous material which is hard to evacuate through any ordinary canula. The contents may be blood, and calcareous matter has been found in these cysts.

These cysts may be simple, unilocular, or they may be multiple, being divided and often subdivided by septa more or less complete. The septa vary much in thickness and strength, being sometimes thin and pliant, at others firm and fixed with calcareous and even osseous deposits. The walls of these cysts are firmly attached to the gland, but are movable and rarely or ever attached to the surrounding tissues.

Another form of enlargement of the gland may be caused by a dilated or varicose condition of the blood-vessels, indeed, when the arteries are enlarged in this way expansive pulsating vibrating thrill and a loud bruit have been observed, this form of enlargement has been designated aneurismal bronchocele. But, as more frequently the veins alone are enlarged, it has been designated varicose bronchocele. Goitre in its worst form is met with in the valleys of the great mountain ranges of Europe, Asia, and America. In Switzerland and some chalky parts of England and Scotland it appears to be almost endemic.

It would be interesting here to dwell awhile, and consider the connection of myxœdema in relation to the thyroid body, but time of course would not admit of our launching into this deep and wide question. It would not, however, be right to pass it by unheeded, as in weighing the pros and cons of operative proceedings in relation to this disease, it must not be forgotten that if the whole gland is removed the patient will probably contract myxœdema.

The diagnosis of goitre is not difficult, at the same time it must be remembered that hydroceles of the neck, abscesses, and hydatids often very closely resemble the disease, but may usually be distinguished by their different clinical history, position, physical characters, and progress.

The treatment is most unsatisfactory, when the disease has attained a large size all drugs are absolutely useless. Much may be done, however, if the patient is seen in the earlier stages of the disease, by the administration of iodide of potassium and iodine, cod-liver oil, and iodide of iron, and insisting upon good nourishing diet, in fact, by attending to the general health. The patient should also be removed from the district in which he has contracted the disease, to a more healthy and salubrious neighbourhood, and all sanitary matters must have strict attention paid to them.

The Arabians used sponge made into the form of an electuary, pastilles, &c., locally. The liniment and tincture of iodine is most frequently used, or iodine and iodide of mercury in the form of an ointment, or iodide of lead ointment. These ointments should be applied in the early morning, when they should be rubbed in for ten minutes or a quarter of an hour, and then a further quantity smeared on and the neck exposed to the heat of the fire or strong sun's rays. I have tried all these remedies, both in cystic disease of the gland as well as in ordinary hypertrophy and exophthalmic goitre, but have never seen any good result follow even a prolonged application locally, either by itself or when accompanied by vigorous constitutional treatment.

Cystic disease of the gland is best treated by tapping and injecting the cyst with tincture of iodine or perchloride of iron. It must not be forgotten that this proceeding is by no means free from danger to the patient, as sometimes profuse suppuration is set up and troublesome hæmorrhage has also followed.

In my experience, however, the best treatment of single cysts is to tap them, and when empty inject an ounce of tincture of iodine and spirit, in the proportion of an ounce of the former to four of the spirit. This should be repeated at the end of about four days, great care being taken not to inject any air, by this means a certain amount of inflammatory action is set up on the cyst, and after a few weeks' treatment the cure is effected. Dr. Morell Mackenzie and other surgeons prefer a solution of perchloride of iron of a strength of a drachm of the tincture to an ounce of water.

Mr. Sydney Jones has obtained good results by cutting down upon and dividing the isthmus, he has reported cases in which he had adopted this course when the enlargement of the gland, particularly when situated on one side only, has been markedly reduced. I have practised this method, but have not been so fortunate as Mr. Sydney Jones. In a case I had in the hospital a few months ago of cystic disease of the gland, a variety of treatment was tried, and at my suggestion Mr. Elam divided the isthmus, but without any reduction in the size of the tumour, and eventually I removed the growth which was pressing on the wind-pipe, in fact had pushed it very considerably over to the opposite side; the patient made a good though somewhat tardy recovery. This is his photograph before and after the operations.

In most cases then where the disease is limited to one half of the gland, and the tumour is very unsightly and perhaps causes, by pressure upon the recurrent laryngeal nerve, an irritating cough, difficulty of speech from paralysis of one or other of the vocal cords, or pushes the wind-pipe very much over to the opposite side, I should recommend the removal of the diseased portion the gland. Much has been said about the difficulty this operation and the terrible hæmorrhage that attends it. I think all risk of this may be done away with if the surgeon will ligature every vessel he meets with going into the gland in two places, dividing them with scissors between the ligature.

Some surgeons have suggested the ligature of the thyroid arteries or even the carotid, in the treatment of goitre when very vascular, but this plan of treatment has never met with any success, and is often attended with great difficulty in its performance.

When the whole gland is enlarged total extirpation must never be practised, as it has been proved by Mr. Victor Horsley that if the gland be wholly removed the patient will probably die of myxœdema, and this actually happened to a patient operated upon by Sir Wm. Stokes in Dublin, and reported by him in the *British Medical Journal*, October 16th, 1886. In this case Sir William excised in the first instance one-half of the disease, and when the patient recovered from that operation he removed the other half, with the effect that the patient made a good recovery from the operation, but died subsequently of myxœdema.

Adenoid tumours are occasionally found in this gland, and are usually easily enucleated. Carcinoma is very rarely found to attack the gland as a primary growth. When it does develope in it, it is usually secondary to the disease being present in some adjoining part. Cancer, however, has been found here in all its forms, but the most common form is the soft or encephaloid variety. The diagnosis of this is not difficult, as the rapid growth, pain, and the early invasion of the lymphatic glands, skin, wind-pipe and pharynx, are sufficient to distinguish it from simple goitre.

Blood cysts may form and often do in connection with carcinoma of this organ, and the large blood-vessels may be opened giving rise to fatal hæmorrhage.

If this disease should be met with, and the diagnosis made sufficiently early, undoubtedly the surgeon should not hesitate to remove the whole of the part of the gland that may be diseased. But carcinoma, fortunately, is most rare. I believe there never has been a case admitted into this hospital.

(To be continued.)

THE TREATMENT OF EPISTAXIS.

By CHARLES H. WADE, B.A. Oxon., L.R.C.P. Lond., M.R.C.S. Eng.

The embarrasment too often created by the persistence with which hæmorrhage from the nose continues in some cases, notwithstanding that resort is had to the extreme course of plugging the nares, renders any suggestion for effectually controlling this accident acceptable to practitioners. Its occurrence, moreover, not unfrequently takes place under circumstances that tend to increase the concern naturally aroused by loss of blood so alarming in extent as in many instances it is; very often the surgeon is hurriedly called in to arrest the flow without having been informed of the nature of the illness he is about to attend, and he is consequently unprovided with the special appliances deemed necessary for meeting such an emergency, and this, it may be, at a distance from home much too great to allow of any steps on his part towards procuring the means of easily making and placing in position the plugs with which, as a rule, he would seek to put an end to the bleeding. This question has recently been under discussion at the Paris Academy of Medicine, before which body M. Verneuil has described a method that he is disposed to regard as specific in even grave cases, and which consists in applying over the region of the liver a counter irritant in the form of a large blister; and he narrated three cases in which this plan of treatment effectually arrested the epistaxis, even after trial with digitalis, ergotine, and plugging had been made in vain. However successful the proceeding may be, it is impossible to regard it as less than a severe remedy, and if a simpler one should prove to be attended with equally good results, the choice, in ordinary cases, would most certainly lie with it. And that such is the case I am led to think from the good effects obtained by adopting a mode of treatment in these cases for a knowledge of which I am indebted to Mr. Jonathan Hutchinson, who has found it equal to the needs of all occasions on which he has employed it. It consists in immersing the feet and legs of the patient as far as possible in water as hot as can be borne; and I can assert from experience that whoever will make a trial of the method will have cause to be thankful for so ready and available a remedy in trying emergencies.

A case in point occurred to me on the evening of Christmas Day, 1886, when, about 8 o'clock, I was hastily summoned to attend a labourer, æt. 40, who, according to the messenger, was "bleeding to death." I found him seated on a chair before a large fire, in the kitchen of his cottage, holding a duster, already saturated with blood, to his nose, and surrounded by sympathising relatives and friends; while hard by were evidences, in the shape of blood-stained rags, and a bowl of reddened water, to the effect that the hæmorrhage had been continuing for a considerable time. On inquiry I learned that it had lasted from about one o'clock in the day, and the sufferer himself volunteered the information that his condition might have been influenced by the fact that, in deference to the season, he had taken "his beer" in more liberal quantities than usual. On removing the cloth with which he sought to stay the flow, the blood dripped freely, and the same rate was said to have been maintained for several hours. The man's appearance quite justified the truth of this assertion, and I determined at once to fall back on the hot pediluvium, having, from prior experience, complete faith in its efficacy. Fortunately a pan of water was on the fire at the time, almost boiling, and half filling a couple of buckets with it, and adding enough cold water to render the bath tolerable, I placed a foot and leg of the patient in each. I must admit that my proceedings up to this point did not perceptibly impress my audience with a sense of my dignity as a surgeon, but almost immediately thereafter the drop, drop, from the nose of the patient was arrested, and within eight minutes it had entirely ceased. It need hardly be said that he had previously, at my request, been lifted in his chair, from out of the direct heat of the fire to a cooler situation, and as he showed a tendency to faintness he was also for a time supported by bystanders who quickly became interested in the virtues of hot bathing as a specific for epistaxis.

Having directed the treatment to be continued for half an hour, and instructed the friends to put the patient then to bed, with the head lying low, I left the case quite easy in my mind regarding it, having first, however, told the wife, an intelligent woman, to repeat the bath should the bleeding return during the night. As a precautionary measure also, a mixture containing iron alum was given at intervals during the succeeding twenty-four hours, and after that the headache and weakness were speedily recovered from with the aid of a tonic and good feeding. Once only, on the day following that of the attack did the hæmorrhage recur, and it was at once and completely arrested by the same means.

I do not hesitate to describe this case at length because it illustrates a class of accidents more common perhaps in general practice than under any other circumstances; and also because they often give a good deal of trouble and cause much anxiety to those having the treatment of them. Since the time named I have more than once had occasion to adopt the same course of procedure, and in one instance being called late at night to a patient some miles away, and being unable to go to him at once, I gave the messenger careful instructions what to do; and the next day had the satisfaction of learning that all had gone well, though the hæmorrhage had lasted more than twelve hours.

It is not difficult to understand the *modus operandi* of the treatment, the success of which clearly depends on the abstraction of blood from the head owing to the greater demand for it in the lower extremities under the influence of the hot water. Moreover, it is probable that the force of the outflowing stream through the nostrils being once diminished, that coagulation is encouraged in the nasal vessels as a consequence of the loss already sustained, for the tendency, even in obstinate cases of epistaxis, is undoubtedly to the production of clot after a certain period in the process of bleeding. The frequent uselessness of hæmostatics during the flow also points to the same conclusion; for these agents act readily enough when once the loss of blood is arrested, they fail earlier because the effect of their local action is undone by the persistence of a current past the points affected, but which current is slowed or even stopped when a new demand for largely increased supplies of blood is set up in a more dependent part of the body.

It is impossible not to see in the plan of M. Verneuil a close relation to the one I have endeavoured to describe, though the latter has many elements of advantage to recommend a preference for it, at any rate, at first. Whatever opinion may be held as to its mode of action, however, there can be no question of its extreme value as a mode of controlling epistaxis. It is sufficiently simple to be tried in all cases; it will rarely or never fail.

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Medico-Chirurgical Items.

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital, Drumcondra; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

RUPTURE OF THE BLADDER.

The most recent advance in abdominal surgery is the successful suturing of rupture of the bladder by Sir Wm. MacCormac. In the two cases operated on he was successful. The first case was rupture caused by violently running against an upright post, and is remarkable for the absence of shock, the patient not coming to hospital until the following day. Sir William, from the symptoms present, diagnosed rupture of the bladder, and decided on operation. On opening the abdomen a rent was found on the posterior wall of the viscus, extending, for about four inches, from the apex to near the base in the middle line. Sixteen sutures of fine silk were introduced through the serous and muscular coats by Lembert's method, the mucous layer not being included. The second case was caused by a fall of twenty feet whilst the patient was in a sitting posture. As in the former case there was no shock, and the patient was able to walk without aid. The rent was found in the posterior wall, and ran an irregular course obliquely and to the left of the middle line. The rent of the outer coats, muscular and serous, was two inches in length, whilst that of the mucous was only a quarter of an inch. Twelve sutures were introduced as in the former case. In both cases the results were most satisfactory, the first patient being about in three, and the second in two, weeks. To the careful irrigation of the abdomen, and to the promptness of operation, may be ascribed the absence of peritonitis.

BRAIN SURGERY.

The following is taken from the *Melbourne Age*:—An interesting operation was performed at the Melbourne Hospital, on January 27th, upon a girl æt., 16, living at Wilcannia, who was recently admitted into the institution, suffering from symptoms of pressure on the brain, such as blindness—the right eye being irrevocably gone—partial paralysis and convulsive attacks. A consultation was held, and Mr. Fitzgerald, a distinguished Dublin graduate, now on the staff of the Melbourne Hospital, diagnosed hydatids on the brain. On this an operation was determined upon, the patient placed under chloroform was trepanned, a circular piece of the skull about an inch in diameter being first removed from the left temple, the *dura mater* was then incised and a trocar was inserted through the substance of the brain, and the cyst successfully punctured, a large amount of fluid coming away at the same time. When the report was written it was then too early to prognosticate whether the patient would survive this serious operation, carried out somewhat against the general opinion of the surgical body of the hospital, but no divergence of view can obtain as to the ability of the operation, showing the brain of a subject can be punctured and foreign bodies removed, whose existence in the cells of the cerebrum would be fatal. The truth of Mr. Fitzgerald's diagnosis was proved by the examination, made afterwards by Professor Allen, of the fluid which came away from the brain, this being found to be hydatic fluid.

MAMMARY NEURALGIA.

At a meeting on the 9th of February of the Société de Chirurgie, M. Terrillon made a report for M. le docteur Rontier, relative to a painful condition of the breast of a young woman, æt. 21. The patient had had her left breast bruised slightly, after this she felt the gland painful, pressure increased the pain, and during the menstrual period it was worse. An induration was to be felt on palpation. All remedies used having failed to relieve the pain, M. Rontier excised the painful nodule. The wound healed quickly, and the pain never returned. Microscopic examination showed an increased growth both of the gland elements and of the interstitial tissue.

SUCCESSFUL OVARIOTOMY IN A PREGNANT PHTHISICAL WOMAN.

Dr. Gardner, at a meeting of the Medico-Chirurgical Society of Montreal, related the case:—Mrs. A., mother of two children, has suffered for many years with cough, hæmoptysis, and purulent expectoration, together with the physical signs of phthisis. A tumour was diagnosed five years ago by her family physician. Her menses ceased and symptoms of pregnancy came on. She suffered much from nausea and vomiting, and also orthopnœa. Something had to be done to relieve this last symptom. Dr. Gardner performed ovariotomy. On opening the abdomen, the dark brownish-red uterus contrasted strongly with the pearly glistening tumour. No adhesions existed, and there was a good pedicle. Convalescence was perfect. The temperature never got above 99° F.

EXPULSION OF A PIN FROM THE LUNG, AFTER SIXTEEN YEARS—ACUTE PHTHISIS.

Dr. Colquhoun reports in the *Australian Medical Journal* the case of E. W. A., æt. 21, suffering from acute phthisis in an advanced stage, and was much exhausted by a journey from the country. The right lung was dull from base to apex; the left apex had broken down, and there were the usual signs of acute general pulmonary tuberculosis. The other organs of the body were apparently unaffected. There was said to be no trace of phthisical history in her family, and I saw her father and mother subsequently, and found them to be strong and healthy. She had profuse expectoration, night sweats, cessation of menses, and rapid emaciation. The amount of expectoration continued very great, and on May 15th, she coughed up three fragments of a pin—much eroded and very brittle. Her mother stated that she distinctly remembered that her daughter "swallowed a shawl pin when she was between the age of four and five years." Some days after spitting up the pin she died.

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Clinical Records.

LONDON HOSPITAL.

A Case of Lupous Stricture and Atresia of the Female Urethra. (a)

Under the care of G. Ernest Herman,
M.B.Lond., F.R.C.P.,
Obstetric Physician to the Hospital.

(Reported by Mr. H. Parry.)

M. T—, æt. 48, admitted May 20th, 1883. Patient said she had always previously had good health. She had lived all her life in London, and did laundry work. She first menstruated at 14, had since been regular except during pregnancy, the flow being moderate in quantity, until the last twelve months, during which period the intervals had varied from three to six months. She had had one child, twenty-seven years ago, which was now living and well. For three months after her confinement she was ill with what was called "inflammation of the bowels." Ever since then her womb had seemed to her to come down; but she had not noticed anything protrude at the vulva. Twelve years ago she went to Bartholomew's Hospital on account of trouble in making water, and of her womb coming down. An instrument was put in, which she wore for twelve months. She did not get better of the urinary trouble. After this she one night found herself unable to pass water, and came to the London Hospital, where this was relieved. She was there six weeks as an in-patient (under the care of the late Dr. Palfrey) and subsequently as an out-patient. Has had two similar attacks since. Some years ago she had an abscess in her right groin and about the same time underwent an operation at the Soho Hospital for Women, for the removal of some growth which caused trouble in passing water; but she was unable to give any definite account of this illness.

(a) Read before the Obstetrical Society of London.

The patient was again brought to the London Hospital at 4 a.m. on May 20th. She had not passed water since 8 p.m. on the previous day. She was in great pain, and the distended bladder reached the umbilicus. The resident accoucheur tried to pass a catheter (without anæsthesia), but could not find the meatus, and therefore failed. The patient was put in a hot bath, and given a minim of croton oil, after which the bladder was spontaneously emptied, and the patient passed a comfortable night, free from pain. Temperature was normal. On examination the next day, although a slit-like depression was seen in the situation of the meatus, no opening that would admit a catheter or probe could be discovered. Around the depression in the situation of the meatus were fibrous nodules like those of so-called lupus of the vulva; and around these the mucous membrane was very vascular. The right labium minus was enlarged and thickened to about three times its normal size. The left labium minus was healthy except that there was a perforation in it. Some old scars in the right groin. Uterus retroverted, but otherwise normal. Slight chronic bronchitis, but nothing else abnormal discovered.

23rd.—Patient again unable to pass water. She was examined under anæsthesia by Dr. Herman. The urethra could be felt through the vagina distended into a sausage-like swelling. There was no opening at the meatus urinarius. A trocar was therefore inserted where the meatus should have been, and about two pints of urine drawn off. The urine was slightly acid, and contained some pus. The enlarged right labium was then cut off. The bladder was ordered to be washed out daily with a 1 per cent. carbolic acid solution, and the urine was drawn off every six hours.

25th.—The patient is now able to pass water without an instrument. In washing out the bladder No. 6 catheter has been used. As there seems some tendency for the opening to contract, bougies up to No. 12 were passed.

31st.—Patient discharged at her own request.

June 2nd.—Patient can still pass water, but says she has much soreness in doing so. The urine still contains pus.

July, 1886.—Patient has now no urinary trouble of any kind, but she declines to be examined.

This case is one in which morbid changes were present like those which have been described under the title of lupus of the vulva. I have brought it forward because it exemplifies a rare event in the history of the disease. In his papers on lupus of the vulva, published in the last volume of the "Obstetrical Transactions," Dr. Matthews Duncan does not mention as within his experience either urethral stricture simply by fibrous growths at the meatus, or the possibility of the disease leading, not simply to stricture, but to absolute closure of the urethra. With regard to the urethra he says, "I have not seen ulceration of the course of the urethra . . . except destructive ulceration." Lupous stricture of the urethra he has described as occurring in three forms, first by the growth of lupous tissue around the canal, transforming it into a rigid cylinder; second, as a result of present inflammatory induration; and third, by a band of fibrous tissue. In the case now recorded, none of these conditions was present, but first stricture from blocking of the meatus by lupous growths, and then atresia, presumably from the growing together of the ulcerated surfaces of these growths. Although no ulcerations were seen at the time the patient came under observation, yet it is difficult to account for the adhesion of the walls of the orifice in any other way. It is at first sight difficult to understand how in a few hours the adhesion of two ulcerated surfaces should be firm enough to withstand the pressure of the stream of urine and close the canal. It is probably only possible by the aid of nodules of fibrous growth blocking the mouth of the canal, which make the passage between them small and tortuous, and protect the opposed surfaces ready to unite from the pressure of such a column of urine as the healthy urethra can contain. It may be suggested that the operation which the patient mentioned was one which had produced cicatricial contraction, and this was the cause of the stricture. But even assuming that a cicatrix was present, the lupous growths were the chief cause of the narrowing, and for a simple cicatrix several years old to suddenly, without other change, produced atresia, would be an anomalous morbid process. A feature of this case which appears to me interesting, is the sausage-like dilation of the urethra which was present when atresia had taken place, and which marked off the case clearly from stricture produced by general thickening of the urethra, and also from retention due to swelling of the urethra. It furnished the proof that the retention was actually due to the meatus being so blocked that the urine could not get out.

I have not seen, nor been able to find published, any case of an identical kind. But I find two cases in which stricture was produced by multiple fibrous growths about the meatus the description of which suggests that they possibly should be classed along with the cases to which the term "lupus" has been applied. One is recorded by Goldschmidt. (a) The patient, æt. 35, had had syphilis six years before, and from this time urinary symptoms dated. The vulva was studded with many fibrous growths, from the size of a lentil to that of a coffee bean. A larger growth, the size of a hazel nut, appeared at first sight attached to the right labium minus, but on examination it was found to grow from the vagina, and the opening of the urethra was between it and the labium. The reporter attributed the condition to syphilis. It was treated by dilatation of the urethra and removal of the tumours.

The other case is mentioned by Sir Henry Thompson. (b) The patient had suffered several times from retention during a period of some years, and had been relieved by the introduction of small catheters, and she habitually passed a small stream with difficulty. On examination it appeared impossible to discover the meatus by the eye. In the situation of the opening was a little bunch of pale, firm, corrugated, insensible excrescences, about the size of mustard seeds, or a little larger, among which, first a probe and then a No. 1 gum catheter, were passed with difficulty where the latter was tightly held. After relief had been afforded the woman was lost sight of. No obvious cause for the stricture had appeared on inquiry into her history.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, 27th May, 1887.

Dr. **Broadbent**, President, in the Chair.

Dr. **Robert Maguire** on

ACUTE DILATATION OF THE HEART PRODUCED BY ALCOHOLISM.

Alcoholism produces acute changes in the nervous and circulatory systems. The latter are not usually of serious moment, but may occasionally be important, as shown by the two cases here given. The first patient (æt. 23) when applying for treatment showed œdema of the legs and some ascites. The pulse was small, weak, and of low tension, beating at the rate of 140 per minute. The heart beat was diffused; apex outside nipple not lowered; epigastric pulsation excessive. Cardiac dulness was extended vertically and laterally. Cardiac sounds were short, weak, and spaced, a slight systolic murmur was heard. There was dyspnœa, but no abnormal pulmonary sounds. The urine was excessive in quantity, and of low specific gravity. There was no history of rheumatism, or of previous cardiac symptoms, and after excluding all other causes, it seemed clear that the dilatation of the heart was produced by alcoholism, of which the patient gave a pronounced history. Under treatment by cardiac tonics the symptoms and the enlargement of the heart entirely disappeared. The second patient (æt. 43) when first seen, had œdema of the legs, tremor of the tongue and hands, and complained of nervousness and want of sleep. The pulse was small, feeble, and easily compressible. The after-beat of the heart was outside the nipple line, and was somewhat diffused. The transverse dulness of the heart was increased in extent. The cardiac sounds were short and sharp, but no murmurs were to be heard. As in the previous case, no cause could be found for the dilatation of the heart, other than acute alcoholism, of which the history was clear. Under treatment the symptoms entirely disappeared. The mechanism by which alcoholism produces the dilatation is probably not by increasing the peripheric resistance, but by poisoning the heart muscle itself, so causing it to give way before a normal, or even a reduced, arterial tension.

(a) "Beiträge zur Geb. und Gyn.," Berlin, 1874, Band iii, S. 10

(b) "Stricture of the Urethra," 4th edition, 1885, p. 232.

Dr. **Broadbent** said the subject of the paper was novel, and he had not met with any observations bearing on it before. He said it was not easy to understand how this particular effect was produced. He thought that taking large quantities of diluted alcohol without food might aid.

Dr. **Ormerod** asked what form of alcohol was taken—he thought this was not without importance in the production of these symptoms, as evidenced by an observation by Leyden as to beer drinking.

Dr. **Stephen Mackenzie** thought the condition in this case was doubtless due to the poisonous effects of alcohol, but in certain cases it might also be due to inflammatory changes.

Dr. **Ewart** said that beer drinking was very common in this country and in Germany, and it seemed difficult to credit the explanation offered. He did not think he was likely to overlook so obvious a cause of cardiac dilatation. He certainly never thought that the dilatation began in the left ventricle, or was due to toxic effects. He asked whether the pulsation at the wrist was also counted at the heart; he had noticed that the actual rapidity of the heart's beat was often greater than the pulse seemed to show. He also asked what effect Dr. Maguire had remarked as the result of dilatation of any or all the cavities of the heart. It had occurred to him that when the cavity of the heart was dilated, the surplus of blood probably remained in the dilated cavity at each contraction, otherwise part of the circulation would be deprived of its share of blood.

Dr. **Hingston Fox** inquired whether the urine had been examined more than once in testing for albumen?

Dr. **Maguire**, in reply, said that the favourite drink was gin. The urine had been systematically and carefully examined. He had carefully eliminated any possible peripheral resistance, and had remarked that at no time was arterial tension present.

VOTE OF THANKS.

Dr. **Glover** proposed a vote of thanks by the Society to the Committee which had conducted the inquiry on the connection of joint disease and locomotor ataxy, with especial reference to the chairman, Sir James Paget.

Dr. **Ormerod** seconded the motion, which was agreed to with acclamation.

Dr. **Broadbent** said the report would settle the whole question, and reflect credit on the whole society.

Dr. **Milton Pollard** thanking the society for the vote of thanks, as a member of the committee, said that the report comprised observation of a large series of cases of joint disease and locomotor ataxy. He said that they had not been able to arrive at absolutely certain conclusions, but so far as the cases allowed of they had tried to settle the points raised in the debate.

ENDEMIC HÆMATURIA.

Dr. **Handford** communicated a case that he had had under observation for one and three-quarter years. The patient was a fresh complexioned, healthy-looking man, æt. 24. He had gone to Natal at the age of 21, remained there three and a-half years. He first passed blood in the urine on the voyage home. While in Natal he enjoyed the best health, except for two attacks of dengue. When first seen in November, 1885, he complained of pains in the loins, occasional discomfort in micturition, and the passage of blood in the urine. Numerous ova and embryos of the distomum (Bilharzia) hæmatobium were discovered in the urine, and are still to be found, though in much smaller numbers, at the present time (March, 1887). The following were the points of chief clinical interest raised:—1st. Can the parasite multiply within the human body, or is an "intermediate host" necessary? 2nd. In the latter case, and in the absence of re-infection (and the conditions for re-infection are not known to exist in this country), what is the "expedition of life" of the parasites, and may the host reasonably expect to outlive his guests? 3rd. Is any parasiticide treatment useful? 4th. What is the method of infection, what precautions should be recommended with a view to prophylaxis?

Dr. **Sharkey** said he had received some specimens from Cairo, in which the ova were found in the kidneys, in the lymphatic glands and even in the skin, giving rise to nodules.

Dr. **Abercrombie** said he had seen them in the substance of the lungs.

Dr. **Handford**, in reply, thought it was a waste of time to attempt to find an intermediate host for this parasite in this country. The case he had related was interesting as being not much interfered with by treatment, and free from any chance of reinfection.

CASE OF A CHILD WITH A PATCH OF LUPUS, TREATED PARTLY BY SCRAPING AND PARTLY BY SALICYLIC ACID.

Dr. **Drewitt** read a paper on the case of a child in whom a patch of lupus had been divided for treatment into two parts, and of which one part had been treated with salicylic acid and creasote, and the other by scraping. An unusual opportunity was thus offered of comparing the two methods. There had been altogether eight applications of Unna's plaster of salicylic acid and creasote during one month. Each application having been preceded by washing the patch with a solution of cocaine. At the end of that time the granulation nodules had all suppurated out, leaving little pits surrounded by unhurt, healthy skin. There had been no return of the disease in either part. Unna claimed for the salicylic acid treatment that it removed old bands. This it had failed to do in this case, in fact, some new, thin bands had been formed, but still the scars left by the salicylic acid were smaller and less hard, and had less tendency to contract than those left by scraping, and judging from this case alone, there is distinct evidence in favour of the salicylic acid treatment of lupus. The case was shown with a drawing.

Mr. W. **Anderson** on

A CASE OF HAMMER TOE, WITH SOME REMARKS UPON THE DEFORMITY.

The patient, a youth, æt. 19, had been suffering from hammer-toe, presenting the usual characters, and affecting the second digit of the right foot. The history showed that the condition had been noticed from early infancy, and that an aunt and two cousins on the parental side had been similarly affected. The deformity was treated by removal of the head of the first phalanx, which was exposed by a longitudinal incision through the integuments and extensor tendon. The toe was straightened, and healing took place by first intention. The following points with reference to the disease, as illustrated by an analysis of twenty cases, were then brought forward:—1. The complaint is peculiarly one of early life, the period of commencement, in genuine examples, appearing to range between infancy and the age of twenty-one. 2. The lesion is almost always limited to the first phalangeal joint of the second toe, but occasionally appears on the metatarso phalangeal joint of the great toe (which developmentally must be regarded as belonging to the interphalangeal series). The cases described as "hallux flexus" by Mr. Davies Colley a few weeks since are of this nature. 3. True hammer-toe is often bilateral, but when this is the case one foot is commonly attacked several years before the other. 4. A history of an inherited tendency to the disease may often be obtained. 5. The development of the complaint does not appear to be affected by either sex or class, or to be connected with any special constitutional diathesis. 6. There is no good reason to believe that it is caused by ill-made boots. There is of course no doubt that the distortion is sometimes associated, probably as a mere coincidence, with evidences of the habitual use of misshapen foot covering, but in many cases the normal form of the foot is preserved, and there is no reason to believe that the shoemaker has ever been at fault. 7. The essential pathological lesion is a contraction of the plantar fibres of the lateral ligaments and of the glenoid plate, probably the result of a peculiar form of chronic inflammation. Secondary changes of form occur in the articular surfaces, particularly in the cartilage, and may lead to a trigger-like action of the affected joint during forcible flexion and extension. The muscles, tendons, and fasciæ take no part in the etiology, but may be secondarily affected. 8. The treatment recommended is removal of the head of the first phalanx in the manner described. Two specimens, one lent by Mr. Shattock, and some drawings were shown to illustrate the pathology of the affection.

Mr. W. **Adams** said that a study of the dissections would show that it was the lateral ligaments which were at fault. He advised division of these tendons, which was generally successful, especially between twelve and eighteen years of age. He thought Mr. Anderson's suggestion was new and useful, and would certainly take the place of toe amputation. It had been traced to a neurotic origin, and he certainly thought that the idea of its being caused by defective boots might be dismissed at once. The pathology still remained to be ascertained.

Mr. **Nunn** said he had little doubt that in most cases it arose from a defect in the development of the spinal cord. He had known the case of a lady with "hammer" toe, but her son did not develope it until he was thirteen or fourteen.

Mr. **Parker** said he had seen a great many cases in young children, and even infants, and it was therefore quite independent of boots, &c. Moreover, it was difficult to think that an accidental cause should in so large a proportion of the cases affect the second toe. In practice he invariably removed the toe.

Dr. **Broadbent** asked whether the condition was more frequent in town children than in the country?

Mr. **Anderson** said he was unable to answer this last question. At present the pathology was involved in great obscurity.

LIVING SPECIMENS.

Dr. **Arthur Davies**: Case of rhythmical tremors affecting one limb only.

Dr. **George Eastes**: Chronic spasmodic affection of inspiratory muscles in a woman, with loud crowing inspiration.

Mr. **Bernard Pitts**: A case of congenital scoliosis, and other defects.

Mr. **Battle**: Congenital talipes, treated by removal of a wedge bone from the outer side of the foot.

Mr. **Black**: Double congenital dislocation of hip.

This meeting concluded the session.

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WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held Friday, May 6th.

The President, Dr. **Alderson**, in the Chair.

CLINICAL CASES.

Mr. **Keetley** showed a case of excision of epithelioma of the fauces, affecting the adjacent parts of the palate, tongue and maxilla, with previous ligature of the external carotid.

Mr. **Edwards**, a case of recent suture of the patella.

Mr. **Wainewright**, a case of suture of the patella.

Mr. **Dunn**, a case of an albino.

Mr. **Edwards** read a paper on

SOME OF THE RARER FORMS OF RECTAL FISTULÆ.

The author first drew attention to the difference of opinion existing between surgeons concerning the question of dealing with the sinus which extends upwards by the side of the bowel from the internal opening of a complete fistula. He considered that the treatment should depend upon the position of the sinus to the muscular coat of the bowel; if submucous it should be laid open, but if sub-muscular it is better to leave it, thus avoiding the risk of incontinence due to division of the fibres of the internal sphincter. A cure may be looked for after the frequent injection of the sinus with tincture of iodine. After touching upon some of the more frequent errors in diagnosis and operative treatment, the author pointed out that there seemed to be a definite relation between the internal and external orifices of a fistula: for fistulæ having their external orifices situate behind a plane passing transversely through the centre of the anus usually have their internal aperture in the middle line dorsally, while those with their external orifice in front of this plane generally terminate in an internal opening immediately opposite, thus forming a simple straight complete fistula. The author then spoke of those horseshoe fistulæ which he defined as being a fistula with one or more external orifices on either side of the anus with an internal one in the middle line behind. He said that not only were the descriptions of this form unsatisfactory, as found in most special works on the rectum, but the operative measures, when mentioned, left much to be desired. Surgeons of the present day when operating upon horseshoe fistulæ, either slit up the sinus on both sides of the gut, thus dividing the sphincter in two places, or they content themselves with the division of one sinus, hoping that the other may heal of itself, with or without the insertion of a drainage tube. The operation recommended in these cases, and for which the author said he had to thank his colleague and friend Mr. Goodsall was as follows:—Complete division of the sphincter in the middle line dorsally, laying open the abscess cavity and internal opening, and the subsequent slitting up of each lateral sinus from the external orifice to the central dorsal incision. By this means the whole of the fistulous track would be laid open and the sphincter would only suffer one division, and this in the most favourable manner, viz., at right angles to its fibres, thus avoiding all risk of subsequent incontinence which so often happens after the operation as usually practised. In conclusion, the author related two interesting and rare cases, one of fistula completely encircling the bowel and the other of fistula originating in the pelvi-rectal space, *i.e.*, between the bowel and levator ani muscle.

Mr. **Whitmore** referred to that form of incomplete internal fistula which was associated with phthisis, and remarked that rectal fistulæ should always be operated upon early.

Mr. **Keetley** related the case of a married lady from whom he removed a growth the size of a Spanish nut from the submucous tissue of the rectum; the operation was followed by a fistula which was treated by division of the sphincter, and a complete cure resulted.

Mr. **Benham** narrated some cases of rectal fistulæ which he had treated with success by injecting carbolic (1 in 20) solution.

Mr. S. **Benton** made some remarks upon the blind internal horseshoe fistula, which he said Mr. Edwards had not mentioned.

Mr. **Chapman** had used pure carbolic successfully in three cases of rectal fistula.

Mr. **Edwards**, in reply, said that no reliance could be placed upon the cure of a case with carbolic injections. The experiment could be tried, but division of the sphincter was usually called for. In phthisis the patient derived benefit by having his rectal fistula operated upon.

Dr. **Hewitt** read a paper on

SOME POINTS IN THE SELECTION AND ADMINISTRATION OF ANÆSTHETICS,

limiting his remarks to the consideration of the following points—1, the best method of administering nitrous oxide and ether, either in succession or in combination; 2, the prevention of vomiting during or after the administration of an anæsthetic; 3, the danger of inducing general anæsthesia in persons suffering from obstructive dyspnœa; and 4, the possibility of dangerous symptoms occurring from the administration of opium or morphine prior to chloroform, ether, or other anæsthetics. He exhibited an apparatus which he had used for three years in hospital and private practice; it consisted of a Clover's portable ether inhaler fitted with a special form of facepiece, and with a bag capable of holding two gallons of gas. By means of this apparatus any desired combination of nitrous oxide and ether could be given. The amount of gas in the bag was always sufficient, when administered with the facepiece shown, to anæsthetise a patient before gradually admixing the ether vapour; and the whole apparatus was portable, and could be charged before entering the room in which the operation was to be performed. By means of this apparatus there was no sudden transition from nitrous oxide to ether as when facepieces were changed during the administration. Vomiting could be prevented by rapid and deep anæsthesia. In a large number of cases he had given half a grain of cocaine in half an ounce of water shortly before the administration of an anæsthetic. This was done with the object of lessening the sensibility of the gastric mucous membrane. Vomiting after anæsthetics was best prevented by keeping the patient upon his side, and by moving him as little as possible. The danger of inducing anæsthetic sleep in persons suffering from obstructive dyspnœa was then considered. Patients in this condition were dependent for their existence upon an increased activity of their respiratory mechanism, and failure of respiration was very likely to ensue under chloroform or ether.

Mr. LLOYD showed an improvement in ether inhalers, which consisted in a bag of very fine india-rubber, the cost of which would be found to be so immaterial that one could be used for each patient anæsthetised. The bag would of course take the place of the ordinary bag as used at present, and would be destroyed after use; thus the ether apparatus could not become a source of infection, either of the tubercle bacillus or any infectious disease.

Mr. DAVIS said that chloroform was the best anæsthetic in ovariotomy.

Mr. MACKINLAY remarked that he had always insisted upon a patient being deeply under the influence of an anæsthetic before dividing the optic nerve in enucleation of the eyeball. Partial anæsthesia, he thought, was in such cases fraught with some danger.

Mr. ALDERTON related the case of a man who died under ether, who had been admitted for a small operation upon the mouth. He deprecated the custom of hurrying patients into hospitals, and hurriedly operating upon them without preparing them.

Dr. HEWITT replied.

Dr. G. N. PITT read a paper on

THE ASSOCIATION OF MITRAL STENOSIS WITH GOUT AND GRANULAR KIDNEYS,

upon which it was not possible for a discussion to take place owing to the expiration of time.

Mr. DUNN showed the following pathological specimens:—(1) Sarcoma of the os uteri; (2) Sarcoma of the dura mater; (3) A kidney and adjacent parts showing a large extravasation of blood into the peri-renal tissue of the left side.

Mr. BENTON showed a pedunculated growth removed from the rectum of a man, æt. 46.

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The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Bombay 22, Paris 24, Brussels 21, Amsterdam 18, Rotterdam 18, The Hague 22, Copenhagen 22, Stockholm 27, Christiania 21, St. Petersburg 33, Berlin 21, Hamburg 23, Dresden 22, Breslau 30, Munich 35, Vienna 29, Prague 33, Buda-Pesth 37, Trieste 24, Rome 30, Venice 19, Cairo 44, Alexandria 35, New York 26, Brooklyn 22, Philadelphia 24, and Baltimore 14.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·3 per 1,000 of their population, and were—Birkenhead 16, Birmingham 18, Blackburn 21, Bolton 20, Bradford 19, Brighton 18, Bristol 17, Cardiff 26, Derby 18, Dublin 15, Edinburgh 24, Glasgow 25, Halifax 15, Huddersfield 20, Hull 18, Leeds 16, Leicester 14, Liverpool 25, London 19, Manchester 31, Newcastle-on-Tyne 27, Norwich 29, Nottingham 17, Oldham 28, Plymouth 23, Portsmouth 19, Preston 28, Salford 26, Sheffield 18, Sunderland 14, Wolverhampton 12. The highest annual death-rates in these towns last week were—From measles, 2·2 in Brighton and in Liverpool, 3·3 in Newcastle-upon-Tyne, 3·6 in Manchester, 4·7 in Oldham, 5·0 in Salford, and 5·6 in Norwich; from whooping-cough, 2·1 in Birmingham, 2·3 in Oldham, and 2·7 in Blackburn; and from scarlet fever, 1·0 in Preston, 1·2 in Salford, and 1·3 in Halifax and in Blackburn. The 22 deaths from diphtheria included 12 in London, 2 in Salford, 2 in Liverpool, and 2 in Oldham. Small-pox caused 1 death in London, but not one in any of the other large towns.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 1, 1887.

MIDWIFERY AMONG THE BURMESE.

IN a paper contributed by Dr. Pedley, of Rangoon, to the Transactions of the Obstetrical Society of London, some very curious and interesting details are given, bearing on the principles and practice of the obstetrical art in Burmah. Burmese women would seem to be somewhat superior in intelligence to their Indian sisters, and the foolish prejudices of caste which hamper the medical man in India, do not obtain in Burmah. Their medicine nevertheless is characterised principally by ignorance, brutality, and superstition. Burmese midwifes use the binder in the way which a zealous American obstetrician has recently invented (?), viz., to aid the expulsive efforts of the uterus. In primipara it is invariably considered necessary to lacerate the perineum by means of the sharpened thumb-nail, in order that delivery may take place. The after-treatment comprises an attempt at antisepsis, the woman squatting over tumeric fumes. Massage is resorted to during convalescence in order to secure the return of the organs to the proper place. By a curious and unfortunate contradiction, the Burmese woman, cleanly enough in health, is distinctly the contrary when ill. All the discharges from both mother and child are allowed to putrefy on the couch, with the usual results. The fact that bamboo houses admit fresh air pretty freely, notwithstanding all efforts to prevent it, tends to lessen what would otherwise be a serious and inevitable source of malady.

During labour, pressure is constantly applied by the hands of assistants or otherwise, to the abdomen, and this is often rough to a degree. After delivery the woman is kept in a hot room with hot bricks and bags of hot sand about the body, and hot food and drink. This is continued for a week. On the eighth or ninth day the treatment is pushed until profuse sweating is induced. The heat is then gradually lessened, and the woman is bathed with plenty of cold water. A curious notion with these people is that the joints, especially those of the hips, are relaxed after delivery, and in order to restore them the midwife stamps upon them with her feet. When the child is separated from the mother it is thoroughly washed in cold water and generally subjected to a good deal of pulling about, with the idea that its limbs should be straightened and its joints rendered supple. It is then rolled up in clothes, much in the way that is customary in France, and kept in this fixed position for a month.

When labour is difficult or simply slow, the midwife, in order to expedite its progress, sits on the abdomen or kneads it violently with her feet. In extreme cases, a bamboo pole is placed across the abdomen and the attendants throw their whole weight on to the ends. It is needless to say that the mother and child usually perish when the latter method of treatment is resorted to. Tetanus would seem to be a comparatively common cause of death in child-bed among Burmese, though unknown in parturient European women. In ten cases which had come under the author's notice, all had proved fatal with one exception, in which recovery took place after the patient had consumed nearly half a pound of chloral in twenty-six days. In abnormal presentations the Burmese midwife has no idea of turning. The squeezing and pushing already described, is resorted to. The hand is inserted and the presenting limb or part is dragged upon, torn, or cut off, and a fresh part seized which is served in the same way. In these operations a hook of bamboo is sometimes used to pass over the flexures of the limbs, and large fish hooks to remove the secured head. These things are used with a violence and a clumsiness which generally determine the death of the mother.

The superstitious beliefs which are prevalent as to the future state of a woman who has died undelivered explain a good deal of the misdirected energy with delivery for its object, and means are even taken to attempt the removal of the child though both be dead. The author concludes by expressing the hope that means will be found to educate the native midwives and so put a check to the heart-rending scenes which so frequently present themselves in the lying-in room in that country.

Lady Dufferin has undertaken a noble task in this direction in India, where in consequence of caste prejudices, the women are deprived, for the most part, of skilled assistance in child-birth and disease. A similar complaint comes from Egypt, where the midwives, who are in possession of a monopoly of the obstetrical cases, are ignorant and brutal to an almost incredible degree. Their ignorance unfortunately does not prevent them advising and carrying out the most serious operations with rude instruments (or rather implements), which result, in a very large proportion of the cases, in the death of both mother and child. The authorities with whom the responsibility rests, of allowing such a state of things to exist, have, for the most part, many matters of more pressing interest to attend to, and so the system is handed down from generation to generation. Women living in more civilised countries have indeed much to be thankful for, seeing that even when human aid has not saved life, the patient has, at any rate, not been squeezed out of existence by means of a bamboo pole, nor carelessly eviscerated in an attempt to aid the progress of labour.

MEDICAL MISSIONS IN CHINA.

We beg to acknowledge having received the first number of *The China Medical Missionary Journal*, and wish all success to this the latest addition to our medical literature. Nor can we but hope that considering the extensive field covered by the medical missions in China, a vast amount of knowledge may by this means be made available, not only in regard to subjects purely medical, but also in respect to geography, mineralogy, topography, and natural history in general; indeed, what between the Reports of the Chinese Imperial Customs, which have now been regularly published during the last fourteen years, the Consular reports, and the monthly journal now begun, the Western public is in a fair way of being enlightened in all that concerns "the Central Flowery Land." The new periodical contains an article in which "The Evangelistic Side of a Medical Mission" is discussed. The fact is there acknowledged that the question thus presented has two sides; the writer then discusses *one* of them, and it from his own point of view. It would be well were that this and kindred subjects more fully taken up in subsequent numbers of the journal, and such objections as have been raised against them handled and discussed in a distinct and definite manner. For example, there are many persons who, while admitting the great benefits capable of being conferred on the Chinese by means of Western medicine and surgery, question the propriety and fairness of pressing matters of religious belief on patients admitted into establishments ostensibly for the cure of *bodily* ailments. The Chinese themselves also take this view of the subject; they say in effect, "If you desire to convert us to your philosophy, deal with us when we are in health and strength, but do not take advantage of our being in sickness and weak in body and mind to press on us your system of religion." It has been stated also by persons well acquainted with China that in many instances the circumstance of a Chinaman adopting Christianity does not always make him the less a follower of his own original faith, be that Confucian, Buddhist, or Taoist; all that happens is that he is a Christian *plus* whichever of these he originally was. We commend this phase of the question to the conductors of the new missionary journal, and doubt not that in due time they will give full information with regard to it. Although, even in China, the great masses of the people readily acknowledge the superiority of Western surgery to that of their own, confidence in medicine is far less generally acknowledged by them; indeed, there are certain diseases, notably fever and dysentery, in which even Europeans as well as Chinese assert the greater success of the indigenous methods of treatment to that of the West. Perhaps this need not excite much surprise, considering that even while we write the question is being discussed as to whether or not any good arises in cases of fever from the administration of drugs. The Chinese practically answer that much depends upon their kind, and the manner of giving them. With these few remarks we wish our young contemporary a long, prosperous, and useful career.

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BEER DRINKING AND HEALTH.

In order to combat the generally received impression that habitual beer drinkers are not perfectly healthy men, a series of one thousand observations have been undertaken under the auspices of the United States Brewers' Association on the *employés* of brewers. From the incomplete report to which we have access it is shown that of this number twenty-five were unsound, of which seven suffered from diseases of the liver, one from cardiac disease, five from disease of the kidney, one from emphysema, two from icterus, two from bronchitis, one from tuberculosis, and six from affections the nature of which are not stated. A very large proportion of the men examined were under forty years of age, and many were extremely young, and had been employed in their present capacity but a few years. It appears to us that this attempt to show the physical superiority of these workmen has failed most signally. It appears to have been forgotten, in drawing up the report that the pathological effects of this beverage are not immediate, and as a rule, only begin to show themselves about the middle period of life. It could hardly be expected that a physical examination of a thousand persons conducted in the interest of the Association and made upon those, a large proportion of whom were comparatively young, would establish any important facts bearing on health and longevity. Every physician of experience knows that in habitual beer-drinkers acute diseases take on more violent symptoms and peculiar complications. The powers of resistance are, moreover, markedly lessened. Military experience has also demonstrated the fact that the habit of alcoholic indulgence of any kind predisposes the victim of injury to severer symptoms than in those who abstain. The whole subject has recently been ably discussed in the Philadelphia *Medical Register*, from which we have taken the preceding figures. It will certainly require much more convincing proof than that which has been furnished, before we shall be disposed to discredit the opinion based on centuries of observation as to the ill-effect of habitual beer drinking. It is often asserted, and probably with reason, that beer-drinking is less injurious than indulgence in alcohol in other forms. This is certainly true so far as the use of ardent spirits is concerned, but it must not be forgotten that beer, if less directly toxic, produces effects peculiarly its own. One has only to look on the bloated and congested face of the brewer's drayman, to be made aware of one, at any rate, of its results. These men doubtless remain in possession of great physical strength for years, but it is opposed to the dictates of common sense to believe that their tenure of life is as secure as that of their more abstemious fellows, and we know as a matter of fact that they fall easy victims to the vicissitudes of their daily life. If they get pneumonia it is characterised in them by intense prostration and delirium. If they break a limb its reunion takes a notably longer time than is generally the case. In view of such common clinical observations, it is idle to attempt to prove the contrary.

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Notes on Current Topics.

Fires in Theatres.

From time to time we get a warning that the architectural arrangements in theatres are not all that could be desired. There is a scare, but long before the pressure of public opinion has roused the responsible authorities from their lethargy, the feeling of insecurity wears off and the giddy seekers after pleasure go through a performance which bears some analogy to the lion tamer's feat of putting his head in the lion's mouth. Daniel's position in the lions' den must be considered one of ease and comfort compared to that of the individual who is unfortunate enough to be one of, or involved in, a panic stricken crowd. The fate which has just overtaken the Opera Comique at Paris, though unattended with the mortality which might have been anticipated, offers sufficient harrowing details and hair-breadth escapes to make one wonder how authorities, on the one hand, can so far neglect their duties, and on the other hand, how people, who evidently attach some importance to life, can voluntarily offer themselves up to a possible holocaust. It is astounding to notice that, in the articles devoted to the subject in the daily press, the necessary precautions from a structural point of view, are advocated almost exclusively for *new* theatres. It appears to be assumed that existing buildings, which are wanting in the means of safe and rapid egress, cannot justly be interfered with. Such an assumption is preposterous in the extreme, and pressure should be put upon the authorities to exercise the powers vested in them for the purpose of securing the necessary improvements. If necessary, additional power could doubtless be obtained, since even our legislators occasionally expose themselves to premature cremation, and may, therefore, be credited with the wish to render such an occurrence less probable. We cannot feel sanguine that such precautionary measures will be taken, although it must be obvious to most that several of our London theatres are scandalously deficient in this respect. It is our melancholy duty to call attention to the danger which exists, as, from time to time, a real or imaginary fire causes the death of a number of people, but though we, in common with our contemporaries, pipe to the authorities, they have systematically failed to respond. *Hinc illæ lacrymæ.*

Mr. F. Bowreman Jessett, F.R.C.S. Eng., has been elected one of the Vice-Presidents of the Surgical Section of the International Medical Congress to be held at Washington in September next.

A Medical Co-respondent.

It is always painful to have to record the misdeeds of a fellow professional man, but it is difficult to pass over in silence such a case as was decided a few days since in the Divorce Court. It was proved that a Dr. Wiley, who was on terms of social and professional intimacy with the family of his neighbour, the town clerk of Newport, Isle of Wight, had taken advantage of his position to seduce the wife of the latter. The result had been to break up the home of the petitioner. The jury marked their sense of the co-respondent's behaviour by awarding £1,200 damages against him, together with the expenses of a special jury. It is by no means impossible, moreover, that the delinquent may find his conduct is regarded as "infamous in a professional respect," and may consequently render him subject to the disciplinary measures in such case made and provided.

Memorial Portrait of Sir William Jenner, Bart., K.C.B., M.D., &c.

Numerous friends and many former pupils of Sir William Jenner have for some time past desired there should be an enduring memorial of one so generally and so highly esteemed, and who has attained to so distinguished a position in his profession. With this object a preliminary meeting has been held, and Sir William Jenner has consented to sit for his portrait to Frank Holl, Esq., R.A., to be presented to Sir William by the subscribers, a replica to be presented to the Royal College of Physicians, and also to University College, London. In order that as many as possible of Sir William Jenner's friends and former pupils may take part in the memorial, it has been decided that any sum, however small, may be subscribed, and that the names only, and not in any case the sum subscribed by each, be published. A committee is in course of formation, and anyone desiring that his name be added thereto should signify the same without delay to one of the following:—C. J. Hare, Esq., M.D., 15 Manchester Square, W., G. D. Pollock, Esq., 36 Grosvenor Street, W., Hon. Treasurers; J. Russell Reynolds, Esq., M.D., 38 Grosvenor Street, W., Sir Henry Pitman, M.D., 28 Gordon Square, W.C., Hon. Secretaries; to any one of whom subscriptions may be paid.

The Princess Thyra.

Our contemporary, *La Epoca*, of the 30th April, in speaking of the Princess Thyra (daughter of the King of Denmark and sister of the Princess of Wales), who is at present confined in an asylum in the neighbourhood of Vienna, under the care of Professor Leidersdorf, states that symptoms of madness began to show themselves some three years since, when she was suffering from articular rheumatism. The disease is ascribed to the large quantity of salicylic acid consumed by the Princess during the rheumatic attack. Though our contemporary states that there is a legendary story, much credited by the populace, that at the marriage of her sister to the Prince of Wales some person prophesied that the Princess Thyra would become a Queen, and the non-fulfilment of the prophecy has so preyed on her mind as to necessitate her confinement in an asylum, where it is rumoured that she passes days in uttering plaintive wail, "Not to be a Queen!" "Not to be a Queen!" Such is the story as told by our Spanish contemporary. But as it is a purely political journal, its medical surmises cannot be of much value. It is quite possible that the puerperal state may have originated the mental disorder, which as it affects one justly loved and respected, the Princess of Wales, we all heartily deplore. In any station of life mental disorder is a very mournful spectacle. The poor patients, by the very robustness of their physical state, only the more solemnly accentuate their suffering, and call forth our sympathy. In this state we appear to come close to the living, speaking, moving form, only to find we are mocked by the disease with an outward presentment, while the familiar spirit that intelligently returned our affection has vanished.

Cæsarian Section.

The death of the noted Madrid dwarf, Lolilla, is announced in *La Epoca*. Owing to her deformity, it was found to be impossible to deliver her by the natural passage, and, after consultation. Drs. Cortegarena, Diaz Pulido, Garcia Teresa, Marino Paz, Redondo, Lazaro, Ardrados, Oretega, Garcia Ayllón, and Prieto, cæsarian section was decided on, as offering the sole chance of recovery. Unfortunately, the operation was unsuccessful, Lolilla surviving only for a short time. The child lived but a few minutes. Lolilla was a general favourite in Madrid, and her death is greatly lamented.

Fire at an Asylum.

A fire broke out on Friday afternoon at the private lunatic asylum of Dr. Adams, Brook House, Clapton, in which some 250 patients are under treatment. It appears that an old lady, a voluntary patient, having had a dispute of some kind with the officials, shut herself up in a room, from which flames were soon seen to proceed. The fire was ultimately extinguished, but not before great damage had been done. The body of Mrs. Vallance, the patient in question, was found completely carbonised. The other patients were successfully controlled and removed to a place of safety. At first sight one is disposed to ask what precautions are taken to prevent such an occurrence, but evidence on this point will no doubt be forthcoming or elicited at the inquest.

The Health of the German Crown Prince.

The Crown Prince of Germany is reported to be suffering from hoarseness and laryngeal irritation which treatment had failed to relieve. A growth had been detected on one of the vocal cords, and as it was feared that this might be malignant, Dr. Morell Mackenzie was summoned to give an opinion. He removed a portion of the growth which was submitted to Prof. Virchow for microscopic examination. The latter states that the growth is not malignant. The fact of an English laryngologist being called to attend the illustrious patient is some compensation for the slight involved by Dr. Semon's having felt obliged to fetch a Berlin surgeon to extirpate the larynx of an English gentleman some months since.

Leeching for Over-distension of the Right Ventricle.

The means in ordinary use for depleting the circulation in cases where the right ventricle becomes over-distended with blood, whether from causes originating in the heart or otherwise, have appeared to many practitioners insufficient, and not rarely a return to the older method of bleeding has been resorted to in emergencies with a very satisfactory degree of success. In a recent issue of a contemporary Dr. F. C. Shattuck gives an account of half-a-dozen cases in which he employed leeches for the purpose of relieving the embarrassed circulation, with, on the whole, favourable results. He says, "When the right ventricle is gorged with blood, the leading indication is often to withdraw blood from behind, alcoholic stimulants being given simultaneously by the mouth, or under the skin, as the features of each case demand. The way is thus prepared for purging and cardiac tonics, which without the previous relief to the circulation are quite ineffectual in many cases." Dr. Shattuck selects the region of the liver as the most suitable spot over which to apply the leeches, using about a dozen of the latter. Should more blood require to be taken than they remove, warm poultices are kept on the bites for a time to promote further bleeding.

Blackmailing of Doctors.

The case of Dr. Ralph Hodgson, which last week occupied the London Central Criminal Court, is a startling proof of the risks a doctor runs in the practice of his profession. No fault can be found with the fair and temperate speech of Mr. Mathews, the prosecuting counsel. But the very fact that in such temperate and well-chosen language the case of "blackmailing" can be so favourably placed before a jury as to require the defendant to make a large outlay of money and secure the attendance of many witnesses, professional and lay, some of whom were present at serious inconvenience and considerable expense, points to the necessity for reform. Public confidence is essential for the success of medicine, and to preserve this confidence undiminished any violation of trust ought to be severely punished, and the offender expunged from the Registrar. Unfortunately, however, the Draconic code has a tendency to make the traffic of shameless women even more remunerative than it is. The greater the injury a skilfully planned tissue of lies can inflict, the more unwilling the needy practitioner will be to incur the risk and expense of defence, and the more anxious to avoid danger by submitting to extortion. The very expenses of a defence are ruinous to a man beginning practice, and even if he is successful, he incurs the risk of being shunned by lady patients, who, though they may not believe him guilty, yet prefer to visit a doctor whose name has not been identified with such charges. The evil would be lessened if such cases could be commenced only by permission of the Attorney-General, who might in the examination of the grounds of complaint be assisted by two medical experts. As the majority of these charges are brought against young men who are still struggling for position, and whose purse is as yet light, their defence might fairly be undertaken by a defence association, to which every member of the profession would subscribe, and in return have the privilege of obtaining legal and pecuniary aid against such charges on showing grounds for the belief that the accusation was false. Some steps should be taken to stop this glaring attempt to ruin struggling men and dishonour medicine: the matter is far too serious to be overlooked. Dr. Hodgson was fortunately in a position to defend his good name, and we congratulate him on his success in defeating one of the most recent and certainly one of the most scandalous forms of extortion; and we offer him our sympathy for the trouble, expense, and annoyance to which he has been subjected.

The "Jacob Testimonial."

The presentation to Dr. Archibald H. Jacob, which has been held over for some weeks in order that the usual June meetings of the Profession in Dublin might be availed of, will be made on Monday next, June 6th, at a meeting immediately following the annual meeting of the Irish Medical Association. The testimonial will take the form of an illuminated address bound as an album, with space for the signatures of the subscribers, which must always be, to Dr. Jacob, a most gratifying and honourable memento of the occasion. With the address will be presented a purse of 500 sovereigns, and it is hoped that the occasion will be signalised by a very large and influential attendance of Dr. Jacob's professional brethren.

Professor Billroth's Illness.

It has been for some time known that Professor Billroth has suffered from fatty cardiac degeneration. To this was unfortunately recently added an attack of lobular pneumonia, which quickly reduced him to a condition in which the prognosis was most grave. Our readers will be pleased to learn that some improvement has set in. The breathing has become easier, he has also slept several hours in succession and taken food, and the sensorium has become clearer. At the time of writing, however, it is not by any means clear that he is out of danger.

The Meetings at the Irish College of Surgeons.

The annual general meeting of the Fellows to receive the Report of the Council will be held on Saturday next, and it may be expected to be an interesting one, inasmuch as we understand that motions will be moved by Sir Charles Cameron in favour of a combination of the College with the Apothecaries' Hall, and by Dr. William Thomson in favour of anamalgamation of the Carmichael College with the School of the College.

The College "Council Club" will dine together in the College on the same evening.

On the following Monday (the 6th) the annual election of the Council and officers of the College will take place.

A very hot contest will come off between Mr. Croly and Mr. Fitzgibbon, while for seats on the Council, Drs. Franks, Heuston, and Connolly Norman will offer themselves, as well as the whole of the outgoing Council. As two of the councillors are seeking the vice-chair, there must necessarily be one new member, assuming Sir William Stokes to return from the presidential chair to his former seat on the Council.

The New French Academician.

Dr. Charles Bouchard was, on May 23, elected a member of the Academy of Sciences, to fill the seat of the late Paul Bert in the section of medicine and surgery. On the first ballot Dr. Germain Sée was second, and Dr. Villemain third in order, but the vote was so evenly divided that a second ballot was necessary. Dr. Bouchard is a Fellow of the Paris Faculty of Medicine, and the author of various works on general medicine.

The Coming Meeting of the Irish Medical Association.

The forty-eighth annual general meeting of the Irish Medical Association will be held at the Irish College of Surgeons, on Monday next, the 6th June, at 12 o'clock, when the report of the Council for the past year, and a statement of the financial condition of the Association, will be submitted. The Council and officers for the ensuing year will be elected by ballot, and important resolutions concerning the interests of the profession will be considered at this meeting. The annual breakfast will take place at 9 a.m. punctually on Monday, 6th June, at the Shelbourne Hotel, St. Stephen's Green, North, Dublin. The annual dinner will take place in the Albert Hall of the College of Surgeons on the same evening, at 7 o'clock.

The Inspectors of Examinations under the General Medical Council.

Our readers may be reminded of the fact that the General Medical Council agreed, at their meeting last April, to appoint inspectors to supervise the examinations of licensing bodies. The inspection is, however, to be limited at present to the final examination, which has to do with the practical application of the information which the student has acquired by means of the successive primary examinations, so that there is to be no supervision whatever as to the two or three first examinations, for which reason these examinations may be reduced to as near an approximation to a sham as the licensing bodies may please to make them. To make the final inspections it became necessary to appoint inspectors, and each of the Branch Councils was asked to recommend two names in each subject—medicine, surgery, and midwifery, in order that the Council might from the eighteen names select one inspector in each subject. On the understanding that the choice would be honestly and fairly exercised by the entire Council, eighteen gentlemen of well-known position were induced to allow their names to be sent forward, but found, to their infinite disgust, that the proceeding had resolved itself into a job, and that their nomination by the Branch Council resulted in nothing but humiliation for them. The Medical Council, instead of making the selection by their entire number, came to an "odd-man-out" sort of competition, which has enabled each of the three little Branch Council cliques to work the will of its dominant majority. At the suggestion of some of the wily Scotch members it was decided to hand over the choice of the Surgical Inspector to the Irish Branch, that of the Medical Inspector to England, and that of the Midwifery man to Scotland, by which arrangement the four surgical and midwifery candidates from England, the four medical and midwifery men from Ireland, and the four surgical and medical competitors from Scotland were at once completely ignored and excluded from the selection. As a result, the Scotch party secured their own Midwifery Inspector, Mr. Barbour, and the London Medical Inspector, Dr. Finlay (who is also a Scotchman); while the Dublin University tripos, who manage the Irish Branch nominated their own man, Dr. Bennett. This job will have the effect of making the sham inspection still more of a sham (which was to be expected); it is also a scandalous family arrangement within the Council, and it is, moreover, an outrage upon those gentlemen who were wheedled into allowing their names to be put forward in a competition which was not open to them, their professional reputation being materially injured by the *ruse* which was played off on them.

The British Association Visit to Manchester.

The arrangements for the approaching meeting in Manchester are already in a forward state. On Wednesday evening, August 31st, Sir William Dawson will resign the presidential chair to Sir Henry E. Roscoe, the President for this year. The evening lectures will be given by Professor Harold Dixon, of Owens College, "On the Rate of Explosion of Gases;" and by Sir Francis de Winton, on "Explorations in Central Africa." *Conversaziones* will be given, one at the Town Hall, and at the Royal Exhibition. The buildings at Owens College will be the centre, where reception-rooms, &c., will be arranged, the large new spacious biological museum being admirably adapted for this purpose.

Mr. Edgar M. Crookshank, M.B., has been appointed Lecturer on Bacteriology at King's College, London. This is the first appointment of the kind in this country.

Dr. Stafford, of Boyle, has been appointed a Justice of the Peace for the County Roscommon. Dr. O'Donovan, of Kingstown, has also been placed on the Commisson of the Peace for the County of Dublin.

Dr. J. C. Smyth, formerly House-Surgeon of the Royal Hospital, Belfast, has been appointed medical attendant to the County Antrim Gaol, *vice* the late Dr. John Moore, whose melancholy death by suicide we recently announced.

The managers of the Metropolitan Hospital Sunday Fund have arranged for a series of public meetings to take place in various parts of London early in June to advocate the claims of the several hospitals. Several members of the Royal Family are expected to speak.

The annual *conversazione* of the Metropolitan Counties Branch of the British Medical Association was given at the South Kensington Museum on Thursday evening last. There was a large and brilliant assembly.

We understand that His Excellency the Lord Lieutenant has granted to the President of the Royal College of Surgeons in Ireland the privilege of the private *entrée* at the viceregal levées and drawing-rooms. This concession must be very gratifying to the College, inasmuch as it is a formal recognition of the equality of the official head of the surgical profession with the official representatives of law and divinity, a position which our profession ought to have occupied long since. We have reason to believe that for the grant of this privilege the College has, to a great extent, to thank Sir William Stokes, whose representations to His Excellency convinced him of the propriety of the step.

Germany.

[FROM OUR OWN CORRESPONDENT.]

DISCUSSION ON LAPAROTOMY IN TUBERCULAR PERITONITIS AT THE SURGICAL CONGRESS.

One of the most interesting discussions at the German Surgical Congress was that on laparotomy in tubercular peritonitis, introduced by an address by Herr Kümmell, of Hamburgh. He commenced by remarking that in recent times many tubercular affections were recognised as local in their character, and with these removed the sufferers were so far cured as no longer to suffer from tubercle. In a similar manner tubercular peritonitis could often be looked on as a local disease that might be cured by operative treatment, or cured so far that the disease might become latent for years.

It was Sir Spencer Wells who had first performed laparotomy for tubercular peritonitis, not, indeed, with intent, but under the belief that the case was one of ovarian tumour, operation disclosed tubercular peritonitis. The patient recovered completely, and ten years after was still living. Since this communication by Wells, publications on the subject had become numerous. This induced him to add two new cases. The first was that of a young woman of healthy family, who, up to the commencement of her illness, had been perfectly healthy. She complained of pain in the abdomen, and stated that she had noticed an increase in size. The speaker believed this to be due to an ovarian tumour. Operation, however, showed the case to be one of encapsuled ascites with tuberculous retroperitoneal glands, and disseminated tubercle over the whole of the peritoneum. The abdominal cavity was disinfected and the wound closed. Recovery was rapid. The ascites did not return, and in four weeks the patient was able to return to her household duties. She had increased 40lbs. in weight, was still living, and had lately married, against the speaker's wish as he feared a relapse. Recent examination of the patient showed the uterus and ovaries embedded in thick exudation. The second case was that of a lady, æt. 20, on whom he had operated for caries of the calcaneum. She became suddenly ill with symptoms of ileus and laparotomy had to be performed. The intestine was constricted by a pseudo-ligament, and was quickly released. In order to replace the distended intestines they were covered by a serviette, and this, properly disinfected, was pushed below the abdominal wound. In this way the wound was readily closed without force and without hindrance from the intestine ready to spring out of the wound. This patient also recovered and gained 7 lb. in weight, but five months later she succumbed to a fresh attack of general tuberculosis. Twenty-five cases of tubercular peritonitis were now known that had been cured by laparotomy. It generally developed under the appearance of an encapsuled ascites. It was difficult to explain the favourable action of operation. That it was not due to the action of the antiseptics employed, was shown by the fact that in many of the cases no disinfection took place, and yet the patient recovered. It was not clear that the affection was tubercular in all the cases reported. The naked eye appearances may have been relied on in most of the cases; in eleven, however, a thorough microscopic examination was made, and proof was afforded that tubercle was really present. These eleven cases showed that a tuberculous affection of this kind might recover if the ascites were removed. There were also other cases in which papillary excrescences formed, which on closer examination were proved to be non-tubercular. They were simple papillomata. It was thus known that tubercular peritonitis could recover spontaneously and remain latent for several years, whilst tuberculosis in the lungs steadily advanced. These facts taught that there were many cases of tubercular peritonitis that had to be looked upon as local affections, which, like tubercle of the joints and bones, could be cured by a simple operation, exploratory incision with or without antiseptic washing out of the abdominal cavity.

Professor Esmarch could report a similar case in which he had performed laparotomy for tubercular peritonitis. In his case he had removed large masses of tuberculous material. The whole peritoneum was studded with tubercle, he simply washed out the abdominal cavity with solution of boracic acid and stitched up. Uninterrupted recovery took place; in two other cases also the patients completely recovered and were still living. Tubercle bacilli in the material removed showed that the cases were really cases of tuberculosis.

Professor Mikuliez also was in a position to report two cases in which laparotomy had been performed for tubercle of the peritoneum. In one case the starting point was a tube which he excised. This case was operated on three years previously, and the patient had since remained healthy. In the second case the result was less favourable. The wound became smaller, so that the patient had no trouble from it, but three months later she died with symptoms of marasmus.

Herr Wagner related a case of extensive tubercle of the peritoneum, which was not diagnosed as such but was taken to be an ovarian cystoma. Incision was made, and, when the case was seen to be one of tubercular peritonitis, the abdominal cavity was not washed out but simply closed. Recovery was uninterrupted, the girl had recovered extraordinarily, had gained several pounds in weight, and remained well after the lapse of two and a half years.

Herr Hirschberg had performed laparotomy in a case of tubercular peritonitis, without doing anything further. The patient died some time afterwards, and section showed material improvement of the intestinal peritoneum, disappearance of the greater part of the tubercular nodules, and asked Herr Kümmell if he had noted any similar occurrence.

Herr Kümmell, in reply, said that the favourable change in the intestine and retrogression of tubercle nodules had only been observed in the solitary case related by Herr Hirschberg.

THE PROFESSORSHIPS IN MIDWIFERY IN BERLIN, HALLE, AND GIESSEN.—The vacancies caused directly and indirectly by the death of Prof. Schrœder have been filled up. Prof. Olshausen, of Halle, has replaced the deceased in Berlin, the vacancy created at Halle by this translation has been filled up by the appointment of Prof. Kaltenbach, of Giessen, and Hofmeier, Primarius under Schroeder, has been selected for the vacancy thus created at Giessen. As an artistic, not to say romantic, rounding off to these changes the betrothal is announced of Professor Hofmeier, of Giessen, to the eldest daughter of the late Prof. Schrœder, of Berlin.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 26th.

A NEW METHOD OF TREATMENT OF LOCALISED TUBERCULAR AFFECTIONS.—At the last meeting of the Imperial Society of this city, Dr. Kolischer, operator at the clinic of Professor Albert, made a preliminary communication on a new method of treatment in cases of localised tuberculosis. The theory of his treatment is based on two principles, viz.: first, to supply the tubercular foci with a sufficient quantity of salts of lime, so as to effect recovery as in cases of calcification of tubercles in the lungs; secondly, to set up an acute irritation of the tubercular granulations, and thus produce a cicatricial shrinking of the nodules. In cases of tubercle which had not yet broken down, he availed himself of injections (into the parenchyma) of an acid solution of the biphosphate of lime, and when the growth was not undergoing a progressive caseous process, he obtained recovery in from four to eight weeks. In cases of tubercular ulcerations and cold abscesses, he used gauze, which was saturated with the solution of lime prepared for this purpose, and he also obtained striking and rapid successful results. At the same time he stated that when the solution was not used with precaution, or when its constituents were not properly combined, the procedure under consideration might have bad consequences—such as had occurred in the beginning of his experiments. On this occasion he showed five patients who had been treated in this way with success, and among these, two cases of fungous-granulations of the elbow-joint in children, with recovery, after a six weeks' course of treatment. In both cases, the patients suffered from ankylosis, extensive swelling, with pain and fever. The joints were now quite normal after the treatment, and perfect mobility was obtained. The fever and the pain disappeared soon after the treatment was begun. He also showed a case of fungous granulation of the knee-joint with grave symptoms, such as ankylosis, lateral mobility, swelling, and pain, in a boy, æt. 4; recovery took place after five weeks. In a case of granulation of the tibio-tarsal joint, recovery also established after a short time. Lastly, Dr. Kolischer showed a case of tuberculosis of the palm of the hand in a man, æt. 32. Considerable swelling of the back of the hand and the radio-carpal joint had been present before treatment; the metacarpal bones could be dislocated towards each other, and voluntary movements of the fingers and the hand were impossible. The affection had existed for six months, and was very painful. Eight days previous to the demonstration, Dr. Kolischer made injections with his solutions, and now the hand was almost normal in shape; the radio-carpal joint as well as the metacarpal bones were fixed, and slight voluntary movements of the fingers were already possible. The whole region affected was then free from pain. Prof. Albert remarked concerning this communication that few facts had made such an impression upon him as the results of the experiments of Dr. Kolischer. He had at first sought to find out whether there was not some mistake in the results obtained; in the case of recovery of fungous granulations of the elbow-joint, he had thought that they might perhaps have had to deal with a peri-articular abscess with extra-capsular granulation, a process which he had occasionally observed; but the rapid recovery even in such a case would have been surprising. He said that this method of treatment was promising, and he emphatically recommended further researches by other surgeons.

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At the Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the last meeting of the Royal Medical and Chirurgical Society Dr. Alexander Haig read a painstaking and exhaustive paper on the relation of a certain form of headache to the excretion of uric acid. As a result of prolonged investigations the author found that during the continuance of the headache excessive excretion of uric acid took place, while after its cessation the quantity underwent diminution. Prior to the cephalalgia return of the same substance was observed. The excess of uric acid, however, is not absolute, the increased amount excreted during the headache just balancing the diminution before and after it. The relations subsisting between uric acid and urea are altered during the headache, and with the increase in amount of the former body, the excretion of urea during the headache continues unaltered. Dr. Haig explained the occurrence of gout on the theory that it consists in diminished power, on the part of the system, of forming ammonia to neutralise acids, the result being diminished alkalescence of the blood.

The President, Mr. G. D. Pollock, in opening the discussion, remarked that during an attack of headache he had noticed that the urine passed was always pale and clear; and Dr. Cheadle, following, questioned the sufficiency of Dr. Haig's theory to explain the cause of all kinds of headache. Sir Dyce Duckworth next differentiated humanity into large and small eaters, and seemed to intimate that headache was occasioned in the latter class owing to their want of power to dispose readily of excess of food. In Dr. Percy Kidd's opinion headaches were of two kinds, one being incurable by any means, and the other yielding readily. Dr. Ward, however, recognised three groups of the affection, the remedies mentioned in connection with each being strychnine, sal volatile, and bottled beer. In reply, Dr. Haig indicated that the light colour of urine referred to by Mr. Pollock had no relation to the amount of uric acid contained in it.

The histories of three cases of alcoholic paralysis were next read by Dr. David W. Finlay; two of them terminated fatally, both patients being women about eight and twenty years old; in the third, that of a woman, æt. 43, recovery took place. Dr. Hadden, commenting on the paper, remarked on the frequency of the association of phthisis with the disease in question, and he protested against the custom of labelling all cases exhibiting a certain group of symptoms as alcoholic. Other causes, he urged, might produce similar results.

Sir Dyce Duckworth had had four such cases in women under his care during the last six months, and he had observed a difficulty sometimes in making out an alcoholic history.

Dr. Ormerod entered at some length into an account of the symptomatology of the disease, and was followed by Mr. Jessop, who drew attention more especially to the condition of the optic nerves.

Mr. Finlay briefly replied.

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Scotland.

[FROM OUR OWN CORRESPONDENT.]

The Proposed Victoria Infirmary.—A preliminary meeting of gentlemen in the burghs of West and East Pollokshields interested in the promotion of this Infirmary was held in the Burgh Chambers, Maxwell Road, on the 23rd ult. Mr. Wm. Lorimer, Vice-Chairman of the Executive Committee, presided, and there were present Provosts Marshall and Hamilton, Rev. Messrs. Niven, Brown, Jameson, and others. The meeting was very united and hearty in determining to aid in promoting the success of the institution, and arrangements were made for a public meeting of the inhabitants, to be held in the Hall of the Established Church on an early date. Already the considerable sum of £11,000 has been subscribed towards this object. Without venturing any expression of opinion as to the necessity of this hospital, we fear that much difficulty will be experienced in obtaining the remaining sum of money required, and that if the hospital were built the up-keep of it would prove extremely difficult.

The Glasgow Medical Charities Committee met on the 26th May, in the Faculty Hall, Dr. James Morton in the chair. The committee having been furnished with a number of useful communications and reports bearing upon this subject, a sub-committee was appointed to tabulate the information thus obtained in order to bring it before the next meeting of the general committee. Another sub-committee was chosen to confer with the medical committee of the Council of the Charity Organisation Society. It was also decided to hold a conference, as soon as convenient, with the Parochial Boards and the Boards of Management of the various medical charities in the city.

The Glasgow Southern Medical Society held the last meeting of the session on the 26th May, Dr. Edward Macmillan, the Vice-President, in the chair. Dr. H. E. Clark showed a case of multiple enchondromata, upon which he purposed early operation at the Royal Infirmary, for the removal of a very large and inflamed growth connected with the metacarpal bone of the little finger of the right hand. The patient, a boy, æt. 12, had twenty-two nodules in various limbs, but mostly on the right hand, and the first appearance of these growths dated from the age of seven months. The growth on the right hand was injured about two years ago, and has been enlarging ever since. Abscesses had now formed in it, and Dr. Clark proposed to remove it and the little finger along with the adjoining digit. Dr. John Macintyre showed an adenoma about the size of a walnut which had been coughed up by a patient while proceeding to the Infirmary in a cab, accompanied by his wife, shortly after consultation with a surgeon, who, noticing some hæmoptysis and a degree of collapse, suspected aneurism, and sent the man to the Royal Infirmary. The patient had been troubled with his breathing for some years, but his voice had not been affected. It was found that the tumour had grown from the lingual glands at the back and at one side of the base of the tongue. It appeared to have been sessile originally, and to have of late become pedunculated, the pedicle being formed by the mucous covering, thereby allowing it to drop down beside the epiglottis. From this fact, the sensation of something like a "fan," or "saw," in the throat must have arisen. The surface from which the tumour had grown healed up without any further trouble. Dr. Tindall showed part of a steel watch-guard, consisting of the button-hole bar, and about an inch and a half of chain, which had been swallowed by one of his patients, a child, æt. 4, and passed per rectum in three days He exhibited a large ascaris lumbricoides which had been removed from the mouth of a child between two and three years of age. Dr. Tindall also showed a beetle which he had recently found in a woman's auditory meatus while syringing for the removal of a ceruminous accumulation.

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WESTMINSTER HOSPITAL.

They are very unfortunate at Westminster Hospital; they seem to be unable to retain a good man on their staff for any length of time. Mr. A. Pearce Gould carried away with him the esteem of his colleagues and the affection of the students. His successor, Mr. A. Boyce Barrow, had just made his value apparent when he migrated to another field of labour, and now Mr. A. Marmaduke Sheild, after a few months, or rather weeks, of experience, turns his back on this ill-fated institution. One is tempted to say to the authorities, "If you have tears, prepare to shed them now!"

Deputy Surgeon-General J. Thornton has been awarded an Indian Good Service Pension.

Our readers will be pleased to be informed, on good authority, that the Dr. Hugh Bennett whose name recently appeared in connection with a case in the Divorce Court is not the Dr. Hughes Bennett who is so well known for his works on disease of the nervous system. We may also venture to state that the Dr. Duncan who is in trouble about a distraint which he effected on the goods of a lunatic patient is not the celebrated obstetrician of that name.

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Correspondence.

SIR MICHAEL HICKS-BEACH'S ILLNESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Erroneous statements have recently been circulated respecting the case of Sir Michael Hicks-Beach; but while they appeared only in the lay press I did not think it necessary to contradict them. As, however, you have called attention to them in the last number of your journal, I feel sure you will be glad to learn that Professor Pagenstecher and I are entirely in accord on all points in the case, and in a note which I recently received from him he says, in allusion to the cataracts, "the opacities of the lenses I find as you mentioned in your letter."

I am, &c.,
G. Anderson Critchett.

21 Harley Street, W., May 25th.

PASTEUR'S PROPHYLACTIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The paper of Dr. Bell Taylor in your last issue recalls my personal knowledge and experience of Pasteur's method, and I cannot help thinking that the illustrious experimenter has latterly been quitting the safe plan of prior experimentation on the lower animals, which formerly suggested to him a rational method of mitigating the poison of rabies; and that he has been rather too bold in his last "extreme remedies for an extreme disease." Pasteur's method entirely rested on the fact that, when he inoculated his mitigated virus on any animal, he rendered that animal incapable of being destroyed by rabies or hydrophobia. This is, if a patient had been bitten already by a dog, he had nothing to fear from the bite, if healed in time, or if he contracted a bite afterwards, he would also be refractory to the fatal effects of the ordinary disease. It was because he had inoculated about forty dogs with the mitigated virus, and after doing this had placed the virus of rabies in contact with the brain of these animals, that he was entitled to say (as Jenner did in 1798 of vaccination, that it was a prevention of small-pox) that mitigated rabies was a prophylactic of hydrophobia in all probability, since it was a prophylactic of rabies in the dog. And, when on March 1st, 1886, he told the Academy of Sciences of Paris that he had already treated 350 cases of persons bitten by mad dogs, and that none of them had died of hydrophobia, all but a few sceptics were delighted. Now, as then, I am persuaded that Pasteur's painstaking induction was proved both *à priori* and by experience. For that very reason, however, I am no less persuaded this "intensive method" has not been proved to be useful, and hence I think that the great inquirer ought to return to the safer place of previous experimentation on dogs, before he exposes the members of our race to such a dangerous experiment as that.

I am yours, &c.
C. R. Drysdale, M.D.

23 Sackville Street, London.

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Literature.

GALABIN'S MIDWIFERY. (*a*).

It is one of the misfortunes of midwifery that every teacher of the subject deems it incumbent on him to write a book for the benefit of students, and hence it is that medical literature is largely overstocked with treatises in this connection, many of them anything but satisfactory guides for the unwary. In due course Dr. Galabin has pursued the beaten track in this direction, and has given to the profession a considerable manual of obstetrics, which in size and style is uniform with the well known series of students' manuals associated with Messrs. Churchill's name. That such a volume was a necessity of the time it cannot fairly be said; it fills no niche which has been patiently awaiting occupation, inasmuch as there are many tried and excellent works on the subject accessible to English readers, works which fulfil every educational and examinational requirement. But, in spite of this, it remains to be said that Dr. Galabin's "manual" is a good and useful book, and so long as he continues to be a teacher and an examiner it will be held in favour by a certain proportion of students, and deservedly so. Anatomical details are properly left to be acquired from the proper source, and only the necessary descriptions of the female pelvis, &c., are included in the volume. In the same way development is treated only sufficiently exhaustively to convey an adequate idea of the formation of the placenta and fœtal membranes, all other considerations being rightly deemed by our author out of place in a manual of obstetrics. On certain points of practice the views of the author are not in unison with those generally expressed, but in all such cases care is taken to explain the disagreement and to give an account of other opposing and more popular methods. None of these are perhaps of first importance, nor do the original theories occasionally given expression to by the author require to be understood ere the reader can hope to become a successful accoucheur. On the whole, there is, perhaps, too much fondness shown for abstruse reasoning in the book. For specialists such writing may have a charm; students neither like it nor demand it. The work is clearly the outcome of much laborious thought and effort, and must have taken a long time to write. That it is in any respect superior as a text-book to a host of similar guides, it would be unjust to the latter to affirm; nor should we hesitate to add that it is quite as good in this respect as very many of its predecessors.

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Medical News.

Society for the Relief of Widows and Orphans of Medical Men.—At the annual general meeting of this Society, Sir James Paget, Bart., President, in the chair, the report for 1886 stated that the number of members was now only 343, being 20 less than 1885; only five new members had been elected, sixteen had died, and nine resigned or ceased to be members. The Society had lost two Vice-Presidents during the year by the deaths of Mr. Cooper Forster and Dr. Harvey Kempton Owen. The number of widows receiving grants was 64, the same as in 1885, but the number of orphans had been reduced from nine to six, and there were three orphans receiving grants from the Copeland Fund. Five widows had been elected, and one orphan. Five widows had died or become ineligible for further assistance, and three orphans had ceased to receive relief, having reached the age of sixteen. The amount distributed in grants had been £2,750, and the expenses had been £243. Owing to the want of funds, the Directors had not been able to make any present to the widows and orphans last Christmas. Two legacies had been received, one of £50 from the executors of Miss Anne Lyne, per Dr. Stokes, another of £300 from Dr. Harvey K. Owen, V.P. The funded property had been increased by the purchase of £146 Metropolitan Consolidated Stock. Mr. Mould was elected a Vice-President in the place of Dr. Iliff, deceased, and the following gentlemen were chosen Directors, in the place of the six seniors who retired by rotation, viz., Dr. Birkett, Dr. H. M. Duncan, Mr. Langton, Dr. J. M. Bright, Dr. H. de Havilland Hall, and Mr. Malcolm Morris. Mr. Wall, Dr. Quain, Dr. John Clarke, and Mr. Fuller were elected trustees of all the funded property of the Society. A special grant of £26 was made to one widow. Votes of thanks to the editors of the medical journals was carried unanimously for their kindness in assisting in making known the objects of the Society. It was resolved that the centenary of the Society should be celebrated next year by a dinner. A vote of thanks to the Chairman closed the proceedings.

St. Thomas's Hospital.—House Appointments from June 7th, 1887.—Resident House Physicians—H. P. Hawkins, M.R.C.S., L.S.A.; H. J. Macevoy, L.R.C.P., M.R.C.S. Non-Resident House Physician—H. J. Smyth, L.R.C.P., M.R.C.S. Assistant House Physician—H. A. Sansom, L.R.C.P., M.R.C.S. House Surgeons—J. S. Hutton, M.B.Lond., L.R.C.P., M.R.C.S. (extn.); W. H. C. Staveley, L.R.C.P., M.R.C.S. (extn.). Assistant House Surgeons—L. A. Bidwell, M.R.C.S., L.S.A.; W. F. Brook, M.R.C.S., L.S.A. Resident Accoucheur—E. Solly, L.R.C.P., M.R.C.S., L.S.A. Ophthalmic Clinical Assistants—G. Winfield-Roll, M.B., B.C. Cantab., L.R.C.P., M.R.C.S.; J. S. Hinnell, M.R.C.S., L.S A. Clinical Assistants in the Skin Department—J. T. Calvert, L.R.C.P., M.R.C.S. (extn.); H. Duncan, L.R.C.P., M.R.C.S., Clinical Assistants in the Ear Department—H. S. Jones, L.R.C.P., M.R.C.S., L.S.A.; C. Brown, L.R.C.P., M.R.C.S. Clinical Assistants in the Throat Department—H. T. Bulstrode, L.R.C.P., M.R.C.S.; W. A. Bond, M.A., M.D. B.C., Cantab.

Royal College of Surgeons of England.—The lectures at the College will be resumed to-day (Wednesday), by Dr. Leonard C. Wooldridge, who will deliver-to-day and on the 3rd and 6th of June, three lectures on "Physiology of Nutrition;" Professor Christopher Heath, F.R.C.S., will, on the 8th, 10th and 13th of June, deliver three lectures on "Certain Diseases of the Jaw;" and Professor Henry Power, F.R.C.S., will conclude the course for the present year by delivering on the 17th, 20th, and 22nd of June three lectures on "The Relations of Ophthalmic Disease to Affections of the General System."

(*a*) "A Manual of Midwifery." By Alfred Lewis Galabin, M.A., M.D., F.R.C.P. Lond. London: J. and A. Churchill.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

PHILANTHROPIST.—Yes, indeed, the horrors of the middle passage were simply appalling. The mortality was terrible, and though the negroes taken from Africa were chiefly strong men, Wilberforce was able to state before Parliament that of every hundred carried from Africa, seventeen on an average died in about nine weeks, and not more than fifty lived to become effective labourers in our islands. In one instance the master of a slave ship, called the "Zong," finding sickness raging among his negroes, deliberately ordered 132 of them to be flung into the sea. He was tried twice for this offence, but it was laid down that there was nothing of a murderous character in the act, and that the case was legally of exactly the same kind as if it had been horses, and not human beings, that had been thrown into the sea.

VINEGAR AS A DIAPHORETIC.

DESCRIBING the Arian persecution in Africa, Fox says, "An Universal History of Christian Martyrdom," p. 101, that "Eugenius (an orthodox bishop) was exiled to Tripoli, when Antony, a violent Arian bishop, threw him into a dungeon, and made him suffer severe hardship in order to destroy him by a lingering death—Tantæne celestibus animis iræ? The dampness of the place gave Eugenius the palsy, which Antony hearing of, went to the gaol, and finding him weak and lying on the floor, he poured strong vinegar down his throat to choke him. It had, however, a contrary effect; instead of suffocating it produced a copious perspiration, which removed the palsy and restored him to health."

DR. ALLBUTT.—The attempted justification of the Malthusian doctrine has been sufficiently explained to render further notice unnecessary.

PERTUSSIS.—The formula for Roche's embrocation is said to be olive oil, two parts; oil of amber and oil of cloves, of each one part; *misce.* It has been held in great esteem in the treatment of whooping-cough, but it is very difficult to say with what amount of reason.

SYRUP OF DOVER'S POWDER.

Deodorised tincture of opium, 480 min.;
Fluid extract of ipecac., 48 min.;
Sugar, 10 tr. oz.;
Cinnamon water, to make, 12 fl. oz.

DISPENSER.—You will find the formulæ and transactions in the Year-Book of Pharmacy published by Churchill.

THE annual meeting of the Central Irish Branch of the British Medical Temperance Association will be held in the Royal College of Surgeons, Dublin, on Tuesday, June 7th, at 4.30 p.m. The chair will be taken by the President of the Branch, Deputy Surgeon-General F. L. G. Gunn. Brigade-Surgeon F. E. McFarland (President North of Ireland Branch), Dr. T. Collins, Dr. Lunn, Mr. Searson, Robert Morton, F.R.C.S., of Nenagh, and G. MacDowel Cosgrave, M.D., Hon. Sec., will speak. The meeting is open to all members of the medical profession.

THE following paragraph has been going the round of the American papers, and is worth reproducing:—"I can assure you that, the older I grow, the more chary I become in the use of morphine, for despite the marvellous properties of this alkaloid, which is by far the most active of analgesics, its dangers and disadvantages are such that I reserve its employment for exceptional cases."—*Dujardin Beaumetz.*

H. E. S.—Several universities grant their degrees after a modified examination to medical men of a certain standing. You can easily ascertian the particulars.

INQUIRER.—The lines in question were published years ago, under the title of "Transatlantic Necrology":—

"Our little Sally did to Heaven go,
Baby life so fleet is,
She was afflicted with the cerebro-
Spinal meningitis.
'Tis hard to lose our Sally so,
But the reflexion sweet is
That she's gone where there's no cerebro-
Spinal meningitis."

A LAY ASPIRANT.

We have received the following letter from a Lancashire operative:

SIR,—I have an intense desire to become a surgeon. My present position is that of a factory operative, and if you would kindly inform me what steps I must take to realise my desire I should be very grateful to you.

I am, Sir, yours, &c.,
H. S.

[We can only refer our correspondent to one or other of the guides to the profession for the information he asks. He is probably not the only factory operative who experiences an intense desire to exchange his position for that of a medical man, possibly under a misapprehension of the advantages belonging to the occupation of the latter. We abstain from expressing an opinion as to the desirability of attempting such a task.—ED.]

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Vacancies.

Birmingham Queen's College.—Co-Professor in the Chair of Surgery Applications before the 15th inst. (see advert.).

Liverpool Northern Hospital.—Assistant House-Surgeon. Salary, £70 per annum. Applications to be addressed to the Chairman of the Committee not later than the 31st inst.

Eastbourne Union.—District Medical Officer. Salary, £35 per annum, with the usual extra fees. Applications, accompanied by diplomas and testimonials, to be sent to the Clerk on or before Thursday, the 2nd June.

Miller Hospital and Royal Kent Dispensary.—Senior Resident Medical Officer. Salary, £40 per annum, with furnished apartments. Also for a Junior Resident Medical Officer, possessing a qualification. Salary, £30 per annum, and like accommodation. Applications, with copies of testimonials, to Wm. Bristowe, Esq., Hon. Sec., at the Hospital.

Ongar Union, Essex.—Medical Officer and Public Vaccinator. Salary, £75 per annum. Applications and testimonials to Charles Smith, Clerk.

Royal United Hospital, Bath.—Resident Medical Officer. Salary, £100 per annum, with board and lodging. Diplomas and testimonials to the Secretary-Superintendent on or before Friday, the 10th of June.

Royal Westminster Ophthalmic Hospital.—House-Surgeon. Testimonials to T. Beattie-Campbell, Secretary.

Staines Union.—District Medical Officer. Salary, £65 per annum. Applications to be sent to the Clerk to the Guardians.

The Victoria Hospital for Children.—Resident Medical Officer. He will receive an honorarium of £50 per annum. Applications to Captain W. C. Blount, R.N., Secretary.

Appointments

BAILEY, T. R., M.B.Ed., Medical Officer of Health to the Bilston Union.

CANT, W. E., M.D., F.R.C.S., Assistant Surgeon to the Central London Ophthalmic Hospital.

DOWDING, A. W. W., M.D.Durh., M.R.C.S., Medical Officer for the Fourth District of the Stow Union.

GALLOWAY, W., L.R.C.S., L.R.C.P.Ed., Medical Officer for the Birtley District of the Chester-le-Street Union.

HENSLEY, A. E., M.R.C.S., L.S.A., Assistant House-Physician to King's College Hospital.

HESLOP, W. J., F.R.C.S.Ed., Medical Officer of Health for the Stretford Rural Sanitary District.

JEPSON, E C., F.R.C.S.Eng., L.S.A., Medical Hospital to the Durham Union Workhouse.

KILHAM, C. S., M.R.C.S., L.R.C.P.Lond., Medical Officer for the Fourth District of the Ecclesall Bierlow Union.

LYON, T. M. M., M.B., C.M.Ed., Medical Officer for the Ford District of the Glendale Union.

MACNAB, A. J, M.R.C.S., L.R.C.P., House-Surgeon to King's College Hospital.

MAIR, R. S., M.St.And, F.R.C.S.Ed., Physician to his Highness Prince Malcom Khan and the Persian Embassy, vice Vincent Ambler, deceased.

MARIETTE, E. P. A., M.R.C.S, L.S.A., House-Accoucheur to King's College Hospital.

OWEN, J. V., M.R.C.S., L.S.A., House-Surgeon to King's College Hospital.

PEDLEY, R. D., L D.S., M.R.C.S., Assistant Dental Surgeon to the National Dental Hospital.

SANDERS, C., M.B.Lond., M.R.C.S., Medical Officer of Health for the Borough of West Ham, vice Drake, resigned.

SKELLY, W., B.A., M.D.Q.U.I., L.R.C.S.Ed., Medical Officer for the East District of the Poplar Union.

WHEATLEY, J., M.R.C.S., L.S.A., House-Physician to King's College Hospital.

Births.

BIGGER.—May 26th, at Queen's Park Gardens, Streatham Common, the wife of Dr. W. G. Bigger, of a daughter.

PHILLIPS.—May 22nd, at Kilbarry, Navan, the wife of Dr. Phillips, of a son.

TWEEDY.—May 24th, at 2 Gardiner's Row, the wife of H. C. Tweedy, M.D., of a son.

Marriages.

HINNELL—WINDLE.—May 25th, at Horndon-on-the-Hill, Essex, by the father of the bride, John George, eldest son of George John Hinnell, Surgeon, Bury St. Edmunds, to Catherine Elizabeth, youngest daughter of the Vicar of the parish, the Rev. John Windle.

Deaths.

GAMMIE.—May 20th, at 14 Stanhope Gardens, Queen's Gate, S.W., Patrick Gammie, Surgeon-General, aged 73.

PRITCHARD.—May 21st, at Hastings, Dr. E. F. Pritchard, of Bruson House, Teynham aged 47.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, JUNE 8, 1887. [No. 24.

The Cavendish Lecture

ON

THE TREATMENT OF HAY FEVER.

By SIR ANDREW CLARK, Bart., M.D., F.R.C.P., F.R.S.,

Physician to, and Lecturer on Clinical Medicine at, the London Hospital.

Delivered at the West London Hospital, Friday, June 3rd.

SIR ANDREW CLARK said that scientific workers had been reproached with carelessness and indifference to the practical application of their knowledge to the treatment of disease. Whether the reproach had ever been merited he did not know, but he did not think it was applicable at the present time, for in every country and in every school the pursuit of knowledge was earnest, and the most zealous efforts were made to force that knowledge into print for the benefit of others. No better proof could be advanced of this than the study of hay fever, of which he was about to speak. From Blackley, of Manchester, to Mackenzie, of Baltimore, they would find a succession of inquirers whose efforts to discover the nature of this malady had been accompanied by equally persevering efforts to discover the most appropriate treatment. The largest, and, indeed, the best fruits were received from America, the most persevering of all countries. The plan of treatment which he was about to suggest was entirely founded upon a physiological study of the disease, and it was only in so far as the results of the study bore upon treatment that he proposed to speak. With the nature of hay fever, and its physiological, etiological, and pathological relations, he had then only an indirect concern; nevertheless, as he wished to lay before the society the rational grounds for treatment, such considerations could not be entirely overlooked.

He wished to call attention to the name by which this malady was known, for hypothetical names had been the bane of medicine. What seemed the correct and adequate hypothesis of to-day became the incorrect and inadequate hypothesis of to-morrow, and when the true nature of the malady was discovered, its diffusion was hindered, if not entirely prevented, by the retention of a name which tended to conceal the truth and propagate error. This particular name was as good an example as he could find. The epithets hay-fever, hay asthma, pollen fever, rose cold, peach cold, and others were all open to the same objection. They tended to narrow our ideas of causality, and to confine them within the limits of merely outward things. The pollen of many grasses was doubtless the most important exciting agent of paroxysms of hay fever, but it was equally true that the paroxysms could be excited by other agents, such as light, heat, and dust, as well as by local affection of the nose and throat, irritations propagated from distant parts, and influences generated *de novo* in some part of the nervous system. It was only lately that these facts had come to our knowledge from America, and even there the term proposed by Mackenzie, of Baltimore, had the same tendency to an objectionable hypothetical meaning. Dr. Mackenzie proposed to call it periodic vaso-motor coryza, but this involved a hypothesis which might be disproved to-morrow. The epithets proposed by the author, periodic nervous coryza and periodic specific coryza, were not free from similar objections. They were thus in need of a proper designation which should be framed out of its physical characteristics so that it might always remain the same however much our theories varied.

Of the persons exposed under very similar conditions to the exciting causes of hay fever only a few were affected, and curiously enough, agricultural labourers and gardeners were not among the number, though exposed to the pollen of grasses, &c., which were supposed to be the cause of the asthmatic paroxysm. It was therefore only fair to suppose that some other agent was directly concerned. Experimental examination had taught us the existence of a second factor, resident in the mucous membrane of the nose, mouth, pharynx, and eyes, and mainly, but not exclusively, concerning the nerves of those parts. This condition manifested itself by a peculiar irritability and reaction to certain accidents. Further, the cases in which this peculiar irritability existed had odd symptoms which belonged exclusively to the nervous types of organisation which stamped the organisms exhibiting them as specifically and pathologically neurotic.

Lastly, on investigation, we find that the differences between this condition and other cognate nervous affections lay for the most part in the respiratory and vaso-motor centres and in the ganglia connected therewith. In this way we may arrive at the conclusion that there are three factors concerned in the evolution of hay fever: (1) The nervous constitution; (2) the irritable local state; and (3) the outward exciting cause. As a general rule, to which, however, there were remarkable exceptions; all those factors co-operated in varying degrees in the development of an attack of hay fever, and he would say something as to each of them, to render plain the ground upon which a rational treatment of this malady could be placed.

The nervous constitution was sometimes inherited, sometimes acquired. The inheritance came for the most part from the arthritic and the nervous. When acquired it was generally in those who were subjected to the complex influences of over civilisation, who led laborious, sedentary, and intellectual lives, as well as by those who, avoiding the difficulties and discipline of life, sought luxury with ease; in those who preferred excitement to duty, and by those—and they were many—who became weak through failure to exercise their strength. Its relationship to various states of the nervous system was shown when it appeared by its choosing the man before the woman, the educated before the ignorant, the gentle before the rude, and the courtier before the clown. Some of the general affinities of hay fever were still harder to understand. It prefers the temperate to the torrid zone, it seeks the city before the country, and chooses the Anglo-Saxon before all other races.

Concerning the second factor, viz., the condition of the mucous membrane of the nasal cavities and parts adjacent, there were a variety of views. All were agreed that the condition was a pathological one, but no two were agreed as to its exact nature. He was disposed to conclude that there was one fundamental condition which reconciled all the different views, and that was a condition of irritability involving the mucous, vascular, lymphatic, and cellular constituents of the affected parts. This, when excited, disturbed the chemical, morphological, and secondary changes which took place in them. When the local irritability was called into play, there arose a series of structural changes which were all but characteristic of the paroxysm of hay fever. The nasal erectile tissue became distended, the blood vessels gorged, the lymphatic spaces were filled with lymph cells, the mucosa was crowded with epithelial cells, secretion was increased in quantity and altered in character and composition, sensation was exalted or altered or lessened, and the whole metabolism of the affected region was profoundly disorganised. These local changes were always present in a complete paroxysm of hay fever, and when they occur hay fever might safely be said to be present. When the local irritability is extreme almost any cause will serve as an exciting agent, odours, dust, touch, light, heat, &c.

In reference to the third factor, he would speak but briefly. Authors in general, from the paper of Gordon, in 1829, to the work of Dr. Morell Mackenzie in 1885, advocated the view that the paroxysm of hay fever was due exclusively to the action of the pollen of grasses or flowers upon the mucous membrane, and in support of this view it was urged that it only occurred during the season when certain grasses or flowers are in blossom; that it might be artificially induced by the application of pollen, and that it might be prevented or cured by dwelling on board ship at sea where no pollen was to be found. These views, however true they might be in the main, required qualification, for they did not explain many facts in the history of the disease. It might be urged in support of the contrary, that it is less common among agricultural labourers and gardeners; that sometimes it occurred at other seasons than the hay season, and that in America the development of hay fever was not coincident with the development of the flowering of grasses; that it has been induced by local irritants in which pollen did not exist; that it has occasionally arisen in consequence of irritation in a part with which the nose is in sympathy; moreover, the action of pollen *per se* had been proved to be insufficient to provoke a complete paroxysm of hay fever. Blackley, in the admirable book of his on hay fever, makes the curious oversight of concluding that what occurred in his own person must occur in every other person. He himself was disposed to adopt the view that while pollen was a common agent, it acted more in virtue of its physical character that of its intimate nature, and any other agent might be capable of calling the irritability into action.

The rational treatment of hay fever was beset with difficulties. Theoretically, they were called upon to soothe and strengthen the nervous system, allay local irritability, and remove the exciting causes. To remove the cause often meant the removal of the person from its operation, consequently, if one sent one's patient to sea, or on the summit of an Alpine height, success would probably follow. Many persons, however, could not follow such counsel, and these they should strive to strengthen by tonics. Blackley had failed with every drug he had tried, and no general treatment, though not useless, had been by itself successful. They had, therefore, to turn to local treatment, and of these there were three plans: (1) To allay the irritability of the nasal mucous membrane; (2) to exhaust the irritability; and (3) to remove or modify, or entirely destroy by caustics or by cauteries, igneous or galvanic, such portions of the mucous membrane as were found to be, or could be, the seat of the pathogenic irritability.

The third and most radical plan is more practised in America. In the hands of Daly, of Pittsburg, Roe, of Rochester, and Mackenzie, of Baltimore, it had been followed with signal success. Materials were wanting, however, to form a critical estimate of the relative value of this plan of treatment. As he had had no personal experience of operative procedures, he would say no more on that subject.

The first plan of treatment to prevent or cure hay fever was by allaying the pathological irritability. That was the object he had endeavoured to achieve when he began his experiments. From trials extending over several years no remedies of this kind, except aconitine and atropine, returned results of value, and the results, such as they were, were insignificant, and the effects following their use were so disagreeable and inconvenient, that he had abandoned his inquiries in that direction. The introduction of cocaine, however, and its recent employment in the treatment of hay fever, induced him to reopen his experiments. At present his success was considerable—three out of five cases were immediately relieved, and the relief was maintained by frequent renewal of the application. Last year, however, as his experience increased his success diminished. Although its success had been overrated, and although the frequency of the application was troublesome, and though its use was not free from inconvenience, he was of opinion that its success was such as to justify further observations.

There were three ways of using cocaine, as a solution, as a spray, and in the form of a bougie. Personally, he preferred a solution of from 5 to 15 per cent. applied to the interior of the nose with a laryngeal brush. The cocaine bougies contained each from one-fourth to a grain of the drug.

He then came to the second plan, which was the one he himself had tried, and the one which, with occasional exceptions, he still adhered to. Its object, which did not exclude constitutional treatment, was to subdue the irritability to such an extent that the mucous membrane would not react to special or common irritants in a pathological manner. He had tried various agents, such as the active principle of mustard, capsicum, horseradish, but at last had chosen carbolic acid, to which he subsequently added quinine, and lately perchloride of mercury. The formula which he now used was gly. acid. carbol. P.B. ℥j., quiniæ muriat. ʒj., together with 1-2000th of its weight of corrosive sublimate.

He then alluded to the constitutional treatment, so that it might not be said to have been overlooked. He always gave persons a constitutional treatment He rectified any defects in their manner of living, and placed them on simple but liberal diet, restricting alcohol, and insisting on exercise. The functions of the skin and bowels had also to be attended to. After that he proceeded, if there was room, to the use of drugs. He generally gave as "stiff tonic," Easton's syrup, ʒj. with a few drops of solution of hydrochlorate of arsenic in an ounce of water. When this disagreed, he gave simple quinine with strychnine and arsenic. When patients were not only low, but nervous, he substituted iron in union with bromides, nux vomica and arsenic.

To employ the solution the composition of which he had given, a brush or two, such as he held in his hand, was all that would be required. The mucus in the nostril should be cleared out, and the brush dipped in, but not too much, charged with, the solution, was passed first up as high as it would go, then withdrawn, recharged and reversed. It should be turned round so as to come into contact with as much surface of mucous membrane as possible. Both nostrils should be treated thus. A napkin should be near at hand to wipe away any carbolic acid which may have oozed out of the nostrils. In some cases it was desirable to pass the brush (or rather a fresh one) up behind the soft palate and move it about so as to apply it to the whole interior of the pharynx, and particularly to the back of the soft palate.

The immediate effects of these manœuvres differ in different persons, but are always disagreeable. They lasted from half an hour to half a day. After a little time, even in the best cases, the nose swells, the eyes become injected, and the patient feels odd sensations in the forehead, ears, and palate, and a slight attack of fever follows. It was not always as bad as this, but he mentioned it in order to emphasise a caution he was about to give, that before submitting a patient to this treatment, he should be warned of the disagreeable effects, and these should not be minimised, otherwise the patient would exaggerate his sufferings and unfairly reproach his doctor. Sometimes a single application was sufficient to prevent another attack for a whole season, and in four cases the paroxysm had never returned. Usually two or three applications were necessary to ensure success. The length of the interval between the applications would depend on the effect produced. If mild, then the application might be repeated on alternate days.

He was unable to give any very accurate data as to the success of this treatment. Patients when relieved seldom returned, and when unrelieved never returned. He had only been able to obtain information as to about one-third of the patients; half of them had been cured for a season and four were cured for good. This result, it was true, was nothing to boast of, but compared with other methods, not excepting the cocaine treatment, it had its value. The success, small as it was, was not to be despised. He claimed the indulgence of the society for his communication as an honest if humble attempt to push pathology into practice and to take away, or rather help to take away, the reproach which had been unjustly cast upon them of ignoring or repudiating the natural and just alliance which should unite in the closest relationship the art with the science of medicine.

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A Clinical Lecture

ON

THE DIAGNOSIS OF DISEASES OF THE BRAIN. (a)

By Professor H. NOTHNAGEL.

University of Vienna.

(*Concluded from page 518.*)

In the diagnosis of hæmorrhage the further question comes up, Is the hæmorrhage meningeal or intra-cerebral? In the former it must be borne in mind that it occurs in pachymeningitis hæmorrhagica, which, however, presupposes senile atrophy of the brain, or a paralytic lunatic, or it happens in a drunkard. One must also consider whether there is any want of due relation between the intensity of the coma and the onset of paralysis, which would be the case with long protracted coma, and only slight paralysis or entire absence of it; this would be in favour of meningeal hæmorrhage.

As regards the diagnosis of tumours, this must be described as of the easiest. Every year I have the opportunity of observing from ten to twenty cases in my klinik, independent of those seen in consultation.

Their diagnosis is simple. A tumour developes slowly; it is only rarely that it comes abruptly into notice with an epileptic attack, but in this case headache precedes it. I have never known a case of tumour produce an epileptic attack in a man in full health. In tumours we mostly observe the papillæ of stasis already discussed (sometimes also atrophy of the optic nerve), further indications are afforded by examination of the other organs. The key to the diagnosis of tumours consist as it were in testing the individual local symptoms as to whether they have developed slowly out of diffuse symptoms. If diffuse symptoms only are present, then the diagnosis is difficult.

Professor Nothnagel then discussed the topical diagnosis of diseases of the brain. These possess not only a theoretical, but a practical interest. If, for example, we diagnosed, with certainty, an abscess in the brain, an operation might be performed. But the seat of the disease must naturally be accurately determined beforehand. If, thanks to the possibility of such an accurate determination, the lives of three individuals only could be saved, the study of the localisation would repay the trouble. To go on quickly. The topical diagnosis of the most frequently occurring cases: At the commencement, or during an epileptic attack, it is hardly possible to fix the diagnosis as regards locality; this is the case also with regard to a series of other affections, thus in many tumours when distinct effects of the most varied kind may come on. Thus, for example, in hæmorrhages in vascular tumours focal symptoms may be present indicating a region affected far beyond the proper site of the tumours. To mention a case in my own practice. A tumour in the posterior fossa was diagnosed; isolated paralysis of the abducens was present. The autopsy revealed a tumour in the cerebrum in the left hemisphere, whence an offshoot of the tumour ran out, which compressed at its base the right abducens. Furthermore, the diagnosis is difficult in diffuse affections, for example, in multiple insular sclerosis as well as in progressive paralysis. On the other hand, it is safely determined in many cases of old stationary focal disease depending on encapsuled hæmorrhages, softenings, abscesses, and non-growing tumours.

As regards the diagnosis in hemiplegia commencing in an apoplectic attack. The most frequent group of symptoms in such a hemiplegia is paralysis of the extremities, the facial and hypoglossus of one side as well as of the half of the thorax. The latter cannot be recognised with superficial inspiration, but it can with deep. In a particular case disturbance of sensibility may be absent, or only slight, or there may be no paralysis of the muscular sense.

The ocular muscles and trigeminus may be free. Later on contractions in the upper extremities may have made their appearance. If we ask ourselves where the seat of the disease in the brain is, we may seek from the cortex to the pons. It may be situated in the pons, in the peduncles, in the centrum semi-ovale, in the pars centralis centri semiovalis, or in the cortex.

The above symptoms do not point to a situation in the pons, or in the peduncles of the brain. Moreover, foci in the pons or peduncle are very rare, against which the anamnesis would also speak in case it contained the statement that the apoplectic attack lasted several days (the patient would not have survived such a serious lesion of the pons). We know, further, that a lesion of the lenticular nucleus, and of the caudate nucleus, gives rise to no definite symptoms; a lesion of the internal capsule, however, produces symptoms like those adduced. In by far the greatest number of cases (300 out of 360) the lesion is here. It may, indeed, be in the cortex, but other symptoms must then be associated with them (Jackson's epilepsy). No case of Jackson's epilepsy is known to me with lesion of the centrum semiovale. We should further think of the cortex as the seat of the lesion if permanent aphasia were present; after what has been said, we shall seek the focus in the internal capsule (anterior part), with the mental reservation, however, that it may possibly be found in the cortex or in the pons.

Diseases of the pons may be assumed in many cases with certainty. We make this diagnosis in the case of a cross paralysis (when the case is not one of basal disease) of the facial of one side, and of the extremities of the other. Diseases of the peduncles are associated with another form of cross paralysis. On the one side the extremities, and on the other facial and oculomotor, in case these symptoms have come on at the time of the apoplectic attack.

(a) Delivered before the Vienna Medical Doktoren-Kollegium, March 16th and 31st, 1887)

In hemiplegia extreme vaso-motor disturbances are sometimes seen; thus swelling of the hand is sometimes observed, and a regular œdema is present which may be demonstrated by finger pressure; the skin of the hand is red, shiny, livid; oscillations of temperature are observed as much as a half to one degree (c.) in the day. In such cases it is probable that not only is the anterior part of the internal capsule affected, but also the commencement of the posterior part. Disturbances of sensibility are frequent in hemiplegia, but they are comparatively slight.

Hemianæthesia may especially come on when the posterior part of the internal capsule is injured. The completeness of the anæsthesia is noticeable that remains after the motor paralysis has passed away. In many cases the paralysis disappears tolerably quickly after an apoplectic attack. The physician and the patient are contented with the course of the disease, but the patient complains of severe pains in the paralysed extremities.

One must be very cautious with the diagnosis as regards the pain; it often persists and defies all therapeutical measures.

The diagnosis may then be made of a lesion of the posterior part of the internal capsule, where the vasomotor and sensory fibres principally run together.

As regards the significance of disturbances of vision in relation to topical diagnosis: A patient presented himself to me to-day shortly before I began the address. He complained of a deficiency in the field of vision, and had a homogeneous lateral hemiopia. The pupillary reaction was prompt. It was probably a case of disease of the cortex.

The disturbances of vision that come into consideration in the diagnosis of brain diseases are: hemiopia, colour blindness, mind blindness (Seelenblindheit), and irritative perception of light. The latter may be considered as irritations, as corresponding to convulsions in the motor sphere. Colour blindness is not applicable to topical diagnosis, but it is to be hoped that it will become so; hemianopsia and soul blindness are more serviceable; the former proceeds from the occipital cortex. It occurs, independent of diseases in the chiasma and optic tract, in lesions of Gratiolet's radiations (Sehstrahlungen), and in lesions in the cortex, and in the white medullary layer in the occipital convolution.

As regards the remaining localisations. In the parietal convolutions are located the cortical area for sensibility, the relative cortical area for motility, and the centre for co-ordinated movements. Monoplegia indicates lesion of the cortex in the region of the central convolutions. In regard to the frontal convolutions, only Broca's is known as the area for speech. Lesion of the first temporal convolution, according to Wernicke, produces word deafness, &c. People hear the words well, but do not understand the sense of them. In respect of diseases of the hemispheres of the cerebellum, all points of attachments are wanting, so much the more as even with important lesions of the hemispheres, every symptom may fail. I may mention a case in which an osteoma had destroyed a complete cerebellar hemisphere without any symptoms of its existence being present. Diseases of the vermiform process are diagnosed by the known symptoms, vomiting, reeling gait (this is very striking, the patients reel like people who are drunk, and are sometimes taken for such by lookers-on), giddiness. Of diseases of the medulla oblongata, we know the group of symptoms that characterise bulbar paralysis. These were first described by Duchenne, and physiologically explained by Wachsmuth. The diagnoses of diseases of the base of the brain are in many cases difficult, in others easy. We are principally led to such a diagnosis when we meet with paralysis of multiple cerebral nerves, which we cannot explain on the assumption of a lesion seated in the brain—thus, for example, if motor oculi, acoustics, and facialis are paralysed, and which we cannot well bring together in the brain.

The addresses, which were received with great applause, were subsequently illustrated by cases in the Klinik, which his hearers were invited to visit.

(1.) The first patient presented answered all questions which were put to him absolutely unintelligently. He could not pronounce or repeat such simple words as "ja" or "nein" intelligently. The patient suffered from marked ataxic aphasia. There must be some lesion (direct or indirect) affecting the third left frontal convolution, supposing the man to be right handed. The man's history showed that he was a house caretaker, that on November 2nd last year as he lay in bed in the morning an announcement was made to him by the owner, upon which the man lost his speech. Later on paralysis of the extremities of one side supervened. On November 15th he had an attack of unconsciousness; dribbling of urine, paralysis of the rectum came on. The patient had not been a drinker, and had suffered off and on for three years from headache, and occasionally from giddiness.

As the aphasia still continued, no substitution had taken place; in aphasia such might take place, as after a while the patient converted his right hemisphere into a speech centre. This could be best attained by methodical instruction of the patient. He (Professor Nothnagel) remembered a colleague in Jena who, after aphasia, by means of instruction, had again achieved the use of speech. Later, at the autopsy, an old left-sided cyst was found at the spot affected. That the patient before them did not learn was explained by the fact that he was already an old man, and that in the klinik there was no time for such methodical instruction.

The patient understood, but not plainly the questions put to him. He had, therefore, sensory aphasia (Wernicke, "word deafness," according to Kussmaul). The presence of this indicated a lesion of the first or second temporal convolution. The patient had at the time no headache, the sensorium appeared to be confused, but there might not be more than a certain degree of diminution of intelligence. The sensorium of such cases seemed confused, because they did not understand people, the language spoken to them was as it were a foreign one; these were the cases of which Wernicke remarked that they were improperly sent to the aural or insane Klinik. The pupils of both sides reacted equally well, the balls were freely movable, the naso-labial fold on one side was smoothed out (the upper branches of the facial were intact), there was paralysis of the hypoglossus. The right arm was paralysed, slightly flexed, the right leg was also paralysed; there was no pronounced plantar reflex. On respiration the right half of the thorax moved rather less than the left. The lesion in that case might be in the pons, in the peduncles, in the internal capsule, in the centrum ovale, or in the cortex.

The presence of aphasia was evidence for a lesion of the cortex or of the underlying medullary layer. The central convolutions (as far as the paracentral fold) must be injured.

The right arm was swollen, sensible to the prick of a needle; one could not often, as in the present case, make the observation that with extreme motor paralysis there was no sensory loss whatever (or inversely), there was no correspondence between the motor and sensory paralysis.

As regards the nature of the affection present, one might think of a tumour, but this did not agree with the circumstance that headache and giddiness were present for three years, and focal symptoms not till after then. The sudden onset of the paralysis pointed to embolism, thrombosis, or hæmorrhage, but the radial was soft, not sinuous, of normal breadth, the tension rather diminished, arterial scleroiss was not present, the cardiac sounds were normal; there was albumen in the urine, from cystitis, but before this the urine was free from it.

The ophthalmoscope showed atrophy of both optic nerves. It was very difficult to determine the nature of the affection in the case. Without the atrophy of the optic nerve one could decide for hæmorrhage or softening, the affection of the nerves, however, made a tumour more probable, although no symptom pointed to it with certainty. The cerebral affection might be combined with one of the spinal, with which the atrophy was connected (and also the bladder paralysis), and with bleeding or softening also present.

(2) The second case shown illustrated an empirical diagnosis. The patient, a woman, æt. 34, answered when asked her name, literally, as it were piecemeal, An-to-ni-a. This method of speaking at once sufficed for the expert to draw his conclusion. It was a case of multiple insular sclerosis, for which such a style of speaking was characteristic. The patient spoke slowly, scanning the syllables; they spoke in a singing monotone, sometimes almost shouting. How the disturbance of speech here came about we did not exactly know. The sensorium of the patient was free; her hands lay quietly on the bed, but when she tried to stretch them out they trembled (Charcot's *tremblement d'intention*). Further examination showed that the patient had nystagmus and atrophy (decolouration) of the optic nerves. We learned from her history that she had been pregnant ten times, had borne four living children, and, generally speaking, never had been ill. Her present illness began insidiously four years ago. The above-mentioned symptoms, disturbance of speech, *tremblement d'intention*, rendered certain the diagnosis, for which we, however, possessed no anatomical basis.

(3) The third patient, a young man, suffered from headache and giddiness; he was unable to walk, and quite blind. His intellect was quite untouched. In 1882 the patient fell from a ladder on to his head. He lay unconscious after the fall, and then vomited frequently, had headache and fever. His medical attendant measured the head and found an increase of 3 ctm. in circumference. (This might possibly be correct.) Since then he had suffered from pain in the back of the head. Concussion of the brain was diagnosed after the fall, but the case was probably one of meningitis.

Examination of the patient showed divergent squint, nystagmus; the facial, hypoglossus and trigeminus not affected; both hands were moved properly; there were no paralyses and no disturbances of sensibility; strongly exaggerated plantar and patellar reflexes were present (this phenomenon was developed later); double descending degeneration was therefore present. For several weeks there had been a largely increased quantity of urine and a tendency to fall backwards had arisen. This latter symptom might, according to older views, point to a tumour or abscess in the posterior fossa, but the history did not agree with this. The circumference of the skull was very large. The case was not one of tumour or abscess, but of chronic inflammatory hydrocephalus, with effusion into all the ventricles *meningitis chronica, ependymitis ventricularis*). The affection might have began as a meningitis and become chronic.

The disturbance of vision, or blindness, might be referred to (1) descending neuritis; (2) atrophy from pressure; (3) papillæ of stasis with secondary atrophy. Since 1885 the patient had suffered from epileptiform attacks. In that case he had to base the diagnosis of chronic hydrocephalus upon the history.

(4) The fourth patient, a locomotive engine-driver, had ptosis of the left eye. Complete paralysis of the upper eyelid was present; the pupil of that eye was dilated, reacted but little; complete paralysis of the motor oculi was ascertained. There was some accommodation reflex. Abducens and trochlearis were intact, as were also the regions of the facial and trigeminus; the case was one simply of isolated paralysis in the region of the oculomotor. Sensibility was not disturbed. What was the nature of the affection? The disturbance might have a nuclear or a peripheral cause. The patient's history showed that he fell the year before, but did not become unconscious; since then he had suffered from headache. In the middle of January of last year he took cold, and in the course of the next few days ptosis came on. It might be a case of (1) syphilitic meningitis, (2) traumatic meningitis, or a tumour, (3) a rheumatic meningitis. The ophthalmoscope showed typical papillæ of stasis of both sides. The thought was now of basal sclerotic meningitis (in consequence of syphilis, alcoholism, tuberculosis, trauma). The absence of result from antisyphilitic treatment was against the view of syphilis. (The patient had already had fifty inunctions and potassic iodide for months.) We had to bring the papillæ of stasis in connection with trauma; basal meningitis would thus be possible as the cause of the disease, but it might be a rheumatic paralysis of the motor oculi; we were not in a position to make a more certain diagnosis.

(5) The fifth patient, a boy, had ptosis of the right eye. The bulb was turned outwards, the pupils widely dilated, scarcely acting, scarcely any movement of accommodation present.

There was complete paralysis of the motor oculi. Abducens and trochlearis were normal as also the facial; there was no further paralysis and no disturbance of sensation. The history showed that the patient had fallen on to the edge of a table, had suffered from headache, which ceased on the 19th of March, on the 23rd he noticed falling of the eyelid. Giddiness or double vision was not present. Ophthalmoscopic appearances normal. He had to assume a peripheral cause for the paralysis.

(6) This patient (female), æt. 43; paresis of the left arm and leg were present. In that case he would commence in the usual way, and give the history. In February last the patient awoke in the night with crampy pain in the feet, she stumbled on getting up, called for help, and felt at once that she was paralysed in both extremities. Bladder and bowel function intact. Examination shows the sensorium free, pupils not alike, reacting well, muscles well developed, panniculus normal, no œdema, pulse 72, radial soft, not tortuous, tension normal, perhaps a little heightened, no arterial sclerosis. The eyes were freely movable, there was left facial paralysis, no aphasia, trigeminus normal. Respiration alike on both sides, the movement of the hand and foot showed that the paresis was in the left extremities; there was vaso-motor paralysis in the left upper extremity as this was puffed up, cyanotic and warmer than its fellow. Sensation not disturbed. According to the law of chances the seat of the disease would be in the corpus striatum, or in the adjacent part of the centrum ovale. What could be said as to the nature of the affection?

Heart sounds were normal, the urine was free from albumen, fundus oculi normal. No syphilis. It might be softening, or hæmorrhage, but all points of attachment for thrombolic softening or nephritis were absent. Possibly there was a miliary aneurysm. A decision as to the nature of the affection was positively impossible. He inclined to the view that there was hæmorrhage, as there were still fewer indications present of any other affection.

This concluded the demonstrations which excited the greatest interest.

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The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 26, Bombay 24, Madras 34, Paris 25, Brussels 21, Amsterdam 22, Rotterdam 19, The Hague 20, Copenhagen 19, Stockholm 21, Christiania 18, St. Petersburg 34, Berlin 20, Hamburg 24, Dresden 19, Breslau 29, Munich 37, Vienna 29, Prague 29, Buda-Pesth 35, Trieste 26, Rome 26, Turin 30, Venice 25, Cairo 42, Alexandria 35, New York 27, Brooklyn 19, Philadelphia 25, and Baltimore 15.

ON TUMOURS OF THE NECK, THEIR PATHOLOGY, SYMPTOMS, AND TREATMENT.

Delivered at the Hospital, Brompton,

By F. BOWREMAN JESSETT, F.R.C.S.Eng.,
Surgeon to the Cancer Hospital.

(*Continued from page* 521.)

Tumours of the Parotid Gland.—Growths of various kinds, either malignant or benign, are not unfrequently found in these glands, and when existing give rise to much deformity and suffering to the patient.

It is rarely we meet with simple hypertrophy of the gland as a cause of enlargement. The tumours which are most frequently present are fibrous, cartilaginous, adenoid, fatty, and myxomatous growths. Carcinoma and sarcoma are occasionally, but not very commonly met with. Cysts are not unfrequently present in this region. The lymphatic glands over the parotid are often enlarged or diseased, and then it is difficult to diagnose with certainty the true nature of the tumour. In all tumours of the parotid, however, the surgeon will have to weigh well the physical characters of the growth in connection with its clinical history, the age, the constitution, the manner of growth and the effect on the surrounding tissues and structures will all have to be carefully studied before one can with any degree of certainty say what form such and such a tumour has taken.

The rapid growth of a carcinoma, myxoma, or sarcoma quickly affecting the skin causing ulcerations with deep cavernous ulcers and jagged irregular edges, often bleeding readily, with a hardened chain of lymphatic glands and dilated veins very plainly point to a form of carcinoma or sarcoma, but between this extreme and the simple painless growth which is so often met with in front of the ear, movable, slow of growth, and easily separated by the fingers from the surrounding structures, there will be found many other varieties and combinations; and it is these that will require the utmost skill and acumen of the surgeon to distinguish their true nature.

Myxomata, cyst, enchondroma, and soft cancer occur chiefly in the young, fibroma and sarcoma in middle age, and carcinoma and epithelioma in old age.

Simple hypertrophy of the gland must be very rare. I have never seen a case, and so far as I know, very few cases have been recorded. Bérard has narrated two or three such cases, but so uncommon is it that it need not detain us longer here.

The "*glandular parotid tumour*" is perhaps the most common form of tumour of this gland. Its pathology and mode of growth appear to be somewhat disputed, some pathologists have suggested that it commences in the lymphatic gland lying in contact with the parotid; others believe it to be a growth of the parotid itself, or of its capsule. Its usual structure is chiefly fibrous or glandular, often mixed with cartilaginous masses, and not unfrequently they contain cysts. If these growths are not interfered with they may cause atrophy, or even complete absorption of the parotid gland. These tumours often attain a very large size, and yet are quite movable, and easily enucleated. Their surface is uneven, nodulated, firm and hard to the touch at most points, but elastic at others. The veins superficial to the tumour are usually enlarged and dilated, but the skin is not involved or in any way adherent with it. Their growth is usually slow, although occasionally they may take on a more active action. They are usually situated in front and below the ear, sometimes extending behind it: They do not affect the general health, and as a rule do not cause much inconvenience by pressure upon the vessels or facial nerve, although rarely the latter is compressed, paralysis of the facial muscles resulting. The chief trouble, however, is the interference of mastication, which is often the source of much inconvenience and pain. The tumour may also interfere with deglutition by pressure upon the pharynx. Sometimes the greater bulk of these tumours may be cartilaginous, and although as a rule they do not recur after excision, yet in some of the more quickly growing tumours they do. Their situation also somewhat varies; they may be quite outside, being bound down to the gland by the fascia, or they may be embedded in the gland itself. The facial nerve has been found passing completely through these growths, and often closely adherent to the under surface, so that in their removal the surgeon should be very careful to avoid the use of the knife as much as possible.

The only treatment of these tumours is their early removal.

Lipomata.—Occasionally we meet with fatty tumours in connection with this gland; they may be found sometimes above or below, and even occasionally within the gland. These tumours are easily recognised by the characteristic signs of lipomata.

Nævi are also found over the gland, and may attain a large size; they are usually of the venous variety, and when they are large are very difficult to deal with. They are easily recognised by their appearance and general feel, causing the sensation very much of a bag of worms. They may also be much decreased in size by constant firm pressure.

The treatment of these cases is very difficult; it has been suggested to ligature the external or common carotid with a view of cutting off the blood supply, but this treatment has not been attended with any good results.

Cysts of various kinds are found in this gland, but need not, I think, detain us here.

Sarcoma not uncommonly attacks the parotid gland; their growth is very rapid as a rule, and the surgeon need not be kept very long in doubt as to their nature. This terrible disease does not perhaps present such distressing symptoms as carcinoma, but like it will be found to extend deeply into the substance of the gland, surrounding the carotid vessels and passing deeply into the spheno-maxillary fossa, so that its removal, excepting by the most heroic treatment, is well nigh impossible unless seen sufficiently early before it has formed deep attachments. The pain endured by the patient is often such that even the largest doses of morphia or opium fail to give relief.

Carcinoma, although not so commonly met with as sarcoma, is not altogether of rare occurrence, and when present causes the most distressing symptoms. These growths appear as hard, ill-defined tumours, becoming very early firmly fixed, with sharp lancinating pains flashing up to the temple, backward to the ear, and down the neck, compressing early surrounding structures, interfering with their functions, growing rapidly, quickly involving the skin, causing it to be brawny and dark-coloured, before ulceration takes place, when a deep, wide, jagged bleeding ulcer is formed, with a hardened chain of lymphatic glands extending down from it and obstructing the venous circulation, the veins around become dilated, frequently involving the facial nerves, and thus paralysis of the muscles of the face follows, and finally mastication and deglutition, is interfered with. Such a case has been lately under my care in which I have endeavoured to remove the disease. In these cases, however, all operative measures are very unsatisfactory, and wrought with great danger to the patient and intense anxiety to the surgeon. Yet, gentlemen, I think from cases that have been under my care, if the disease is not too extensive, it is worth the trial, and here I would allude to a method of treatment I have adopted with success in this and other forms of malignant tumours of the neck, namely, the combination of the knife and caustics. I have been in the habit of practising the removal of as much of the growth as possible with the knife, and then when I find the disease extending deeply into the spheno-maxillary fossa packing the part with solid chloride of zinc, and by this means obtaining extensive deep sloughing. I have also used Paquelin's cautery freely in the deep parts.

A case that is at present under my care illustrates this treatment well. It is that of a man, æt. 64, who was admitted into the Cancer Hospital with a swelling about two and a-half inches in diameter, just below the left ear. The upper edges of the skin in front and behind the ear were hard and brawny, the growth was raised one inch above the level of the skin, and the upper part of the growth broken down. The whole mass was deeply fixed. The man suffered intense pain, and with a view of relieving this I determined to endeavour to remove the growth. This was done as far as practicable with the knife, and finding it extend somewhat deeply I scraped away as much more of the disease as I could, and packed the wound with solid chloride of zinc. The man suffered very little pain from the caustic, and in a few days a large slough detached itself, and the wound assumed a tolerable healthy appearance, and the man was freed from the excruciating pain.

The question of the possibility of excising the parotid gland has been debated over and over again, in its normal condition it is impossible to define definitely its exact limits so as to remove it entirely without fear of injury to surrounding structure. When, however, it is the seat of disease, and enlarged so as to become more prominent and defined, then undoubtedly it may be removed. As Dr. Macleod, of Glasgow, observes: "To excise a sound, unchanged parotid, and one affected with cancer, are very different things; and these again differ very widely from dealing with a parotid the seat of affections which spread far and wide, working themselves into the surrounding parts as malignant tumours do. It is," he says, "from not observing this difference in the problem that much of the diversity of opinion which is so copiously expressed in the writings of several authors has arisen."

In America the operation has been very much more extensively practised than in England or on the Continent. Malgaigne reports that a diseased parotid can be excised without injury either to the external carotid artery or the portio dura. This, however, I consider is well nigh impossible. In the case I have just narrated to you both the carotid and the facial nerve were divided, and very considerable hæmorrhage was threatened. I shall have to speak more on this matter when describing the operation for removal of large growths and tumours from the neck.

Submaxillary Gland, like the parotid, may be the seat of various growths, either innocent or malignant. Carcinoma of this gland as a primary affection is, however, excessively rarely met with, although as a secondary disease it is not uncommonly found to exist, having extended from some of the neighbouring parts, either the lymphatic glands, which are in close relation to it, or from the structures in the floor of the mouth or jaw. The removal of this gland when infiltrated with the disease is by no means easy, as the disease, having extended from the gland, into the neighbouring structures, and these being thoroughly infiltrated with the disease, it is obvious what great difficulties the surgeon has to contend with.

Very large cysts are not uncommonly met with. Thus, in the case of the man whose photograph I now hand round, you will see that there is a large growth, the size of a large orange, situated below the right jaw and chin. This cyst was easily removed, and contained ten ounces of fluid, of the consistence of gruel and with an alkaline reaction. The man made a speedy recovery.

Having, gentlemen, thus briefly described the tumours and growths which may be met with in the lymphatic, thyroid, parotid, and submaxillary glands, it now remains for us to consider the other tumours that are found outside these structures in the neck. And in discussing them I shall adopt the same order in which I named these tumours at the commencement of the last lecture.

Cystoma.—This forms a large and important class of tumours in the neck, they may be found either superficial to, or lying underneath the, cervical fascia. Thus we may meet with *congenital serous cysts, or hygroma, cysts, containing teeth, hair, or other foreign substances; compound congenital cysts, and non-congenital cysts.*

Congenital cysts, or hydrocele of the neck, or hygroma, are more frequently met with on the left side of the neck, and are quite superficial, being seated in the subcutaneous cellular tissue. They are usually single cysts, occasionally, however, they may be irregularly subdivided.

They usually present a permanent rounded swelling, soft and elastic to the touch, freely movable, and not in any way implicating the skin or surrounding structure. In some instances, however, they are firm and tense, and then somewhat resemble a solid growth. If very prominent light may be transmitted through these cysts, but it is rarely they are sufficiently prominent for this. They cause no pain, but if left alone attain to a great size when they create great inconvenience and deformity. The contents vary much in colour being sometimes quite clear, at others opalescent, yellowish, and occasionally mixed with blood. These cysts rarely cause any urgent symptoms through pressure, although in young children, should they attain to a very large size, they may, if deeply situated, create a great deal of inconvenience and even danger to the patient.

These cysts have been known to be cured spontaneously, either by bursting into the pharynx internally, or outwards by the skin, and they may become consolidated.

Compound Congenital Cysts.—These cysts are very much more formidable than the last-named, as from the deep connection they occupy between the muscles, and their close connection to important parts, they may at any time create most distressing symptoms.

These growths chiefly occur in the back of the neck, and may be, as their name indicates, made up of several separate masses, presenting a peculiar lobulated appearance by the cyst pushing itself up between the different intramuscular septa. Although they are usually met with in the back of the neck, they may form either in the front or side. It is stated that these cysts have attained such a size before birth as to interfere with the delivery of the child.

These cysts are very much firmer than simple cysts, their walls are thicker and tougher, and often contain calcarious, cartilaginous, or caseous deposits. Their contents vary considerably, and may be composed of glandular, colloid, cartilaginous, sanguineous, or even sarcomatous structures. They are very much more firmly fixed than the simple cysts, and, as has been alluded to, are irregular in shape. From the nature of the contents it is evident that they vary much in consistence, at some places being soft and elastic, at other hard, and resisting, by their pressure the venous circulation may be interfered with, and the veins over the tumour much enlarged. They cause little or no pain. These cysts, like simple cysts, may burst, but rarely undergo spontaneous cure.

Non-Congenital Cysts may be either sebaceous, sanguineous, or hydatid; or form in connection with the glands of the neck, as in the case referred to in the last lecture. All these cysts as a rule grow slowly, and present few or no symptoms. They may remain stationary for a length of time, and then for some unknown reason take on a most rapid and even malignant growth. If they become inflamed they often give rise to great pain. They are usually freely movable, and do not affect the skin or other structures around. Should they be situated over the carotid sheath pulsation may be communicated to them in such a manner as to cause them to simulate aneurism. Indeed, cases have been recorded where the carotid artery has been ligatured under this supposition. If situated in front of the neck over the thyroid body it is sometimes difficult to distinguish them from goître. But a careful inquiry into the clinical history and origin of the growth will usually determine if this be the case or not.

Cysts containing teeth, hair, &c., are of such rare occurrence, and present so few distinctive symptoms, that they need not detain us now.

Cysts, when occurring at the back of the neck, may be confounded with spina bifida or encephalocele, but if the surgeon exercises a little care he is not likely to fall into this error, both of these diseases possess peculiar symptoms of their own, they exhibit distinct respiratory movement, often pulsating, on firm pressure are reducible, and not unfrequently distinct brain symptoms are present, in cysts none of these symptoms are present.

It is often most difficult to distinguish between a unilocular and a compound cyst, and again it is often very difficult to distinguish between a sarcomatous growth and a cyst. If, therefore, there is any doubt I should recommend 'the use of a fine trocar or aspirating needle, which will at once solve the difficulty.

Treatment.—With regard to treatment in very young children, unless the cyst increases somewhat rapidly in size, it will be well to leave it alone for a while, if the surgeon should find it increasing, however, it will be better to empty it by means of the aspirating needle, and then as far as possible apply pressure. If it should refill, as it probably will do again and again, then I think the best result may be obtained by emptying it by means of an aspirating needle, and then injecting a solution of iodine, about one part of the tincture to four of rectified spirit, injecting sufficient to about half fill the cyst. On the first injection it will be wise to allow the iodine to leak out again. Electrolysis has been used to obtain the same end, but its action is uncertain. Alcohol, tinct. of iron, and wine have all been injected into the cyst when emptied, with a view of setting up adhesive inflammation, with varying results. Undoubtedly to my mind, however, in unilocular or even multiple cysts, if they are movable and do not extend deeply between the muscles, the best and safest treatment is to excise them, dissecting the cysts walls carefully out. Usually this can be done without difficulty as the loose cellular tissue is easily torn through. Free drainage should be used from the most dependent part. Compound congenital cysts should not be interfered with unless threatening suffocation, when the surgeon must cut down upon them and endeavour to excise them, this, however, he will find by no means an easy matter, as their deep relations are such that often it is impossible to remove them.

Lipoma.—Fatty tumours are not infrequently met with in the neck, and often attain a very great size, they may be diffuse, sessile, or pedunculated. There is also another form of fatty tumour, described by Dr. Morrant Baker in the "Medico-Chirurgical Reports," p. 55, vol. xlix, in which the tumour is ill-defined, in fact there is no distinct boundary to it, and you cannot say where the natural adhesive structure ends and the morbid growth begins. Mr. Baker narrates the history of a case of this description, which illustrates the characters of these tumours. A man presented himself having a very grotesque appearance, there being an enormous double chin hanging down nearly to the sternum, and an immense swelling also on the back of his neck, formed by two masses one behind each ear, as large as an orange, and connected by a smaller mass between them. He said that the enlargement had begun to show itself three or four years before and had been increasing ever since. They gave him no pain, nevertheless they made him miserable and, in fact, had ruined him. The poor fellow had been a gentleman's servant, but owing to his appearance nobody would have him in their service. He was ordered half a drachm of liquor potassæ three times a day, gradually increased to a drachm in a little mild ale. Under this treatment the growth visibly diminished and continued to decrease, and he was enabled to obtain a situation again as a gentleman's servant.

The tumours present the usual characteristic appearance of fatty tumours elsewhere, they usually grow very quickly, and are most commonly met with in the nape of the neck. Sometimes they are quite superficial, easily movable, not involving either the skin or the structures around, but they often dip deeply between the intermuscular septa, and sometimes involve the larger vessels and nerves of the neck. They are painless, and beyond the disfigurement and weight cause little or no inconvenience.

They occur usually between the age of twenty-nine and sixty-three, the majority being between thirty-five and forty-five years of age at the time when they commence to grow. They are much more frequently met with in men than women. They appear to be always comprised of simple adhesive tissue, but in some cases in which the tumour had been submitted to operation by Mr. Hutchinson and Sir W. MacCormac, the growths removed consisted of simple fat.

These growths increase somewhat rapidly, but this varies much in different subjects. The tumours vary considerably in size from time to time, this fact has been noticed by many patients. Whether the tumours ever entirely disappear there is no evidence to show.

They are situated anatomically without doubt in the subcutaneous cellular tissue, and not, as some surgeons have said, beneath the fascia of the trapezius muscle. Mr. Morrant Baker has drawn attention to the fact that these fatty masses are proved to develope in the regions occupied by the lymphatic vessels. They are also found behind the ear, in front of the pinna, in the submaxillary and inguinal region, whether these glands are ever involved in the growth we are not in a position to state with certainty, but they have not been found definitely enlarged.

Treatment.—Internal remedies have little or no effect upon these tumours. In some, however, the administration of iron and arsenic seems to have caused slight diminution in their size. Liq. potassa in half a drachm or drachm doses three times a day have, on some rare occasions as in the case related already, appeared to have had some influence on the growth, but in my hands I have never seen any good come of it.

If the growth be small and readily movable and free from deep connection, thay may be safely removed by the knife, but I may here point out that on more occasions than one, although the tumour appeared quite free, when cut down upon it has been found to have had such deep connections, that it has been quite impossible to remove it, and the surgeon has had the mortification of having to content himself with the removal of only a portion of the growth. Thus, in a case related at the Pathological Society, March 20th, 1883, by Mr. J. Hutchinson, that surgeon endeavoured to remove a mass which appeared to be lying over the parotid gland, but on cutting down upon it he found no distinct limit to the mass which appeared to be hypertrophy of the subcutaneous fat, not at all encapsuled and not, therefore, removable. The mass consisted of very firm fatty tissue with firm fibrous meshes.

(To be continued.)

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Clinical Records.

WESTMINSTER HOSPITAL.

Case of Malignant Disease of Larynx.

Under the care of Dr. F. de Havilland Hall.

Reported by Alfred S. Gubb, L.R.C.P., M.R.C.S.

L. P. æt. 54, was brought to the hospital late one evening in October 1884 with urgent dyspnœa. He was a strongly built man with broad shoulders; when seen, the face was pale and covered with an abundant perspiration; the lips livid and the eyes blood shot. His features expressed the greatest anxiety, but he was unable to speak except in an unintelligible whisper. The breathing was whistling both in inspiration and expiration and all the extraordinary muscles of respiration were acting. The attack had come on during supper and was excited by a fit of coughing. To relieve the spasm, chloroform was administered, and the breathing became gradually quieter. The next morning only slight noise accompanied respiration. His larynx was examined by Dr. Hall who found a small out growth springing from the rima glottidis, about the size of a bean. He was advised to remain in the hospital for the purpose of having something done, but as the symptoms had all subsided he insisted on leaving. He attended from time to time in the throat department under Dr. Hall, but refused to allow of any operation. In December 1884 he had another attack of dyspnœa which yielded with more difficulty to chloroform, and a week or two later the dyspnœa became so urgent that tracheotomy was performed. The growth had by this time invaded the greater part of the larynx and had ulcerated in several places, with occasional hæmorrhage. The patient had lost considerably in weight, health, and strength, since his first visit to the hospital and was now very weak and debilitated. Swallowing was difficult and painful. The operation relieved the dyspnœa to some extent, but great difficulty was experienced in keeping the tube clean and in place. Several times it slipped out and was only re-introduced with a great deal of trouble. During the last few weeks of his life there were from time to time considerable hæmorrhage, from the tracheotomy opening. There was also a large amount of discharge of a very fœtid character. The difficulty of swallowing, which was experienced soon after the performance of tracheotomy, increased and latterly only fluid could be taken and the greater part of this was returned by the nose, and violent spasms of coughing were excited by the fluid entering the larynx. Death, which took place in March 1885, was due to asthenia partly brought about by hæmorrhage and partly due to the inability to swallow.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Obstetrical Section.

Meeting held Friday, April 1st, 1887.

The President in the Chair.

EXHIBITIONS.

Dr. Alfred Smith exhibited an encephalocele. The interesting point was the enormous size of the child, which was 21 inches long, and 11lbs. weight. This was perhaps because the brain had ceased to require food, and the additional supply went to the other parts of the body. The child had come to its full term.

The **President** exhibited a multilocular ovarian cyst, which was peculiar in consisting of two very large cysts, and one smaller one, which were all connected by a common isthmus, so that at the operation he first thought it was a case of double ovarian tumour. A large quantity of the cyst fluid escaped into the abdominal cavity, which was therefore washed out with a very weak carbolic acid solution. The woman's urine for some days contained a very large quantity of indican, but she made a typical afebrile convalescence.

The **President** also exhibited a malignant growth, which had been removed from the cervix uteri by Schroeder's operation. The patient was a strong, stout, healthy, florid-looking woman; and the only symptom was menorrhagia, which had lasted for eight months. The old method of removal was by putting an ecraseur round the base of the tumour. The modern way was to amputate the cervix of the uterus as high up as possible, with which object the cervix was first incised up to the fornix vaginæ at both sides, as in an ordinary operation for division of the cervix, and then each lip was amputated as high as possible by a V-shaped incision, the two edges of which were afterwards brought firmly together by silk sutures. This effectually prevents any hæmorrhage. The woman had a perfectly afebrile convalescence.

The **Chairman** (Dr. **More Madden**) said a case came under his observation in the Mater Misericordiæ Hospital last year of a girl, æt. 16, who had a malignant tumour of the cervix something like that now exhibited. An operation for the removal of it was performed but was not successful, and she died in the hospital. The operation performed by the President in his case was well deserving of imitation.

The **President** also exhibited a small monocular fœtus from a case where abortion had occurred about the end of the third month of pregnancy.

THE REPARATIVE TREATMENT OF SOME OF THE GRAVER FORMS OF VESICO-VAGINAL AND VESICO-UTERINE FISTULÆ.

The **President** having resumed the chair,

Dr. **More Madden** read a paper on the treatment of certain forms of vesico-vaginal fistulæ. Notwithstanding the great advance of modern gynæcology, in no respect better known than in the operative procedures by which vaginal fistulæ have been so generally rendered amenable to ordinary reparative treatment, the management of some cases of this kind still presents one of the most difficult problems that occasionally occur in our special line of practice. In the present communication the writer confines himself to those more difficult and exceptional cases of vesical fistula consequent on parturition. Amongst these Dr. More Madden includes all cases of vesico-uterine fistula in which the loss of tissue or the position and character of the rupture are such as to preclude the restoration of the former structural integrity of the parts, and in which either new vesico-vaginal or vesico-uterine walls must be built up by plastic operation, or else a new condition of the parts must be established. In most of the instances of vesico-uterine fistula that have come under Dr. More Madden's observation the patients had been delivered instrumentally; and moreover, were pluripara in whom the uterine walls had been previously softened and disintegrated by imperfect involution. In the latter cases there are, as a rule, but three courses available in the way of operative treatment—viz., tracheloraphy in the first instance, followed by a plastic operation on the disruptured vesico-uterine walls; secondly, closure of the os uteri, so as to convert the uterus into an appendix to the bladder; or, thirdly, the same result may be obtained in some cases by turning the cervix into the vesical wound, within the closed walls of which it may be included. In this connection Dr. More Madden refers to a case in which, after the normal aperture of the uterus was thus closed, nevertheless the patient subsequently again became pregnant. In some exceptional instances, however, of destruction from sloughing of the entire vesico-vaginal septum, none of the reparative operations usually recommended are feasible or effectual, and in such cases the advisability of closing the vaginal orifice, so as to thus afford a possible restitution of retentive power, becomes a question for consideration. Against Simon's operation for this purpose must be recognised the consequent liability to fatal renal disease which Dr. Emmet holds to be an inevitable result of its performance. Nor should it be lost sight of in this connection that in some instances the most extensive vesico-vaginal fistulæ may in course of time become cured without any operation by the occurrence of senile atresia of the vagina—a fact of which two cases have come under Dr. More Madden's observation. Such instances are, however, far too exceptional to have any practical influence on the determination of the line of treatment to be adopted in any case of this kind; and in some instances, fortunately exceptional, there is no alternative to abandoning a sufferer from vesico-vaginal fistula to a life of hopeless misery, or else resort to closure of the vaginal orifice. A somewhat remarkable case of this kind is detailed in which the writer succeeded in thus curing a very extensive fistula by a modification of Simon's operation. Dr. More Madden adds that whilst regarding his modification of Simon's operation for closure of the vagina merely as a *dernier resort*, to be adopted only in some exceptional instances of vesico-vaginal fistula otherwise incurable, this procedure, nevertheless, appears to him to be deserving of consideration in such cases. Therefore, although yielding to no one in his respect for Dr. Emmet's authority, he would not, even by that condemnation, be deterred from again resorting in any similar case to the operation by which the patient referred to was benefited. Whether in this case any renal disease supervened or not there was no data to say. Dr. More Madden, in conclusion, observed that a patient whose condition had for years previously been as miserable as any that could well befall a woman, and who, to the best of his judgment, was otherwise incurable, was, by the operation referred to, restored to a state of comfort and apparent health, which continued for eighteen months subsequently, when her death from fever occurred.

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to represent the base of the bladder. He had himself seen several such cases, but could hardly imagine mere pressure of the child's head ever causing so extensive an injury. Dr. Horne had drawn attention to the circumstances under which stone was likely to form in the bladder. When the bladder was in its normal condition it was emptied from the lowest point, and then its contents could be always cleared out. But in some cases the opening between the bladder and the vagina was high up in the former; and the result was that there was a pocket up to the level of where the fistula was, which was constantly full of unchanged urine. The salts of that urine were then deposited and stones formed.

Dr. **More Madden**, in reply, said he was glad that the President had vindicated the late Dr. Simon's reputation as regarded this operation, which, however, he (Dr. More Madden) deprecated any idea whatever of attacking in the communication just read. Having expressed his opinions at some length with regard to the treatment of the various forms and complications of vesico-vaginal fistula discussed in the paper, he would not now further trespass on the time of the Academy on that point. But, with regard to the causes of these accidents, he might, however, add a word. A curious circumstance was the diminution in the number of cases of vesico-vaginal fistula and the increasing proportion of cases of vesico-uterine fistula observable of late years; and this fact he was disposed to ascribe to the larger proportion of assisted deliveries and the use of the more powerful axis-traction forceps in recent practice. It was his experience that, in the former instance, the fistulæ were more generally the result of prolonged pressure, while in the latter they, he believed, more commonly arose from the too hasty employment of unduly powerful mechanical force.

The Section then adjourned.

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LIVERPOOL MEDICAL INSTITUTION.

The Fourteenth and last Ordinary Meeting of the Session was held on April 28th.

The President, Dr. **Nevins**, in the Chair.

Dr. **Glynn** showed (1) a case of cerebral hæmorrhage as an unusual form of complete paralysis of the right side. There was no aphasia, complete loss of sensation on the right side; also some loss of taste, smell, and later on, of hearing, then of vision, decided hemiopia, especially of the right eye. The patient died three weeks after admission There was hæmorrhage into the central part of the optic thalamus and internal capsule. (2) A case of small tumour of the medulla oblongata. There was gradual, but not complete, loss of power in the arm and legs, and loss of sensation, but not complete. The patient got rapidly worse, and in five days could scarcely breathe. Respiration was entirely costal, there was no movement of the abdomen. He was almost suffocated by mucus. *Diagnosis.*—Rapidly growing tumour of the medulla oblongata; on account of the great secretion of mucus, a hundredth of a grain of atropine was injected. This gave so much relief that the patient afterwards used to ask for the medicine. After death, a small tumour was found near the calamus scriptorius. Also (3) Specimens from a girl who had suffered from paralysis of arms and legs from caries of the spinal column. Complete recovery from the paralysis took place, but she was readmitted five months later—comatose from hydrocephalus.

Dr. **Davidson** showed a case of embolus of renal and cerebral arteries, arising from a patch of necrotic softening of the heart. The patient was an elderly woman, who had suffered from Bright's disease. In connection with this there was extensive obliterating endarteritis. The left coronary artery was the seat of excessive disease, being completely blocked up. This gave rise to necrotic softening in the neighbourhood. From this point of softening shreds were swept off which formed emboli in the arteries mentioned, that in the cerebral artery giving rise to extensive motor hemiplegia without loss of sensation.

Dr. **Alexander** showed as card specimens (1) An ovarian tumour, partly dermoid, and containing a palate with teeth, and partly fibromatous. The cyst containing the teeth had ruptured into the rectum, and the teeth themselves were projecting into it; and (2) A femur removed from an old woman, after death, containing in its lower end a large abscess cavity.

Dr. BARRON: Induration emphysema of lung, with large amount of pigmentation.

Dr. BARR showed a girl, a servant, æt. 18, who had suffered from pyæmia, and had been treated for seventeen weeks in a bath. The patient was first seen in May 1886. She was then suffering from pains all over her, with high temperature, 104·5°. She was shortly afterwards admitted into the Stanley Hospital under his care. Abscesses subsequently formed in various parts—over right clavicle, then in both thighs. On account of large bed-sores she was put into a bath containing some boracic acid in solution, where she was kept for seventeen weeks continuously, and treated with massage. She eventually made a good recovery.

Mr. G. E. WALKER showed

(1) A CASE OF PULSATING EXOPHTHALMOS.

The patient, a boy, had had a fall in February last down steps, cutting his forehead. After some changes, the condition present came on. He believed it was due to an injury to the internal coat of the carotid or ophthalmic artery forming an aneurism of considerable size pressing on the veins of the orbit. And

(2) A CASE OF LUPUS OF THE FACE

in a young woman who had been under his treatment for several years. Great improvement had taken place from application of caustic potash. He preferred this to the sharp spoon.

Mr. RUSHTON PARKER showed a patient from whom he had excised half the larynx, and part of the pharynx and epiglottis for epithelioma, with the parts removed. The operations had been performed at Widnes, the residence of the patient, a grocer, æt. 39, with the assistance of Dr. M'Cambridge (his medical attendant), Dr. Mangan, and Dr. Neslon. Tracheotomy in the first instance was performed on 22nd February, 1887, and actually saved the patient's life, threatened by an attack of complete respiratory obstruction, which came on during the administration of chloroform. He rapidly recovered without a bad symptom, was able to swallow soup and milk, and became in three weeks' time quite fit to submit to excision of the growth which could be seen with laryngoscope, and felt with the finger, blocking the glottis. This was done on 15th March, chloroform being given on a sponge at the end of the tracheotomy tube, another sponge being packed above the tube after opening the larynx, to keep blood out of the trachea. The left half of the thyroid cartilage, the left side of the pharynx and tonsil, and the epiglottis were freely excised, and an epitheliomatous cyst that had formed without by perforation of the left side, also removed. Warm sublimate solution, with iodoform gauze dressing were used in both operations, the patient on both occasions recovering without the slightest febrile reaction or illness of any kind. Feeding was postponed for thirty-six hours, and then performed by funnel and tube pased down the œsophagus from the wound. A fortnight later the patient could speak in a husky whisper, when the dressings were in place, and after six weeks when the wound was nearly closed, he succeeded in swallowing a little custard, and could speak with a husky, but audible, voice, as illustrated at the meeting.

Mr. RUSHTON PARKER read a short paper on

THE TREATMENT OF LUPUS BY SCRAPING,

which in some form he recommends and performs in lupus of all kinds and stages. In the most extensive degrees of lupus ulcers he uses Volkmann's sharp spoon, in the slighter forms of pustular, scabby, or erythematous lupus, especially when also recurring on a small scale after partial healing of serpiginous cases, he uses a blunted gum lancet, a blunted wide eye-spud, the point of a tooth elevator or tooth-scaling instrument, according to the size of the nodule to be scraped away. The part is rendered bloodless by ring compression with the aid of stout wires of various sizes mounted in handles, and ending obliquely in a ring which is pressed into the skin around the spot to be scraped, facilitating the recognition and removal of every particle of lupoid tissue. Before removing the ring, nitrate of silver is rubbed into the raw surface, preventing or arresting subsequent bleeding, and providing a dry aseptic scab for the next two or three days. Two cases were shown that had been for 15 years under treatment, one a typical case of extensive ulcerating lupus of the face, including cheeks, nostrils, nose, lips, gums, and even the inside of the upper eye-lid; the other, a marked case of erythematous lupus of cheeks and nose.

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BODIES.—A very inter-
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t week in Paris. A young girl swallowed, by some curious mistake, a whole packet of needles about seven years ago. No inconvenience followed although the needles were not "passed." A few days ago the girl was caressing her mother when suddenly the latter said. "Oh! dear child you hurt me, you must have a needle in your hand." The child examined her hand and found a needle pointing at the matrix of the nail of the left thumb. The mother drew it out and another followed and so on until six were extracted. The following day more were drawn out, and finally the whole packet passed through. The needles which were not the least oxydised were sent to the Academie de Medicine.

MEDICAL STUDENTS IN PARIS.—Recent statistics have shown that at present there are 3,696 medical students in Paris, of which number 107 are women, and the Faculty has signalised the zeal of the latter and the success they obtain at examinations.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 1st

THE HOSPITALS OF BERLIN.—These are very extensive and numerous, and are supported in various ways. Some receive their support entirely from the State, others from the city, and others again are supported by the religious committees or societies. Those supported by the State are 1. Charité Krankenhaus, with various university *clinics*. This contains 1,700 beds, costs £60,000 per annum. To this a temporary hospital has been added and a pavilion for children is in course of construction. 2. The Royal University Clinic with clinics for surgical, and eye and ear diseases, with 275 beds costing £12,000 per annum, and the University Frauen-Klinik, with 194 beds, the yearly expense of which is £6,500. Besides these the State supports the medical and obstetrical poliklinik of the university. The City of Berlin supports two general hospitals and a lunatic asylum. The city Krankenhaus in the Friedrichshain has 720 beds and costs £27,250 per annum, that in Moabit has 750 beds, and costs £18,650 per annum, The lunatic asylum at Dalldorf has 1,200 inmates and costs £37,500 yearly, and about 1,000 patients are in addition supported by the city in private establishments. It is intended to build a second lunatic asylum for 1,000 patients, and also an institution for epileptics for 600 inmates. As in consequence of the laws for compulsory insurance all the hospitals are over crowded, it has been determined to build a third city hospital in the southern part of the city. This will be begun during the current year. According to the plans already accepted the hospital will be on the pavilion system. The first to be erected will be for medical cases for males and will consist of two pavilions with 68 beds each, and an isolation building with 56 beds, and for women a pavilion with 60 beds, and one with 56, and an isolation building with 48 beds. The second department for surgical diseases, will consist of a pavilion with 66 and one with 16 beds for men and a pavilion with 58 beds for women so that there will be accommodation for 574 patients in all. Like the hospital in the Friedrichshain the new one will have a separate building for operations, which will have accommodation for attendants and the surgeon. The cost is estimated at £140,000. The following are supported by the religious societies:—The Diaconissenhaus Bethanien with 354 beds, annual charge about £17,500; the Elizabeth Krankenhaus with 183 beds, the Lazarus Krankenhaus with 120 beds, the Jewish Krankenhaus with 129, the Catholic with 400 beds, the Augusta Hospital with 200, and the Elizabeth Kinderhospital with 120 beds. This makes the public hospital accommodation of Berlin amount to 5,145 beds, irrespective of that for lunatics and the infirmary, and it is so far short of the requirements that, as we have seen, steps are now being taken to add to it to the extent of 574 beds.

CANCER OF THE RECTUM.—A NEW METHOD OF TREATMENT.—In the course of a recent clinical lecture on the subject Professor R. Albert gave expression to the following:—Kraske has quite recently made a proposal to remove high seated carcinoma of the rectum by a new method. These carcinomata are too high to be extirpated from below and too deep in the pelvis for laparotomy. He has proposed the following method:—The patient is placed on the right side and an incision is made from the middle of the sacrum to the anus. The attachment of the gluteal muscles is next separated on the left side, and the whole mass of soft parts is then dragged aside by means of a large hook. The sacro-ischiatic and sacro-sciatic ligaments are now seen, and if these are divided, an astonishingly large cavity will be made, into which fingers and instruments may be passed. The space may be still further increased by removing a small portion of the sacrum. Kraske has resected from above the penultimate foramen, and this resection is devoid of danger. The sacral canal is not opened, and even if it should be it would not matter, as the sac of the dura mater does not extend so far, and the filum terminale may be removed without danger. Volkmann has performed a much more extensive resection of the sacrum for sarcoma. The posterior nerves are not of much account, and even from the anterior, large pieces can be resected, for the third is the first that helps to form the sacral plexus. When the carcinoma is so highly situated, however, it cannot be otherwise removed than by opening the peritoneum. This is not a matter of much importance as the peritoneal wound is easily taken care of. Kraske met with a case in which the rectum was healthy for a considerable distance below, he did not, therefore, extirpate, but resected. Professor Albert continued, that is an operation about which may be said all that can be said of carcinoma operations generally. The most radical operations in cancer are the least profitable. I would perhaps do the operation once or twice, I have nothing against it; but I am decidedly in favour of colotomy, for the simple palliative operation. Patients are in a very good condition with colotomy, the danger of the operation is very slight, whilst the danger of Kraske's operation, if performed in a large series of cases will certainly be very considerable.

PROFESSOR BILLROTH.—The health of Professor Billroth is so far improved that he is now able to sit up for several hours in the day and to see his friends. His appetite is good, and it is expected that he will very shortly be able to take out-door exercise.

THE COMING CONGRESS AT WIESBADEN.—Connected with the Sixtieth Congress of German Physicians and Naturalists to be held in Wiesbaden from the 15th to the 24th September, there will be a strictly scientific exhibition of the latest and most perfected instruments and apparatus which have been placed at the disposal of science and medicine for the last few years; anything that cannot lay claim to be ranked in this category will be rigorously excluded; and as the commercial question does not enter therein, no charge whatever will be made for space, and the instruments, while there, will be covered against risk by fire at the expense of the committee.

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SCOTCH LUNACY LEGISLATION.

A Bill is in process of being run through the House of Lords to restore to the General Board of Lunacy in Scotland its original powers in respect to the re-mapping of lunacy districts, where that may be desirable, and where application may be made to the General Board for that purpose by the prescribed local authorities. Provision is also made in the Bill for the devolution of responsibility from one district board to the substitutes, which may arise after the dissolution of a board constituted under the old system. The motive and special object of the present Bill is to give several conflicting interests in Lanarkshire an opportunity of appeal to the General Board of Lunacy, before the erection of the new Glasgow District Asylum is further proceeded with. The Bill however, has been called for on previous critical occasions in the history of Scotch lunacy. Yet notwithstanding its apparent innocence and simplicity, it has been effectually blocked twice in the House of Commons within the last ten years, and there is just a danger that it may be blocked a third time, after it has made a smooth passage through the House of Lords. This will be regrettable, because it merely provides for the restoration of powers previously possessed by the General Board of Lunacy for Scotland prior to the passing of the "Prisons Act" of 1877, and lost inadvertently in the framing of that measure. It cannot be desired specially in the interest of the Glasgow District, because the storm of opposition which has been raised against the erection of the new asylum at Hartwood has been exceedingly ill-advised, and has been rather the result of obnoxious wire-pulling than the spontaneous expression of popular opinion.

Another attempt has been made by the medical officers of Scotch asylums—favoured by the introduction of this little Bill—to obtain a clause giving them and their subordinates an equal footing with like officials in English asylums, Irish asylums, and Scotch Royal asylums as regards pensions. Unfortunately, while affecting the usual sympathy with the prayer of the petitioners, which is too often only a sop, the Secretary for Scotland declined to endanger his little Bill with the addition of any such foreign matter. This is very much to be deplored, because a very great injustice is done to Scotch asylum officials in withholding from them the pension privileges accorded to their more favoured brethren elsewhere. Their cause is a most righteous one, and it is a pity that, being a small band, their efforts have been so feeble in all attempts hitherto made to put the matter right. What is the use of the Medico-Psychological Association if it cannot, with united voice and by the use of every political instrument within its reach, bring the powers that be to consider this question as one calling for justice at the earliest opportunity? The greatest good of the greatest number is a very good motto for utilitarians, but it leaves such little questions as Scotch pensions out of consideration; and only big questions seem worth fighting for. This is not as it should be; for if there is any use at all in the union of Scotch members with an Association which has its great centre in London, it is because the strong should support and fight for the weak, and because, to use a Scotch expression, they are in London "at the lug 'o the law." A review of the English pension clauses has been taken in constructing the English Lunacy Acts Amendment Bill, and as several Scotch items find a place in that Bill, why should not Scotch pensions? Whether it is self-absorption indifference or what, we know not; but the English section of the Medico-Psychological Association does not give that warm and thorough support and encouragement to its Scotch brethren that it should do. It does not act up to the motto "shoulder to shoulder," and it lacks *esprit de corps.*

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ANIMAL ALKALOIDS.

A REVOLUTION of the most startling character in biochemics has for some time been quietly taking place, fostered in France by MM. Peter and Gautier, and made known to us in England with all its bearings by Dr. A. M. Brown. Many years have passed since the existence of cadavaric alkaloids was discovered, and a great variety of these poisons, generated by decomposition of animal matter, are now being classified under the generic term *ptomaines.* Though at first no very great importance was attached to them, it was soon seen that they might help to explain the origin of many ailments; for instance, cases of poisoning from indulgence in shell-fish were traced more or less conclusively to their effects; crustaceans, as is well known, under given circumstances readily undergoing putrefaction. We must now recognise that poisoning by stale animal foods frequently arises from this cause. Recently in France a whole family was suspected of having been criminally poisoned; the famous medico-legists and toxicologists MM. Brouardel and Boutmy proceeding to a *post-mortem,* discovered that the fatal effects were due to the eating of an over long kept goose; ptomaines were detected in the ingesta of the dead and in the tissues of the bodies; it could no longer be doubted that the victims succumbed to accidental, and not criminal poisoning. These facts immediately conferred on the ptomaines some importance, and scientific experts in various countries set to work, discovering, classifying, and describing new ptomaines. But the great discovery remained for M. Gautier to make and demonstrate. He analysed the saliva of snakes, four-footed animals, and human beings. Here again he found alkaloid poisons of varied character. Further diligent search and untiring study revealed the startling fact that the human organism, and certain others of the beings lower in the scale of creation were continually manufacturing alkaloid poisons. These he called the *leucomaines.* Every animal organism so long as it lives produces leucomaines, differing from each other in their chemistry and physiological effects. Now, in ordinary cases, in normal health, the production of the alkaloids in the organs is so small, and their elimination from the system so regular, that no harm arises from their effects. Life is a continual process of partial death, each tissue of our body dies and is renewed without ceasing; the alkaloids, or leucomaines, produced by such death being either got rid of by internal combustion, in contact with the blood, or by elimination by the organs of secretion and excretion, and give play to the vital elements. It is consequently evident that, should this regular combusti
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British Medical Association.

At the annual meeting at Dublin in the Section of Medicine the following subject has been chosen for special discussion:—"On Different Kinds of Aphasia; with special reference to their Classification and Ultimate Pathology," to be introduced by Dr. H. Charlton Bastian, of London. In the Section of Public Medicine the following topics for papers have been suggested as likely to lead to useful and interesting discussions:—1. The Influence of Modern Preventive Measures on the Prevalence of Infective Diseases. 2. How to Deal with the Insanitary Property now occupied by Artisans and Labourers.

Medical Honours to Ladies.

The lady medical students have well asserted themselves at the recent examinations of the Royal University in the person of Miss Eleonora Lilian Fleury, who was at the head of the honour list in the second examination in medicine, and who, in addition to this great distinction, was awarded an exhibition of £20. This talented lady student was educated in the London Medical School for Women. On the same occasion another lady student was rejected. It may be observed that the Examiners of the Royal University deal exclusively with numbers, and do not know whom they are passing, rejecting, or rewarding. This number system ought to be adopted by all licensing bodies.

Royal Medical Benevolent College.

At the annual general meeting of the Royal Medical Benevolent College held last week, Mr. Hird who has for the last ten years devoted much time and attention to its affairs resigned the office of treasurer, and Dr. Holman, of Reigate, was unanimously elected in his place. The retiring members of Council were reelected. Sir Trevor Lawrence to fill a vacancy caused by death. The scrutineers appointed to examine the polling papers, then reported that three of the four candidates for pensionerships, and four of the six Foundation scholarships recommended by the Committee of Examination, had been successful. But only one of the four successful pensionerships, and not one of the friends of the six selected foundation scholars had, it appeared, contributed a shilling towards the support of the institution, indeed, one of the boys up for the fifth time, and whose father was a Life Governor of the College, was beaten by a boy whose name appears in the list for the first time, and whose claims were in no way equal. Various reforms have been introduced into the working of the school by the Council, and two scholarships of £60 a year each, tenable for four years, have been quite lately given to the College by Dr. Haviland, of Cambridge. There are now seven free medical scholarships to the metropolitan hospitals, besides other exhibitions to be annually competed for. Greater pecuniary support is much needed to enable the Council to carry out the benevolent objects of the College, and increase its usefulness, but we certainly think steps should be taken to secure the election of the children of those who, during their life time, made themselves life governors, or were subscribers at the time of their decease.

Fees for Inspecting Labourers' Dwellings.

The Irish Medical Association on behalf of the medical officers of the Drogheda Union, who recently obtained a judgment against the guardians for fees payable under the Labourers' Act—the guardians were contumacious, and did not pay up,—last week through their solicitors the Association informed the Board that if the amount due was not paid at once further proceedings would be instituted. A sum of £120 had been lodged in court by the guardians, leaving a balance due of £195, which it was resolved to discharge without further delay. The medical officers have been requested to send the guardians the names of any labourers in their districts, but have declined to do so without being remunerated for their trouble.

Butterine.

The Select Committee of the House of Commons appointed to consider the Butter Substitutes Bills met for the first time on the 20th ult., Mr. Sclater-Booth presiding. The witnesses called were Sir Frederick Abel, Mr. Thomas (Public Health Department of the Local Government Board), Mr. Allen (President of the Society of Analysts), Mr. Otto Hehner, and Dr. Bell (Somerset House). Sir Henry Roscoe was deputed to examine the witnesses. Sir F. Abel described the mode of manufacturing the article, which is a mixture of animal fat (minus the stearine) with different proportions of milk, nut or seed oil, and colouring matter. He considered the mixture perfectly wholesome, and as long as it is sold as "butterine" saw no objections to its use. Mr. Thomas was questioned as to the working of the Food and Drugs Act. He stated that in thirty-six counties and 180 boroughs not a single sample was taken for analysis last year; this apathy to the benefits of the Act he attributed in part to the public not going through the forms necessary to protect themselves, and to the neglect of the local authorities. His evidence, in short, amounted to an opinion that no fresh powers [are required to deal with the sale of buterine as butter. Mr. Allen had not so high an opinion of the Act as this official. He considered that, although generally the Act has rendered great public service, one or two of its provisions might be added to with advantage, and if a clause were added to it, relating to butter and butter substitutes, so that they might be examined in transit (as is done at present with milk), that would meet the case. Mr. Allen was questioned by several members regarding the use of the name "butterine," but like other witnesses,
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LD, M.B., B.S. Cantab.,
ssistant Surgeon to Char-

Hydrophobia in Paris and Vienna.

PROFESSOR BILLROTH, of Vienna, has contributed t the *Neue Freie Presse*, of May 12th, a vigorous letter, i which he combats energetically the anti-rabic treatment inaugurated by Pasteur. He declares himsel quite able to understand that the French people shoul have shown such enthusiasm over Pasteur's discovery seeing that French science for the last twenty years, no only had made no great progress in medicine and surgery, but had followed with difficulty and a halting gait the colossal advances made by German and Englis scientific investigators. It is not difficult to conceiv that the French medical journals have thought this cutting remark unkind and uncalled for, but, judging from their attitude, its accuracy is not easily impugned Frenchmen can point with justifiable pride to Laennec, Duchenne, Charcot, and Vulpian, but it is nevertheles incontestable that the really useful innovations of the last twenty years are not of French origin. The reflection should instruct and not annoy. Every nation has its periods of rise and fall, which are often rhythmical and we should be the last to insinuate or believe that science in France was really in decadence. Pasteur's discovery would have done much to make up for the masterly inactivity of past years, but unfortunately his system is far from proved, and is even seriously menaced on every side.

Infant Mortality in the Black Country.

ATTENTION has often been called in the past to th enormous waste of infant life which takes place in the crowded cities, towns, and even villages of the densel populated manufacturing and mining districts of Grea Britain. Ever since statistics have been systematically compiled, the disproportion in the number of deaths o infants under one year, to the total mortality of thes districts, has arrested the interest of the sanitarian an of the philanthropist. Both have striven in their ow way to devise methods by which this wholesale sacrific of human life could be mitigated or prevented, but, unfortunately, although their united efforts have not bee without their good effect, the figures which every successive return of the Registrar-General brings before u demonstrate incontrovertibly that much, very much still remains to be done. The importance of the subject however, is not to be measured merely by the mortality which we have deplored. A high infant mortality is a valuable index to the general sanitary condition of the masses and to the hygienic conditions under which they live. It may be safely assumed that a high infantile mortality indicates defective sanitary arrangements and surroundings unfavourable to health. Such conditions even where not directly fatal to infants brought up in their midst, cannot but influence most adversely their future career from a health point of view. Their effec is not, as certain pessimistic sanitarians would have u believe, merely to aid in the survival of the fittest by summarily suppressing the weaker members; the "fittest" who do outlive the dangers to which they hav been exposed are but too often the worse both in body and mind. The effects of imperfect and insufficient nourishment, squalid and miserable surroundings, and a polluted physical and moral atmosphere remain apparent ong after they have ceased to be an active cause of disease. The average tenure of life is lessened, and the average standard of health is lowered, with detriment and loss to the individual and to the community of which he is a member. Legislation, by restricting the age at which children may be employed, and by forbidding their employment in certain particularly unhealthy departments, has done much to rescue the older children from their fate, but so far the unhappy condition of infants has received very little attention. Apart from the question of the exanthemata, epidemics of which ravage the child population of crowded districts, one prominent cause of the excessive mortality resides in the large number of young and improvident marriages. The parents in many cases are quite unable to provide for the wants of a large and increasing family, and the difficulties are added to by habits of drunkenness and want of foresight. Another fertile source of infant neglect is the employment of young wives and mothers as factory hands. Such employment is not only very frequently pernicious *per se*, but it entails their absence from home and consequent non-fulfilment of their domestic and maternal duties. Cleanliness is at a discount, and the infants are left to the tender mercies of a *crèche*, or in charge of some irresponsible person. Much still remains to be done in this direction, though probably rather by education and moral influence than by legislative enactment. The State has even more to gain by the mitigation of this waste than the individual parents.

Chloride of Sodium in Subinvolution.

In cases in which the various plastic operations upon the cervix are advisedly withheld, Dr. Wyman, of New York, recommends the application of dry chloride of sodium. This is mixed with powered elm bark, and powdered hyoscyamus leaves (one ounce of Na Cl to three ounces of elm bark and one drachm of the leaves) and applied to the swollen cervix uteri in quantities equal to an ordinary teaspoonful, every alternate day or oftener. He places the powder on a plug of cotton wool, attached to a piece of string so as to allow for withdrawal. The effect of the dried salt is said to be to deplete the uterus by the withdrawal of fluid. The antiseptic qualities of the salt, also tend to check or prevent putrefactive and fermentative changes in the vagina or uterus.

Popular Remedies.

There are a number of medicinal agents in such general use, that many people try what they can do with them before applying to a medical man, not always with the desired result. Paregoric, spirits of nitre, and even laudanum, are instances of this class of remedies, to which cocaine seems likely to be added unless a few more fatal cases put a check to the craze. None of these drugs however rejoice in the popularity which arnica has acquired for itself in the treatment of bruises and ecchymoses. Notwithstanding incontrovertible evidence of the effects attributed to it being really due to the alcoholic solvent, it is still the sovereign remedy for a threatening black eye or aggressive kick. Indeed, we find it mentioned by so great an authority as Dr. Lauder Brunton "internally and
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Effect of Hospital Isolation.

Dr. William Squire, in an interesting paper read at the Brighton meeting of the British Medical Association, attempts to gauge statistically the effect upon the prevalence of certain well-known infectious diseases of the isolation provided in London by the Asylums Board Hospitals. With many of his remarks concerning Scarlet Fever and the general conclusion he draws from them we cordially agree, but we cannot help thinking that, though the reduction of Scarlet Fever mortality in the years 1885 and 1886 has been coincident with a fivefold greater use of the Hospitals, yet the significance of the endemic character of London Scarlatina has not been fully appreciated. In connection with this, the recent discovery of Mr. Power as to the intimate relation of human Scarlet Fever with disease in the cow has a practical bearing upon the questions of the supervision of dairies and herds by sanitary authorities, which overshadows the less thoroughly preventive character of mere hospital sequestration. In simple language, to prevent diseased cows furnishing milk likely to cause Scarlatina is more efficacious than to isolate patients when attacked. And therefore we may hope more in the future from the full and logical application to everyday sanitary administration of the conclusion irresistibly proved by Mr. Power and pathologically corroborated by Dr. Klein, than from the agency of hospital isolation alone. Dr. Squire also speaks of the arrest of Typhus by isolation. He seems here to leave out of account the factor of improved sanitary condition. It is a truism of the tritest character to say that Typhus depends for its maintenance upon circumstances of dirt and overcrowding; and it seems to us nearer the mark to ascribe its diminution to the improved hygienic state of the metropolis than to call in the aid of hospital isolation to explain the fact. We fear that Dr. Squire's views as to alleged reduction of London Small-pox mortality by the action of the Asylums Board Hospitals are, to say the least, optimistic. To say that mortality from this disease was reduced in 1873-5 by their agency is to neglect consideration of the fact that the great 1871-72 epidemic exhausted in those years many of the susceptible people, and that the years following a severe outburst, such as that in 1871-2 was, would naturally show a lower mortality. The same criticism applies to Dr. Squire's remarks concerning years following the 1881 and 1884 epidemics. This line of reasoning is, indeed, eminently fallacious. On the other hand, experience has shown that the Asylums Board Hospitals, so far from causing a diminution of Small-pox mortality, have each and all of them been the means of causing an increased incidence of the disease in their vicinity; and hence there is grave reason to suspect, and indeed to conclude, that the marked excess of the London small-pox death-rate over that of the provinces, which has increased since 1871 from twofold to more than sixfold, has been due to the presence of the Hospitals established by the Asylums Board.

Sir Spencer Wells was elected Corresponding Foreign Member of the French Academy of Medicine last week, and he has also received the diploma of Honorary Fellow of the German Society of Surgery.

Duration of Scarlatinal Infectivity.

DR. ASHBY, Physician to the Manchester Hospital for Children, concludes, after an exhaustive review of the subject, that patients may be discharged at the end of the sixth week, though it is better to keep them until the eighth; that cases presenting glandular complications and the like, should be detained to full recovery; and that detention until all the skin is removed from the heel is unnecessary. With most of Dr. Ashby's conclusions we are in accord. It is, however, safer, in our opinion, to follow the practice of the Glasgow Fever Hospital, and the Western Fever Hospital in London, which is to fix eight weeks as a minimum period of stay, and to allow no patient to return who shows a trace of desquamation, whether on the heels or elsewhere. The throat, too, should be carefully examined on discharge, and no patient, showing any marked enlargement of the tonsils, or unusual redness of the fauces, should be allowed to return home. We commend these views to private, as well as to hospital, physicians.

Tabular View of Zymotic Disease.

DR. W. SQUIRE has recently, as a result of mature experience and careful research, compiled a table relating to zymotic disease, which is so excellent that we have thought fit to reproduce it:—

Disease.	Period of Incubation.	Interval of safety.	For rash or other sign.	Duration of infectiveness.
Small-pox	12 days	15 days	2-3 days	3-4 weeks
Measles	8-12 ,,	18 ,,	3-4 ,,	3-4 ,,
Scarlet fever	2-5 ,,	8 ,,	2 ,,	6-8 ,,
Rubella	10-21 ,,	3 weeks	1-2 ,,	2 or 3 ,,
Chicken-pox	10-14 ,,	2½ ,,	1 ,,	2 ,,
Mumps	12-21 ,,	3 ,,	1-5 ,,	2 or 3 ,,
Whooping cough	6-12 ,,	2 ,,	1-3 weeks	about 6 ,,
Diphtheria	2-12 ,,	2 ,,	1-2 days	6-8 ,,
Enteric fever	5-20 ,,	4 ,,	10-12 ,,	4-8 ,,
Typhus fever	5-12 ,,	2 ,,	5 ,,	3 or 4 ,,
Cholera	2-5 ,,	1 ,,	sudden	uncertain

We are glad to find him insisting upon a definite, fixed, and invariable incubation for Small-pox; we should, however, prefer to say 2-5 days for the rash of Measles to appear. He also seems to put the infective duration of Diphtheria at too long a period; four to six weeks would be a more accurate one.

The Phenomena of Palpitation.

IN the recently issued number of Dr. Richardson's well known *Asclepiad*, the author discusses the subject of palpitation of the heart in a paper which forms a natural sequel to another article from the same pen, which appeared in the *Asclepiad* about three years ago, and on which we then commented in a leading article. Dr. Richardson draws attention to the rarity with which palpitation and organic valvular disease are found in association in his experience, but he is able to give an illustration of the sphygmographic tracing of one such case occurring in is own practice. He divides cardiac palpitation into four principal classes, of which the first includes cases of what is termed simple and uncomplicated palpitation, the phenomenon of intermittency not being observed in them. In the second class are grouped those examples of the affection which are attended with occasional attacks of intermittent pulse, the two conditions being sometimes observed toge
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Edinburgh.

[FROM OUR OWN CORRESPONDENT.]

Post-Graduate Course in Edinburgh.—Arrangements have now been completed for the post-graduate course to be held in Edinburgh during the ensuing autumn. The classes will be conducted by representatives of the University and of the Edinburgh School of Medicine. Special subjects have been undertaken by recognised authorities. Among others, Dr. Byrom Bramwell will give a course on Intra-cranial Tumours, and Dr. John Wyllie on Disorders of Speech. It is proposed to fix a comprehensive fee of two guineas. The resulting sum, after defraying expenses, will be handed over to the Treasurer of the Royal Infirmary.

Edinburgh Jubilee Scheme.—A public meeting has just been held in Edinburgh, when it was agreed to institute a collection for a memorial offering in connection with Her Majesty's Jubilee. The memorial is to take the form of a public fund, to be known as the Victoria Jubilee Fund, for the alleviation of poor patients suffering from consumption and other maladies, for which provision has not already been made. The sum aimed at is £10,000, and it is intended that the money should be entrusted to the city authorities for disposal, in accordance with the purposes of the contributors. It seems a pity that such a city as Edinburgh should not see its way to the foundation of a hospital for consumption and diseases of the chest. When the number of consumptive patients is considered, it must appear evident that such a system as has been suggested can only very partially answer the object contemplated. The contrast between London and Edinburgh is this respect is striking, London possessing five hospitals for such diseases, while Edinburgh is totally unprovided. Can the largest medical school afford to neglect so important a field of study? Is a centre of philanthropy like Edinburgh content to shut its eyes to the necessity for some such hospital accommodation?

Legacy to Edinburgh Royal Infirmary.—By the will of the late Mr. William Archibald, S.S.C., Edinburgh, a legacy of £1,000 free of legacy duty has been paid to the Treasurer of the Royal Infirmary.

◆

Correspondence.

THE NEW MEDICAL ACT AND THE PROFESSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of the 25th ult. I asked the Medical Reform Committee of the British Medical Association the important questions—(1) Why the words "Every person registered under the Act of 1858 shall be entitled *to demand and recover, with full costs of suit*, reasonable charges for visits, advice, medicines," &c., were repealed by the Act of 1886? and (2) Why, in place of them, it is enacted by this Act that "A registered person shall be entitled to recover (*only* R. H. S. C.) any expenses, charges in respect of medicaments, or other appliances, or any fees, to which *he may be* entitled?" These questions were addressed to the Committee, or to any one of the Committee who could enlighten us upon the subject. Probably these gentlemen think that what is every member's duty is no member's duty, and so we have had no reply. I, therefore, now ask the Chairman of the Committee (Dr. E. Waters) who has always been the mouthpiece of the Committee, and who, according to the *British Medical Journal*, "explained" the new Act to the Council of the Association, to reply to them himself, and to point out in what way they are undeserving of the importance I have attached to them? If he cannot do this, and will admit that he does not see the serious difference of the conditions in which these alterations have placed the general practitioners, who practise in England without a licence from the Apothecaries' Society, I will, with pleasure, inform him.

Dr. E. Waters told the Royal Commissioners, that after consultation with the members of his Committee he acceded to an invitation from the Irish Medical Association to confer with them and other medical bodies, for the purpose of draughting a Bill which would embody the wishes of the profession at large; that this Conference, embracing representatives of the British Medical Association, the Irish Medical Association, the Medical Alliance and Medical Defence Associations, the Association of Dental Surgeons, and other representative persons of the profession, and of the *Lancet* as well, had met in December, 1880, and that they then passed a series of resolutions upon which the Bill, subsequently arranged by them, and taken into Parliament by Mr. Hardcastle in 1881, had been based. This Bill was the "Conference Bill;" it included the Bill of the Medical Alliance; it was more the Bill of the profession than any previous Bill whatever, and it was accepted, a few months after it was draughted, by the British Medical Association at their annual meeting at Ryde. I now ask Dr. Waters to explain to the profession the reason why this Bill was abandoned by the Reform Committee? why, *even during* its being draughted, he proposed to the Medical Alliance to desert it, to take another old Bill, Mr. Headlam's by preference, to add to it the penal clauses of the Alliance Bill, and to pass it off as "the Bill of the profession"?

A resolution was carried unanimously by the Conference that a clause similar in effect to the penal clause of the Apothecaries' Act should be introduced into the Conference Bill, and, accordingly, this was done. I ask Dr. Waters to explain *why* he went dead against this clause when giving his evidence to the Royal Commissioners? He was bound by honour to the views of the Conference, of whom he was one of the chiefs, and with whom he agreed, *or pretended to agree*, most strongly on this point; yet, in reply to the question of a Commissioner, "I should like to ask you further, whether in the opinion of the Association which you represent, it is desirable that Parliamentary powers should be given to the General Medical Council to stop unlicensed practice altogether?" he said, "No, I have never myself proposed to interfere with quacks or bonesetters." There can be no doubt in the mind of those familiar with the question of Medical Reform, and who were behind the scenes during the past few years of Reform agitation, that the evidence of the Reform Committee of the British Medical Association, and that of Dr. Richardson, on behalf of the Defence Association, and of Dr. Glover, on behalf of the *Lancet*, gave the cause and excuse to the Royal Commissioners to say in their Report, "*We consider it undesirable* to attempt to prevent unregistered persons from practising."

The bitterest enemies of the Hall have been the Reform Committee. They gave evidence against it, and persistently denounced it in the *Journal*. In reply to the question of the Commissioners, "Then so far as the two Apothecaries' Societies are concerned, you are disposed to abolish them as examining bodies?" Dr. Waters said, "Yes, I think they have served their purpose, and that there is no longer any occasion for their existence." But, *now* that the Committee see that the effect of the new Act has been to establish the Society of Apothecaries and the Apothecaries' Hall of Dublin as independent and powerful licensing corporations, whose qualifications will entitle their holders to practise all the branches of the profession, *and to take, in reality, the most respectable title the profession has to bestow, that of "surgeon,"* they eat up their own words and their old opposition, and, without a blush, appeal to the profession to help them in the insincere and inconsistent support which they now give to the hitherto hated object of their former attack and abuse.

The Commissioners reported *against* much of what the profession have always endeavoured to obtain; yet Dr. Waters assured the profession, over and over again, that, on the contrary, they had "reported in favour of all the principles which the profession have, for more than fifty years, been advocating;" and the Bills of the Government, which were simply disastrous, were held up to the profession as Bills of the Association, and as embracing and providing

for all that the profession
justified in saying that, by
profession have been gulled a
sacrificed by false represen
treachery and betrayals, ign
a will-with-a-wisp policy, w
into, or the more it shows i
pardonable it appears?

I am

130 Stockwell Road, S.W.,
4th June, 1887.

HYDR

TO THE EDITOR OF THE M

SIR,—With reference to D
ject, in your last issue, as w
and otherwise, that appear t
Pasteurian mode of diagnosi
desire to mention a circumst
it, which escaped me when
topic in your columns. Ha
specially directed to the ma
from enteric fever at Jullund
I communicated on the point
phases thereof, with my frie
Col. Owen, late of Hall's,
for the nonce his version of t
here and submit the same to
With this qualification, howe
belief and impression that n
"bearer" (valet) who was a
also bitten by this beast, sh
clean clothes, and went all t
holy bathing ghat at Hurdwar
after his return from this jour
who was otherwise of a buo
was very irritable and depre
him, indeed, through life, li
lute," it made him, I fear, e
his acts and conduct, and I
of his early death, some m
noted above.

Auriol Road, W., May 26th
"The dog you refer to (say
bitch, named Fanny, belonge
musketry practice, near Caw
mad, and she soon afterward
She found me at V——n's bu
previous night, but she did
snapped at every one else. S
went subsequently mad) ere s
bit my syce (groom), who, tho
the quasi pool of Siloam, som
died a horrible death from hy
wards. This dog had also b
destroyed, but whether in ma
as to —— the morbid recolle
this bite as well by the poor
prejudicial to his health and

APOTHECARIES' R

TO THE EDITOR OF THE M

SIR,—Whether Sir Willia
succeed in making the pro
that the apothecary's oc
his useless and disagreeable
syrups, and decoctions have
ing and reforming age, rema
Medical Council has not only
cary to his former domain, bu
the legitimate rival of
man's doctor, the "physicia
Act of '58. This being the
of the Council at its late se
number of the *Medical Pre*
nently on the question under
Apothecaries." But, in my

d by either the discussions in
ours in the *Press* so long as the
sts, "hereditary bone-setters,"
left untouched to torment and
practitioner. This "unquali-
ich assumed such prominence
determined exposures of the
he public and the profession,
rank of late in consequence of
een sentenced to penal servi-
criminal abortion, and a third
under sentence of death for a
us end here so long as the legi-
fession remain unheeded. We
ropping up around us, but not
e the profession of unqualified
ertising of those monstrous
rge town. The last so-called
n the contrary, more concerned
han spending the money so ob-

Yours, &c.,
VIGILANS.

◆

rature.

UTICS AND MEDICINE.

imates. Lectures delivered at
ol. By W. C. Maclean, M.D.,
Macmillan & Co. 1886.

what disappointing, for though
nd not inelegantly written, or
savour so much of the Netley
use or interest to outsiders like
besides nothing that is not
ther equally accessible or much
ical works. They are, for these
the range of our own as
g, and this being so they do not
utiny or analysis at our hands.
they are somewhat unduly
fidence or self-assumption of
y, and they lack altogether that
the labours of others of his
me field, which however mis-
mouth of a civilian, would be
a military medical professor.
d, is a matter of taste rather
ciple, and *de gustibus non est*

e very fond of out-of-the-way
ts. We have heard it said of
erman professor on the brain
d this supposition (for we must
charge) may account for some
here. It may also explain, his
ptance of that craze about the
in India, which is, we believe,
him and others, but then he
fullest extent, the influence of
others as yet unknown factors
temperature-curve, course, and
ell as the lesions found after
y concedes that the question is

lation and his ex cathedra state-
st condition of the air is most
n," we believe on the contrary,
not quite as much knowledge
es, that the moisture of the
ing to say to it, while protracted
to the comparison he draws or
n and apoplexy, we who have
th, or followed their hearse, say
very familiar adjective—the
"mixed," as to be at the best,
ut erroneous as is his teaching
is worse. It is, indeed, to our
g, if it is not altogether re-
of the causation of this terrible scourge to local springs or scraps of tainted rice and Dhâl-Bhât is simply ridiculous. These absurd stories have been refuted over and over again, and it is to be regretted that they are again trotted out for our neophytes' delectation—instruction we may not call it—in these pages.

But time is up and our space is exhausted. We cannot close, however, without commending Dr. Maclean's judicious advice to his pupils, and advising the latter to lay aside all *bumptiousness* in their dealings with their superiors. A gentlemanly bearing or a conciliatory manner will profit them more than book learning or a too rigid adhesion to the letter of their "regulations." We must also say that his directions about treatment are safe and judicious, so are his counsels as to the expediency of, as far as possible, putting prevention before cure, and we are more than pleased at finding that he "damns with faint praise," that discovery of "hepatic phlebotomy," of which we have heard so much of late. *Oh! si sic omnes.*

2.—*A Manual of the Diseases of India.* By W. J. Moore, C.I.E. Second Edition. London: J. & A. Churchill. 1886.

This "modest manual" is, as its seemingly omniscient author says it is, "adapted to the trunk, the cabin, the tent, and the march," and its varied contents are quite in keeping with these diversified conditions or requirements. They include such multifarious topics as anæmia, beri-beri, elephantiasis, hydrophobia, leprosy, scurvy, spleen disease, snake-bite, tetanus, and worms in the nose, *cum multis aliis*, and their writer has evidently kept pace in his eastern home with all the wisdom, and not a little too, it must be said, with some of the folly of his western *confreres*. The book is, in short, stuffed with the *débris* or the gleanings of a life's very variegated reading, and though the style is diffuse, it is free from undue technicality, and can be "understanded" "of all sorts and conditions of men." The chapter on cholera is particularly open to these imputations, for not content with giving its history in some detail, Dr. Moore gives *all* the opinions or theories of its causation that have appeared in print up to date. To analyse, or even recapitulate these, or even a tithe of them, would be out of our power. We can only say of them, or rather of many of them, that they are only saved from ridicule by their own inherent absurdity, and it is, we think, a pity they were ever admitted into the pages of this otherwise very practical publication. However that may be, there they are, and we must, we suppose, not look a gift-horse in the mouth, or refrain, on their account, from saying that Dr. Moore's hygienic directions and general therapy are sound and judicious, and that his book is likely to meet and satisfy the expectations or requirements of the somewhat mixed *clientele* for which or whom it is written.

3.—*A Commentary on the Diseases of India.* By Norman Chevers, M.D., C.I.E., &c. London: J. & A. Churchill. 1886.

Last, though by no means least, comes the classic work of that really able writer, distinguished physician, and good man, Norman Chevers, C.I.E. His was truly a *clarum et venerabile nomen in Indis orientalibus*, as well as indeed wherever ripe scholarship, keen research, or deep and discriminating observation are appreciated, and no one ever pursued his numerous investigations, in season and out of season, with greater interest, or more continuous ardour than he did. But we have lately endeavoured to do some justice to this phase of his many-sided character, and so need not further pursue the subject here, and as to the task before us, it would, we believe, be *extra vires* for us to try, with the space at our command, to explain or analyse the multifarious contents of this book. This will, we feel, be the more obvious to all when we say that its table of 'contents" contains some five hundred and thirty or fifty different headings, and further point to the fact that its "index" covers some ten pages of double columned small print. The letterpress itself amounts to 806 pages of really encyclopædic medical lore, and this being so, we need only say that it ought to form a part of the library of every medical man who contemplates practising in India or elsewhere in the East, for its erudite author was a professor and a sanitarian as well as a physician, so that he who runs may read and find here something about everything. Nor is it necessary for one to be familiar with our finiking technicalities to understand it, for the style is terse and vigorous as well as plain and easy, and the stores of biographical allusions or anecdotal history and reference it contains cannot fail to arrest the attention and engage the thought of even the lay or casual reader. We strongly recommend such of our readers as belong to reading clubs or other supply-sources of that kind, to ask for this *catalogue raisonné* of "The Diseases of India," as its author calls it, and then read, learn, and inwardly digest its variegated and interesting contents.

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PHOTOGRAPHY OF BACTERIA. (*a*)

THIS handsome volume, for which we are indebted to the patience and perseverance of Dr. Crookshank, will be a surprise to many who may not have had an opportunity of becoming acquainted with the modifications and improvements which the author has introduced into photomicrography. To those who have attended Dr. Crookshank's demonstrations at Brighton and elsewhere, many of the plates will be familiar, but they are now presented in a form which allows of perfect study and comparison.

The text resumes the history of photo-micrography, which, curiously enough, goes far back towards the beginning of this century. It is practically, however, only in quite recent times that the art has become really useful, and it is particularly so in the study of bacteriology. Having brought the *historique* down to January, 1887, the author proceeds to describe the various methods of procedure. It is easy to see that a man must be born with more than the usual allowance of perseverance, if he is to become a successful operator in this department of photography. It bristles with difficulties, chromatic and chemical, to overcome which is always a difficult and sometimes apparently an impossible task.

As a proof of what can be done in this direction, the author has reproduced in autotype eighty-six photographs taken by him of various bacteria and bacilli. It is hard to decide which to praise most—the clearness of the original photographs or their really admirable reproduction by the Autotype Company. The book is splendidly edited, and is a credit to all the parties concerned in its production, the chief honour being, of course, reserved to the author.

◆

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following has been forwarded us for publication by the Secretary of the College. Copies may be had by Fellows and Members on application.

ABSTRACT OF THE PETITION TO THE QUEEN FOR A SUPPLEMENTARY CHARTER.

The following are the purposes for which application is about to be made to the Crown for a Supplementary Charter:—1. To enable the College to hold "lands, tenements, rents, and hereditaments" of an annual value not exceeding £20,000, instead of £2,000 as by present Charter. 2. To enable the Council to determine by rules and regulations, instead of as at present, by by-laws, the conditions of admission to the Fellowship by examination; and to determine by by-law, instead of by charter, the fees payable for such Fellowship. 3. To empower the Council to elect to the Fellowship Members of twenty years' standing, not exceeding ten (instead of two) in each year, on the payment of the same fee as required for the Fellowship by examination. 4. To authorise the election by the Council of any number of persons not exceeding two in each year, whether a Member or Members of the College or not, having, in the opinion of the Council, to be ascertained and expressed in such manner as the Council may from time to time think fit and direct, rendered distinguished service in the advancement of surgery or the sciences allied thereto, such persons to be and be called Honorary Fellows. Such Honorary Fellows not to pay any fee, and to be ineligible to vote for the election of members of the Council. 5. To provide that Fellows may vote in the election of the Council either in person or by voting-papers, such papers to be signed, authenticated,
and delivered in such mann
time to time think fit and di
of Council to be valid unles
meeting for the purpose of
Fellows as the Council may
direct. 6. To render Fello
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and to abolish the restrictio
as apothecaries. 7. To simp
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in each case only one nominat
Fellows. 8. To dissolve the
the Council to increase the nu
of Examiners in Dental Surg
members of the Board des
dental surgery," who shall
persons registered under the

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23rd May, 1887.

Medica

St. Thomas's Hospital M
is a list of prizes to be distri
nesday next by Sir Henry W
F.R.S.:—*Summer Session*,
S. G. Toller, College prize £
£10. Second Year's Stuend
£15; H. G. Turney, Colle
Students: C. H. Eccles. Co
College prize £10. *Winte*
Science Scholarships: C. P.
C. Clutterbuck, Scholarship
H. Burden, The Wm. Tite
College prize £20; E. T.
Second Year's Students:
Scholarship 40 guineas; A.
£20; S. G. Toller, College pri
F. C. Abbott, Second Tenur
with College prize £20; T.
H. G. Turney, College prize
in Anatomy and Physiology,
Cheselden Medal in Surger
Fawssett. The Mead Medal
Ord. The Treasurer's Gold
and good conduct, F. Fawsse

Vital Statistics.—The deat
principal large towns of the
to an annual rate of 20·4 per
were—Birkenhead 21, Birmi
17, Bradford 20, Brighton 18,
Dublin 24, Edinburgh 20, Gl
field 29, Hull 23, Leeds 17, Le
19, Manchester 32, Newcastle
tingham 19, Oldham 24, Ply
ton 26, Salford 23, Sheffie
hampton 16. The highest a
last week were—From meas
castle-upon-Tyne and in Bi
Manchester, and 7·3 in Norw
in Nottingham and in Plymo
scarlet fever, 1·0 in Salford;
and 1·1 in Derby. The 25 d
14 in London, 3 in Liverpoo
and 2 in Oldham. Small-po
nor in any of the other large

North London Consumpti
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ment purpose holding, on t
dinner, the success of which,
last year. We believe that m
next Wednesday at the La
dency of that well-known b
D. Mocatta—wish to associa
subscriptions with the Jubile
week.

(*a*) "Photography of Bacteria," By Edgar W. Crookshank, M.B. Lond., F.R.M.S. London: H. K. Lewis. 1887.

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Short Letters, &c.

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OF MINERALS.

late meeting of the Geological
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pitals.

ONES.

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he Conqueror, who was killed by a
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that the coffer also holds the bones

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SHOCK.

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Gant's or Bryant's Surgery. 2.
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BY TELEPHONE.

are reported to have adopted the
o such patients as shall have sub-
e. The practice, however, is not
e than a number of funny remarks

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the Societies.

JUNE 8TH.

OF ENGLAND.—At 4 p.m., Prof.
s of the Jaws—Cystic Diseases of

—At 8 p.m., Mr. G. Masse, Mono-
Profs. T. Rupert Jones and C. D.
inifera, with special reference to
d by the Cristellarians.
NDON.—At 8 p.m., Annual General
theria.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens will be shown by Drs. R. T. Smith, Edis, Granville Bantock, and others. Mr. Lawson Tait, The Principles of Flap-splitting in Plastic Surgery.

THURSDAY, JUNE 9TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8.30 p.m. Living and Card Specimens at 8 p.m. Mr. W. J. Collins, Extensive Hæmorrhage into Blind Eye, with Coarctation of Retina. Mr. Higgens, Unusual Form of Coloboma of Iris. Mr. G. E. Walker, (1) Sequel to case of Exophthalmos; (2) Sequel to case of Cyclotomy in Glaucoma. Mr. Story, Experimental Demonstration on the Pathology of Glaucoma. Mr. Silcock, Sequel to case of Central Choroidal Hæmorrhage. Papers: Mr. Story, Case of Complete Blindness of Right Eye with Temporal Hemianopsia of Left Eye. Mr. Hill Griffith, On the Permeability of the Suspensory Ligament by Organised Substances. Mr. Nettleship, Two cases of Quinine Amblyopia. Mr. Bralley, Recurrent Choroido-Retinitis in Region of Yellow Spot.

FRIDAY, JUNE 10TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Prof. Christopher Heath, Certain Diseases of the Jaws—Tumours of the Jaws.

MONDAY, JUNE 13TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Prof. Christopher Heath, Certain Diseases of the Jaws—Tumours of the Jaws.

Vacancies.

Castlerea Union, Frenchpark Dispensary.—Medical Officer. Salary £120, and fees. Election, June 16th. (See advert.)

Appointments

BIDWELL, L. A., M.R.C.S., L.S.A., an Assistant House-Surgeon to St. Thomas's Hospital.

BOWEN-JONES, L. M., M.R.C.S., L.R.C.P.Lond., a Physician to the Carmarthenshire Infirmary, Carmarthen.

BROOK, W. F., M.R.C.S., L.S.A., an Assistant House-Surgeon to St. Thomas's Hospital.

EDWARDS, W. L., M.R.C.S., L.R.C.P.Lond., a Physician to the Carmarthenshire Infirmary, Carmarthen.

ELLIS, D. M., M.R.C.S., L.R.C.P.Ed., a House-Surgeon to the Teignmouth Infirmary and Convalescent Home.

HALL, H. S., M.R.C.S., L.R.C.P., a Junior House-Surgeon to the Royal Albert Edward Infirmary, Wigan.

HARRIS, A. W., M.R.C.S., L.S.A., an Assistant Medical Officer to the Infirmary of the Holborn Union.

HAWKINS, H. P., M.R.C.S., L.S.A., a Resident House-Physician to St. Thomas's Hospital.

HESLOP, W. J., L.K.Q.C.P.I., F.R.C.S.Ed., a Medical Officer of Health for the Stretford Urban Sanitary District.

LESLIE, W. M., M.B., C.M.Ed., Public Vaccinator to the Poplar Union.

MACEVOY, H. J., L.R.C.P., M.R.C.S., a Resident House-Physician to St. Thomas's Hospital.

MCLEAN, C. J. R., M.B., C.M.Ed., Medical Officer of Health for Yeadon, near Leeds.

NISBET, J. T., M.B., C.M.Ed., Honorary Assistant Medical Officer to the Liverpool Infirmary for Children.

SANSOM, H. A., L.R.C.P., M.R.C.S., an Assistant House-Physician to St. Thomas's Hospital.

SMYTH, H. J., L.R.C.P., M.R.C.S., a Non-Resident House-Physician to St. Thomas's Hospital.

SOLLY, E., L.R.C.P., M.R.C.S., L.S.A., Resident Accoucher to St. Thomas's Hospital.

STAPLE, J. D., M.R.C.S., L.S.A., an Assistant House-Surgeon at the Stockport Infirmary, Stockport.

STAVELEY, W. H. C., L.R.C.P., M.R.C.S., a House-Surgeon to St. Thomas's Hospital.

WHITE, E. W., M.B., M.R.C.P.Lond., Resident Medical Superintendent of the City Lunatic Asylum, Stone.

Births.

BARTON.—On June 1, at Searle Lodge, Market Rasen, the wife of E. Barton, M.D., of a son.

MORTON.—On June 1, at Wellesley Villas, Croydon, the wife of Shadforth Morton, M.D., of a son.

Marriages.

TOLLER—MACKAY.—On June 1, at Langton by Wragby, Lincolnshire, Charles William Edward Toller, M.R.C.S., L.R.C.P., Ilfracombe, to Florence Heaton, second daughter of the Rev. Sween Macdonald Mackay, M.A., vicar of Langton.

WRIGHT—GWYNN.—On June 1, at Emmanuel Church, Clifton, John Frederick Wright, M.R.C.S., of Alton, Hants, to Ethel Gwendoline, third daughter of the late John Crowther Gwynn, of Clifton, solicitor.

Deaths.

BRODIE.—On June 1, at 27 Highfield Road, Dublin, the residence of his brother, Michael Brodie, Esq., M.D., late of Limerick, aged 85.

CHEESE.—On May 30th, at the Terrace, Hurlingham Lane, Fulham, Frederick Cheese, M.R.C.S., aged 47.

COOK.—On May 28th, at Chepstow Place, Bayswater, John Henry Cook, M.D. (formerly of the Minories).

MILNE.—On May 27th, at Bridge of Allan, N.B., Henry Milne, M.D., late of Banff, N.B., aged 76.

REDDY.—On May 25, at Ballymahon, county Longford, after a short illness, Bernard Reddy, M.R.C.S., L.R.C.S.I., aged 29.

The Medical Press and

"SALUS POPULI SUPREMA LEX."

VOL. XCIV.] WEDNESDAY, JUNE 15, 188

Original Communications.

ON THE USE OF THE ACTUAL CAUTERY IN SURGICAL OPERATIONS.

By HENRY LEE, F.R.C.S.,
Consulting-Surgeon to St. George's Hospital and to Queen Charlotte's Lying-in Hospital.

BEFORE the introduction of anæsthetics in surgical operations the use of the actual cautery was justly regarded as a barbarous and cruel practice. The traditions of one age descend to the next, and the application of a hot iron to the body is thought of by the public, and even by some members of our profession, as a thing not to be tolerated in scientific surgery. All objections to the use of the actual cautery, however, vanish as soon as it can be said that it gives no pain. We may therefore now fairly consider its advantages as compared with other modes of arresting hæmorrhage.

Since the year 1853 (*a*) I have been in the habit of sealing bleeding vessels with the actual cautery in all kinds of operations. Amputation of the thigh was performed in one case with excellent result, a single ligature being placed on the femoral artery. The following are three cases of amputation of the leg in which the actual cautery alone was used. These cases have before been mentioned but the details not given:—

CASE I.—Alfred Compton, æt. 12, was admitted into St. George's Hospital on the 26th of July with infantile paralysis of the right leg. There was a partial displacement of the tibia from the femur. The lower part of the skin of the right leg was generally inflamed and of a dusky brown colour. The skin of the foot was extensively ulcerated, and in many places in a sloughing condition. The leg was amputated below the knee on the 3rd of August. Each bleeding vessel was touched with the black hot cautery, no ligature or other means of stopping the hæmorrhage was adopted.

8th.—No hæmorrhage had occurred.

10th.—Some sloughing of the edges of the wound.

On the 21st the boy was lying outside the bed.

28th.—The wound had almost closed. The boy left the hospital in a few days and returned to show himself after some weeks with an excellent stump.

In April 1887 I saw a young man walking briskly towards me in Parliament Street. I saw that there was a slight bowing out of the right leg at each step, but beyond this there was nothing peculiar in his gait, nor was there any limp. As he came up he recognised me and recalled his case, of which I had preserved notes, to my remembrance.

CASE II.—Susan Haggerston, said to be 56 years of age, but looking much older, was knocked down by a heavy van which passed over her legs, and admitted into St. George's Hospital on the 15th of February, 1876.
There was a compound co
leg about the middle, with
There was a simple fractu
leg. Amputation of the
posed, but to this she pers

16th.—Wandered slightl
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(*a*) "Diseases of the Veins," 1866, p. 121.

rteries, and inasmuch as the
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Where the actual cautery can be fairly applied it has proved, as far as my experience goes, the best antiseptic.

◆

ON TUMOURS OF THE NECK, THEIR PATHOLOGY, SYMPTOMS, AND TREATMENT.

Delivered at the Hospital, Brompton,

By F. BOWREMAN JESSETT, F.R.C.S.Eng.,

Surgeon to the Cancer Hospital.

(*Continued from page* 514.)

Papillomata or papillary growths are met with in the neck or elsewhere, but do not require any particular notice at our hands.

Fibroma, enchondroma, and *osteoma* are not commonly met with in the neck, excepting in connection, as already alluded to, with the parotid or submaxillary gland, the ligamentum nuchæ or periosteum of the vertebra. These tumours may attain a very great size, but their growth is slow, they are often quite movable, free from pain, and do not implicate the skin or surrounding structures, but owing to their size and pressure on the vessels and nerves, most distressing symptoms are often caused.

These tumours, when possible should be removed, and even when very deeply connected they may, by careful blunt dissection, be safely excised.

Enchondromata are met with in connection with the parotid gland or more rarely the submaxillary. These tumours are sometimes composed of pure cartilage, but are more frequently met with as cartilage, or fibro-cartilage mixed with other tissues, most frequently with imperfect gland tissue, they often attain an excessive size, and are the source of great distress and inconvenience to the patient. They are invested with a tough capsule of connective tissue which sometimes adheres so closely to the growth that it is most difficult to detach it. When the tumour is deeply seated in the parotid gland, branches of the facial nerve are often stretched over it so as to materially increase the difficulty of their removal.

The general aspect of these tumours vary according to the amount of true cartilage which exist in relation to other component tissues. They may be firm or hard to the touch, and are sometimes uniformly smooth, at others they are nodular; in some cases they may be compressible and extremely elastic, feeling like thick walls or cysts.

These growths may be simple, or complex, they may be composed of a single mass without visible partition, or of numerous masses or knots clustered and held together by areolar tissue.

They may be the consequence of a blow or injury to the part from whence they grow, or they may commence without any known cause.

Usually, these growths may be considered completely innocent, although there are several cases recorded in which they have recovered after complete removal, but I am of opinion that the pure simple enchondroma never recurs, and that those which do so have usually taken on some sarcomatous or carcinomatous action.

The treatment of these tumours is early excision; as a rule, they shell out of their capsule most readily.

In the November number of the Dublin *Quarterly Journal of Medical Science* Mr. Spence has reported a case of the removal of an enormous enchondroma, weighing over seven pounds, from the neck and face, extending from the zygoma nearly to the clavicle, and from the spine to the cricoid cartilage.

Osteoma.—Tumours containing bony matter are only occasionally met with in the neck, in connection generally with the parotid gland. These growths when they do exist usually spring from the inferior maxillary bone. They are often of excessive hardness.

Angioma.—Vascular tumours in the neck as elsewhere are not uncommonly met with. These growths may for convenience be divided into the capillary, arterial, and venous.

Capillary nævi may be either superficial or subcutaneous, and are made up of several arteries and veins, as well as the capillaries. The arteries in these growths sometimes by far exceed the veins in proportion, in which case the swelling will pulsate, present florid colour and probably the temperature of the skin implicated is warmer than elsewhere. The growths constitutes what may be termed the arterial form of the disease, or aneurism by anastomosis. On the other hand, the small veins may predominate, the tumours varying in size when the venous circulation through them is interfered with.

Arterial Erectile Tumours not unfrequently attack the external ear or neck, and if left alone may attain a very large size, they consist essentially of the minute vessels of a limited portion of tissue, enlarged and closely clustered so as to form a tumour, in the substance as well as about the border of which are arteries much more enlarged, and convoluted into pulsating heaps. In these tumours the veins are comparatively small, and the difficulty of the transit for the large amount of blood flowing into them doubtless adds materially to the fulness of the tumours, and of the pulsation seen in them.

Venous vascular tumours, or cavernous growths as they have most appropriately been named, are also often met with in the neck. Such a growth came under my notice not long since, it was situated over the parotid region, and extended downwards for some considerable distance in the neck and the sterno-mastoid muscle, it also invaded the whole ear and soft parts around it. The tumour was soft and boggy to the touch, and felt very like a large "bag of worms." It could, to a considerable extent, be emptied by firm pressure, it measured from above downwards about 4 inches, and from before backwards some 3 or 3½ inches. As the growth was increasing somewhat rapidly, I determined to endeavour to remove it, and for this purpose, the patient being fully put under an anæsthetic, I made an incision from the middle of the auricle of the ear behind, extending downwards along the posterior edge of the sterno-mastoid muscle for about 4 inches, and dissected up the flap thus formed. I then proceeded to dissect around the lower part of the growth, but the hæmorrhage was so free that I had to go very slowly, catching up and ligaturing every vessel as I went. When I had in this way detached the lower half of the growth, I found the vessels forming it were so large and their coats so thin, that I deemed it unwise to proceed further, I, therefore, transfixed the base of the piece I had detached with strong carbolised silk, and ligatured it with a double ligature, and stitched up the wound. There was a good deal of suppuration after the operation but no bleeding, and the wound healed very slowly. Eventually the two ligatures came away, and the lad made an excellent recovery, and when last I saw him the growth had nearly disappeared.

Fibro-cystic tumours often attain a great size in this region. A case was reported in the *British Medical Journal* for October 16th, 1886, p. 717, by Surgeon Rennie, Staff Surgeon, Cawnpore, India, in a Hindoo woman, æt. 42, who had always enjoyed good health. She first noticed a small swelling over the left parotid region at the age of 14. This continued to grow very slowly up to three years ago, when, after a slight illness from which she suffered at the time, it commenced to enlarge rapidly and soon attained its present size (*vide Photograph*), owing to the weight of the growth she was unable to sit up, and had to constantly support it with her left hand.

The tumour was freely movable and attached to three pedicles, one to the zygomatic and a second to the angle of the jaw, and the third along the ramus of the jaw

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e had been operated upon some two years ago and a large growth removed. He has now as you will see, a large growth situated in the posterior triangle of his neck, which was quite beyond all operative treatment. I ordered him, for the sake of doing something, a lead and spirit lotion a drachm of the Goulards' extract, to half a pint of equal parts of spirits and water. He used this and when it was finished he made some more for himself, but instead of a drachm of Goulards' Extract he used *four ounces of the acetate of lead* to a pint of equal parts of spirit and water with a most satisfactory result, the tumour is not half the size it was, is soft, free from all pain, the skin loose and the man does his work, that of a mechanic in Woolwich Dockyard with perfect ease to himself.

The growth measured on July 10th, 1886, when he first presented himself, from the vertebral column to the extreme anterior edge of tumour 11 inches, and from above downwards 7¾ inches, it projected outwards from the side of neck 5½ inches. On Nov. 17th after using the acetate of lead lotion, it measured 5¼ inches from vertebral column to anterior edge, and 5¼ from above downwards, and projected from side of neck 4 inches, on January 29th 1887 it was again reduced to 5 inches from before backwards, 4½ from above downwards, and 3½ projections It is very much softer and the skin is quite loose over the growth.

Whether this may be a coincidence or not, I know not but I give you the facts as they occurred, and I intend in any case that may come under my care to try the same remedies.

Now, one word as to the method of performing these operations. I consider the main object is to make a free incision through the skin and superficial structures in the first place, so as not to be hampered for room when proceeding with the deep dissection, and in very large tumours I consider a large crucial incision is the best, as by dissecting back the flaps thus formed, the surgeon has a thoroughly free field to work in.

In ordinary tumours situated either in the anterior or posterior triangle, or under the sterno-mastoid, an ordinary linear incision is usually sufficient. Should the glands or growth be large, however, and situated in both triangles and also under the sterno-mastoid, it will be necessary to make two incisions, the one in front and the other behind the sterno-mastoid muscle; by these incisions it is astonishing how easy it is to remove even very large growths from under the muscle; by pushing with the finger of one hand, the growths are very easily removed through the opposite incision. These are the incisions I adopted in cases of lymphadenoma, I have already narrated to you. Dieffenbach recommends these incisions to be adopted even in very large tumours, with the object apparently of obviating the division of the sterno-mastoid muscle, which should never be done unless absolutely necessary.

In other cases I have practised making a triangular flap having its base upwards, and apex at the posterior or anterior edge of the insertion of the sterno-mastoid muscle, as the case may be: by turning the flap so formed up, the surgeon has ample room to manipulate the growth and dissect it from its bed.

In some very large growths, it will be necessary, as in Mr. Spence's case of enchondroma, to divide the sterno-mastoid muscle across. If such a proceeding is deemed necessary, it is better to do it at once, since it gives as full a view as possible of the whole extent of the growth and enables the assistant to compress the main vessels and push them aside out of the way. The division of the sterno-mastoid muscle, however, it is not often necessary, and should be avoided, if it is possible to remove the growth without.

In cases of large growths in this region the surgeon should always clear the lower margin in the first instance so as to allow of his assistant having complete control of the vessels. Having done this I consider that the posterior and upper edge should be defined, and by putting considerable traction upon the growth, the connection of tissues between it and the surrounding parts are put upon the stretch and are often easily separated, either by means of some blunt instrument, such as a director, raspatory or handle of the knife. If the tissues should be so firm as to resist these instruments, the surgeon can dissect the growth out, as a rule without injury to the nerves and important structures that will be probably found stretched over it, or by means of blunt-pointed scissors, or by keeping the edge of the knife close to the tumour. Langenbeck, Barker and others have shown that both the carotid artery and internal jujular vein may be divided without compromising the success of the operation, and even the vagus, as I have said in my last lecture, has been divided and yet the patient made a good recovery.

In the removal of malignant growths situated very deeply in the neck such as the one just narrated, and in which it is found to be impracticable to dissect out the deep connection of the growth, I have been in the habit lately of dissecting away as much as I could, and then scraping away with Volckman's spoon as much more as possible, and, finally, either with Paquelin's cautery deeply burning the remainder of the growth, or applying solid chloride of zinc; of the two I have had better results from packing the wound over the diseased surface with solid chloride of zinc, then dressing the wound from the bottom with stripes of lint soaked in carbolic oil. A large slough separates, and it is astonishing how quickly the wound heals with a good formed cicatrix.

In the case of innocent tumours, that is, glands, enchondromata or fibrous tumour, they may, as a rule, always be safely removed, as they rarely, if ever, implicate any of the important vessels, or never to such an extent as to preclude their being dissected from the growth without injury.

The after treatment of all growths that can be removed without the use of the cautery or caustics should be based upon the same principle, namely, first, washing out the wound thoroughly with a solution of carbolic acid, 1-40, or perchloride of mercury, 1-1000, and introducing thorough drainage at the most dependent part of the wound; and here I have often found it desirable to make an opening through the skin below or behind the original incision, thus thoroughly preventing any bagging of blood or serum; in this way the original wound usually will unite by first intention. For dressing I invariably use some of the antiseptic wools. Iodoform, salicylate, or the wood-wool wadding prepared with a solution of the perchloride of mercury, by this means you are enabled to establish a good, firm pressure over the whole surface.

To sum up then, I consider:—1. That all innocent tumours, whatever their relations are, may be removed with perfect safety. 2. That malignant growths may be removed when situated in the triangles of the neck provided they are fairly movable, and the skin and superficial structures are not implicated; notwithstanding the size and the possibility of the large vessels being implicated in the growth; and, lastly, that the external application of iodine or any other so-called absorbents to any tumours, excepting enlarged glands, in the neck are absolutely useless.

◆

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 29, Bombay 22, Madras 30, Paris 25, Brussels 21, Amsterdam 23, Rotterdam 16, The Hague 24, Copenhagen 26, Stockholm 26, Christiania 20, St. Petersburg 30, Berlin 18, Hamburg 28, Dresden 19, Breslau 33, Munich 42, Vienna 29, Prague 33, Buda-Pesth 31, Trieste 27, Rome 28, Turin 33, Venice 20, Cairo 44, Alexandria 34, New York 27, Brooklyn 20, Philadelphia 24, and Baltimore 14.

Medico-Chi

By GEORG

Surgeon to the Whitworth Hosp
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Garcin	..	94
Tuffier	..	120
Dulles	..	465
Gross	..	180
Rossander	..	32
Chauvel	..	783
Guyon	..	19

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Allerton	..	153
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Altounian	..	36
Markoe	..	35
Little	..	32
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from yellow fever." Therefore this case of an indigenous animal being attacked is all the more remarkable.

LOCOMOTOR ATAXY IN CHILDREN.

La France Médicale, No. 127, reports two cases of locomotor ataxy in children aged twelve and fourteen years respectively. In each case the symptoms were typically well marked. Rutimeyer, in *Centralb. für die Med. Wiss.*, March 12, 1883, draws attention to the hereditary nature of this disease, and tells of two families in which he met with eight and three cases respectively of this disease. In all it commenced in infancy and progressively developed itself.

TOTAL EXTIRPATION OF THE UTERUS PER VAGINAM.

In the *Australian Medical Journal* for January, 1887, Dr. E. C. Stirling records a case of total extirpation of the uterus by the vagina for carcinoma. Dr. Stirling brought the case before the South Australian Medical Association, which the author claims to have been the first of this character performed in South Australia. The progress was uninterrupted.

◆

Clinical Records.

A CASE OF TETANUS.

By Dr. Wm. Pearse.

Physician to the Plymouth Public Dispensary.

L. B., a farmer, æt. 50, was by no means a drunkard, yet had drank freely for several years. He had enjoyed good health through life; was, however, rheumatic now and then, but not so bad as to be hindered from work. In the early summer of 1886 he "got a chill," but was not confined to bed; he complained of pains, and his "water was affected;" he took nitre, and in a few days was well.

On Tuesday, July 6th, on working at a hedge, he cut the first phalanx of right index finger. The wound was first dressed with cobweb, to stop the bleeding; after that "raw cream" was applied, and also some other ointment.

On Sunday, July 11th, the back of the hand swelled; it was rubbed with "Moore's embrocation." On the same day he complained of pain up the arm. The wound afterwards festered, and was treated by poultices. At about ten days from the accident "the outside of the wound looked dry and healed."

On Monday, the 12th, he complained of pain in the back of the neck, in both sides, but *only* when he was eating. This pain continued every day.

On the 15th he drove in his spring-cart eight miles, took train for thirty-five miles to Plymouth, did his business in Plymouth, returned home the same day; it was a cold day; he did not wear any overcoat. He drank a cup of tea before leaving home in the morning. On his return home on that evening, he did not complain, except that he said that he had not eaten all day, for he could not swallow. He then drank some tea and ate some beef, "but could hardly swallow it." Slept well all that night.

On Friday morning, 16th, he looked strange; could not swallow any tea. Had bran and vinegar poultices to the back of neck; had pain in the back; went to bed; at 4 p.m. he suddenly jumped out of bed, and his right leg twitched up, as he walked back to get into bed. He said that his throat felt bad, and that he felt bad around the angles of the lower jaw. He slept well on that night (Friday).

Saturday, 17th, he jumped suddenly out of bed, but did not seem ill. 4 p.m.: Brandy was commenced from teaspoonful doses, one ounce doses, up to one pint in twenty-four hours. Full doses of chloral were given. During Sunday night was very restless, turning from side to side, and likely to roll out of bed. Brandy and chloral continued.

Monday, 19th.—Very restless all day. At noon had the first fit, in which his body stiffened, and his head was thrown back. He had several such fits on Tuesday, the 20th, and died in one of them at 4 p.m.

Remarks.—The approximative elements of the above case, which was not under my care, but reported to me by a trustworthy authority, may be stated as follow :—The man was fairly healthy, but rheumatic; though fifty years of age, he was in full bodily vigour; and we may further conclude that at fifty, the tissues were not in senile decay, but retained in function and structure, yet much of the natural energy of living protoplasm.

On the sixth day from the cut, the back of the hand swelled, showing local extension of morbid rates in the tissues; the wound went on to a subsequent "festering," or purulent state: so far there was nothing in the wound or local parts different from what obtains in a thousand and one wounds which do well. The place of the wound was that of the highly differentiated organ, the index finger; the fingers must be viewed as having a higher degree of co-relation and intimate sympathy, with the whole nervous system, than have most other parts of the body. The period of incubation or evolution was seven days; that is to say, it was seven days after the wounding, that he first complained of "pain in the back of the neck, on both sides, but only when he was eating;" the early stage of tetanus was then established.

As the changed processes—be those processes of the nature of heightened polarity of the nerve elements, or be they more associated with germ evolution, or with the auto-genesis of poisons,—which make for, or culminate in tetanus, are set in motion from so-far, known causes, and as time is needed for their first evolution, we may fairly and philosophically expect that they are capable of arrest; hence our avidity for a prophylactic treatment.

Where so many able and anxious practitioners have failed, one does not dare to offer theoretical suggestions for actual treatment. The remarks I have ventured to make are from a general biological point of view. The first crude thought which arises in one's mind is, that if we could sustain a semi-narcotism for the natural period of the evolution and devolution of the processes, that then the patient would be saved. My experience with natives of India has deeply impressed me that a very small amount of food for many months even is enough to keep a human being alive, and capable of recovery to natural health. I believe that in this country there is an undue impression of the importance of patients taking in large amounts of food; apart from the known instance of natives of India, in semi-famine years, keeping fairly up on very small amounts of food, we have the numerous instances of enforced and experimental fasting, for periods of weeks even, and this with no accruing danger.

Using the broad hypotheses of Evolution and Continuity, as applicable to Biology and Disease, we may perhaps recognise by analogy and empiricism or experience, prophylaxes to tetanus, long before the chemists have worked out their vito-chemistry.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.
PATHOLOGICAL SECTION.

MEETING HELD FRIDAY, APRIL 15TH.

The President, DR. WALTER SMITH, in the Chair.

REPORT OF REFERENCE COMMITTEE ON THE LOWER LIMB OF A FŒTUS.

DR. E. H. BENNETT submitted the Report of the Reference Committee on the lower limb of a fœtus, exhibited by Dr. Macan, which had been laid before them. The dissection of leg and foot had been conducted by Mr. Scott and Mr. Heuston; that of the joints by Dr. Bennett. The justice of Dr. Macan's observation as to the desirability of having a competent pathologist attached to the Rotunda Hospital was manifest from what happened in the case of this specimen; for—to correct a word in the report of Mr. Scott—this specimen was not "slightly" damaged, but so horribly damaged before it came into the hands of the Committee that the efficacy of their examination of it was much impaired. The fœtus was one with a spina bifida, an imperforate anus, and a club-foot. Dr. Macan had already submitted the facts relating to the spina bifida and the visceral deformities to the Society, and only the deformed limb had been referred to the Committee. On examination
of the specimen by the Com
observed :—On the posterior
the calf were normal. Ther
tence of the tibialis posticus.
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muscles were developed; but
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normal; the defect of the m
in the leg, was consequent on
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the tumour, deforming the
therefore, support the view
was induced by nerve lesion.

Dr. KNOTT asked were th
age of the fœtus could be
the normal muscular *contour*
fat?

Dr. BENNETT, in reply, sa
the age of the fœtus; nor fr
had he anything to enable h
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FIBROMA CORNEÆ AND
CONJ

Mr. ARTHUR H. BENSON
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The **PRESIDENT**—Is this
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Mr. BENSON—It is the fir
record that I can find.

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February 11, 1887.
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o perform tracheotomy. Operation at twelve midnight, Mr. Appleyard assisting. Anæsthesia was produced with as little chloroform as possible, a point of great importance. There was scarcely any bleeding. In a few minutes the child was breathing tranquilly, and apparently sleeping, complexion bright and fairly rosy, sinking in supraclavic and epigastric region gone. Trained nurse in constant attendance. I slept in house during night to be ready for any sudden emergency. Had a quiet night, taking milk very well. Inner tube was frequently removed and cleaned with hot solution of soda bic. I saw her about every three or four hours, and slept in house also the second and third nights after operation. I was sent for in great haste three or four times on account of acute obstruction in breathing, and on the morning of the 14th, the child had almost gone from sudden plugging of trachea, &c., with inspissated mucus. Irritating trachea with feather wet with solution of sod. bic. caused free coughing with expectoration and relief. The last night and morning witnessed one long struggle to overcome the obstruction to breathing. There was a little cellulitis in vicinity of wound. This was scarified freely; the tape was lengthened to take off pressure, the tube was changed. Sponges wrung out of hot water were assiduously applied to upper part of chest; hot linseed poultice was applied. Vomiting freely was induced by subcutaneous injections of apomorphia. I did not leave her for the last twelve hours, but all was of no avail, the obstruction was too deeply seated, probably the tubes were plugged with inspissated mucus which could not be expelled. She died at 11 a.m. of 15th February, having survived operation about two days and a half.

Dr. **Goyder** said that it was maintained that croup and diphtheria were the same disease, the former being only diphtheria of the windpipe. He (Dr. G.) held on the contrary, that the diseases were perfectly distinct. The symptoms in diphtheria were those of asthenia and depression, and not necessarily attended either with a high temperature or pulse, and the membrane was aplastic and easily rubbed off. In true membranous croup there was considerable fever with high temperature and full strong pulse, and the membrane effused was plastic and firm. It was a true inflammation of the larynx with effusion, which assumed an almost organised membranous form, he had met with many cases, and after the discussion in this society many years ago, introduced by Dr. Burnie, who took this view as distinguished from diphtheria of the larynx, he (Dr. G.) had followed Dr. Burnie's line of treatment with success, giving teaspoonful doses of solution of antimony every half hour, till thorough emesis followed, and afterwards giving 3 grain doses of calomel every three hours. In several instances the membrane in the larynx was loosened and coughed up, and the patient recovered without operation. Diphtheria required treatment the very opposite of this. He thought the repeated doses of sulphate of copper in Dr. Denby's case rather hurtful than otherwise.

Dr. **Hime** thought that the treatment might have had a better result if antiseptic precautions had been taken, as the child seemed to die from septic infection.

Dr. **Bell** said it was refreshing to hear Dr. Goyder's confidence in medicine. Jenner was formerly of opinion that croup was of the character described by Dr. Goyder, but now he thought all cases were diphtheritic. Jenner's age and experience were weighty. In a case that Dr. Denby treated on a former occasion he had used magnesium sulphite, he would ask why he did not employ it in this case?

Dr. **Denby**, in reply, said he gave the sulphate of copper in such doses as were not likely to have a poisonous effect. He thought the antiphlogistic treatment would not have suited his case. It was difficult to strip off the membrane even after death, the membrane was confined to the larynx, and he did not use the magnesium sulphite, because the fauces were clear. The death in his opinion was due to the spread of the disease down the windpipe, and not to septicæmia.

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THE BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held June 8th.

Dr. **Granville Bantock**, President, in the Chair.

Dr. **R. T. Smith** showed the remains of a tumour he had removed from a patient, and said that under preliminary examination it had every appearance of being connected

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[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 8th

SCIENTIFIC INVESTIGATION ON CETTI'S FAST.

IT will be remembered that in our last notice of Cetti, an elaborate report on the phenomena exhibited during the course of the eleven days' fast was given to the Medical Society of Berlin by Professors Senator and Virchow, but that other interesting points that could only be arrived at by careful and patient analysis of the excreta could only be presented after completion of the investigations. These were presented by Senator and others, before the same Society at its sessions of May 18th and 25th. A curious fact noticed, was that, on the last day of fasting, the lungs reached a whole intercostal space lower down than at the commencement, they appeared to have become larger. An apparently satisfactory explanation of this was forthcoming however. This was that the intestines had become thinner, and to some extent collapsed, whilst the elastic tissue of the lungs had forced itself down into the partially emptied space. No changes affecting the heart and spleen were noted.

The tissue change produced in the bones by the fast were at the first glance surprising. The bones are so hard and firm of texture, that when once formed they have been looked upon, as it were, as permanent structures in which little or no change takes place. The analysis of Cetti's excreta showed that lime and phosphoric acid were present in large quantities, and they could only have come from bone. The experiment has shown that when these constituents are present in wasting diseases, such as phthisis and cancer, their presence is not due to the disease but to the inanition accompanying it.

The blood also showed striking changes. On the first day's fasting a cubic centimetre of blood contained 5,735,000 red blood corpuscles, and one white corpuscle to 530 red. On the fourth day the number of red corpuscles was 5,200,000, and the diminution in number of the white corpuscles was still greater, so that at the end of the period there was only one white blood corpuscle to 1,630 red ones. As soon as Cetti began to eat, however, the white blood corpuscles were the first to increase rapidly, whilst the red and the hæmoglobin followed suit more slowly. This was an important discovery as regards nutrition, and in order to study it further, the corpuscles were again counted fourteen days after the completion of the fast, when the proportion of the white to the red corpuscles was one to 720, *i.e.*, the proportion had become normal.

The excretion of sweat was inconsiderable, it was only once sour, and never had any unusual odour. The saliva was also scanty from absence of mastication, but ptyaline was always present. Special attention was paid to the urine. With regard to this three distinct periods were marked. During the first four days 4,310 c. centimetres were passed; in the succeeding days, notwithstanding the large quantity of water drank, the quantity of urine diminished, and on the last day the amount only reached to 620 c. centimetres. This fact indicates that the diminution in the amount of urine met with in fever cases must not be ascribed directly to the fever, but to the accompanying inanition. The increase in the amount of acids was remarkable, whilst urea and the nitrates sank considerably. The tissue change, reckoned by the corresponding amount of flesh, amounted in the first four days to 380 grammes, in the succeeding days two years ago, was under his care for dysmenorrhœa in Baggot Street Hospital. On the 9th of last month she came to Dublin for the purpose of being treated in the hospital for the same affection; and she walked from Knightsbridge Station carrying a heavy carpet-bag to his house. She was a strong, fat, healthy-looking girl, with well-developed muscles. He gave her an order for admission into the hospital. Next morning he did not see her, it not being his day of attendance at the hospital; but in the afternoon he received a message from the house surgeon that she had been attacked with violent pain in the abdomen. When he saw her she was writhing in agony, in bed, her pulse being 100, and her temperature normal. On examining her he found the mark of a blister on the epigastrium; and she told him she had been in the Adelaide Hospital for a gastric ulcer. The idea that her stomach had been perforated by an ulcer then occurred to him. When he saw her in the evening she was very bad with symptoms of peritonitis, and her pulse exceedingly rapid. She died in a few hours afterwards. The interval from the first attack of pain until her death was about nine or ten hours. On opening the abdomen he found the space in front of the great omentum full of the contents of the stomach, which had been extravasated through the perforation caused by the ulcer, which, as in Dr. Boyd's case, was situated in the anterior surface of the stomach near the lesser curvature. There was no peritonitis —there had not been time for it.

Dr. Wallace Beatty adduced another case of perforating stomachic ulcer. The patient was a man about thirty years of age. On the 10th of last October, whilst walking through town he was seized with agonising pain in the right hypochondriac region, and had to go home in a cab. He (Dr. Beatty) was sent for to see him, and found him suffering from intense pain through the abdomen, but especially in the right hypochondriac region, which was very greatly distended with gas; and he was vomiting and very weak. He put him under opium, and next day had him brought to the Adelaide Hospital. For two or three days he remained in the same state, vomiting, with distended abdomen, and unable to pass wind. Then his belly got soft, and he passed wind and also an unusual fæcal accumulation, and he became well. In a week after his admission he was able to be up, had a good appetite, and was himself again. He (Dr. Beatty was then under the impression that his case was one of intestinal obstruction. From October he had fairly good health, although troubled with a good deal of flatulence. On last Easter Monday, he came to him complaining of a more than usual amount of flatulence, and by his permission took nux vomica, which he had found to relieve him. He went to the Park in the course of the day and enjoyed himself. In the evening he was seized with severe pain in the right hypochondriac region—exactly in the same place where he had it before; his belly became swollen, and he got sick and vomited all night. He came on Tuesday morning to the hospital, and was then pulseless. His abdomen was greatly distended and very tender, especially over the right hypochondriac region; and soon after he came in he vomited. The vomited matter contained blood. After about six or eight hours he died. A post-mortem, made by Dr. Bewley, disclosed general peritonitis; but there was no obstruction of the intestine. On examining the duodenum a perforating ulcer was found. The pylorus was very small and narrowed by thickening; and on opening it they found three ulcers surrounding the upper part of the duodenum and perforating it.

Dr. Bewley remarked that there were no appearances of epithelioma. He thought the ulcers of a simple and non-malignant nature.

The President said these specimens all illustrated the uncertainty of clinical diagnosis in such cases. No combination of typical symptoms seemed sufficient to enable them to diagnose, or exclude, with certainty the existence of one of those mysterious ulcers. As to the pathology of them, all the theories that had been formed to account for them were still defective. They failed to explain the limitation of the ulcers to particular portions of the intestinal canal. If they were due to thrombi, why did they not occur in other parts of the canal? As to the action of the gastric juice being a factor in their production, he did not know that there was any substantial evidence in favour of it. So far as he knew, small perforating ulcers of the stomach were only found in the upper portion of the duodenum and not lower down. Yet in anæmic persons why should not thrombi occur in other portions of the intestinal canal? Dr. Boyd's theory certainly invited criticism; but he (the President) did not—in the present condition of the specimen at all events—see any vestige of varicose veins.

Dr. Boyd said that when he made the post-mortem the first thing that struck him was the large number of veins of that description in the neighbourhood of the perforation.

Dr. Bennett said if they could only diagnose these ulcers with certainty he believed that many of them could be cured by surgical interference. Even after the rupture had taken place, and the contents of the stomach had been extravasated into the abdomen, there would be no difficulty in surgical interference, provided the diagnosis had been certainly made. With their knowledge of the present day, and experience of the impunity with which the abdominal cavity could be opened, why should it not be done in these cases? Provided there were no adhesions, and that they were sure that the ulcer was in front of the stomach, he did not see why sutures could not be employed. He must endorse the remark of the President as to the alleged varicosity in Dr. Boyd's specimen. He did not think the convolutions or lines were varicosities at all, but only the normal rugæ of the stomach.

Dr. Boyd, in reply, said that when the specimen was recent, the varicose vessels were distinctly perceptible near the edge of the ulcer. The specimen was shrivelled up now in consequence of having been so long in carbolic solution. In cases of fatal perforation the gastric ulcer was generally on the anterior aspect of the stomach; and there were anatomical reasons why perforation should occur more frequently there than in any other place. At the anterior aspect of the stomach, where there was no support from neighbouring organs and the diaphragm was continually contracting, and the abdominal muscles in continual motion, greater facilities were afforded for a fatal rupture than elsewhere. The President did not seem to think that embolisms or thrombi played any important part in the formation of gastric ulcers. But in his paper he (Dr. Boyd) had alluded to the theory of Virchow on that point. He had performed the operation of tying gastric arteries; and he had found that when a part was cut off from its supply of blood, necrosis took place when the gastric acid came in contact with it. The circulation of the blood in the vessels through the walls of the stomach had been put forward for explanation of the non-interference of the gastric juice with the gastric walls under ordinary circumstances.

Dr. Beatty, in reply, said in his case the stomach was large but not immensely dilated, although full of blood.

The Section then adjourned.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Monthly Meeting—May, 1887.

The President, Mr. I. Mossop, in the Chair.

Mr. Horrocks showed a case of

OVARIAN CYST FROM A PATIENT UNDER THE CARE OF DR. RABAGLIATI.

The patient, a young woman, æt. 23, had been in the Bradford Infirmary some months previously, when she had been tapped. The fluid obtained contained only a trace of albumen, and had a low specific gravity, and it was therefore thought that she might be suffering from parovarian cyst, especially as at that time the cyst seemed to be unilocular. She was told to return if it re-enlarged. When she returned the condition was easy of diagnosis, and the tumour proved to be, as expected then, left ovarian. There was now one large cyst, and a solid mass at the side, which was going on to the formation of several other cysts. Unfortunately it was found that the right ovary was diseased, and it also had to be removed in order to save the patient the necessity of a subsequent operation. It was noticed as a curious coincidence relating to the wrong diagnosis on the first occasion (if it was so) that the right ovary showed three parovarian cysts in course of formation, in addition to the true ovarian cysts. There were no adhesions, and the case had gone on perfectly well, except that for about a week there was a temperature of from 100. to 102 deg. F., for which no cause could be discovered, patient not feeling ill or being distressed in any way. The wound was twice

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t manner an exaggerated version of it which is more remarkable for judicial severity than for its regard for the well-being of the insane. We do not seem to realise in England that the lunacy procedure of Scotland gives just that degree of judicial intervention which is sufficient to satisfy the public mind, and secure the sense of public security and the real liberty of the subject without endangering the future of the lunatic, and without attracting undue publicity. The sheriff interferes *in camera*, he does not inspect the lunatic, he does not question the medical statement, unless there is on the face of it loosenese or carelessness; but he sees that all legal formalities have been observed before granting his order for committal. In our new English bill we profess to copy Scotch practice, and all the time we pay it the doubtful compliment of so copying, and improving on it forsooth, that there never can be any legitimate comparison between the two. An opportunity is being afforded now for assimilation of procedure such as will not occur for a long time again, and as diversified laws are the acknowledged curse of the United Kingdom this opportunity should not be foolishly neglected. One thing is absolutely certain to the minds of the medical profession in all countries, and that is that interviewing lunatics magisterially will be fraught with dire results to the lunatic and the public, *first*, because it means delay, and delay means risks of accidents and miscarriage of justice; *second*, because it interferes with prompt decisive treatment, and will react injuriously on the mental condition of the lunatic.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 15, 1887.

ANTIPYRESIS AND ANTIPYRETIC METHODS.

THE subject of the antipyretic treatment of febrile conditions, notwithstanding ample discussion, must still be considered to be *sub judice*. Physicians of eminence, on the one hand, have practised, on a more or less exten-

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DR. PAWLIK, Docent of Obstetri
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than the spirit of
manner an exaggerated verson of it which is more remarkable for judicial severity than for its regard for the well-being of the insane. We do not seem to realise in England that the lunacy procedure of Scotland gives just that degree of judicial intervention which is sufficient to satisfy the public mind, and secure the sense of public security and the real liberty of the subject without endangering the future of the lunatic, and without attracting undue publicity. The sheriff interferes *in camera*, he does not inspect the lunatic, he does not question the medical statement, unless there is on the face of it loosenese or carelessness; but he sees that all legal formalities have been observed before granting his order for committal. In our new English bill we profess to copy Scotch practice, and all the time we pay it the doubtful compliment of so copying, and improving on it forsooth, that there never can be any legitimate comparison between the two. An opportunity is being afforded now for assimilation of procedure such as will not occur for a long time again, and as diversified laws are the acknowledged curse of the United Kingdom this opportunity should not be foolishly neglected. One thing is absolutely certain to the minds of the medical profession in all countries, and that is that interviewing lunatics magisterially will be fraught with dire results to the lunatic and the public, *first*, because it means delay, and delay means risks of accidents and miscarriage of justice; *second*, because it interferes with prompt decisive treatment, and will react injuriously on the mental condition of the lunatic.

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The Medical Press and Circular.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 15, 1887.

ANTIPYRESIS AND ANTIPYRETIC METHODS.

THE subject of the antipyretic treatment of febrile conditions, notwithstanding ample discussion, must still be considered to be *sub judice*. Physicians of eminer the on the one hand, have practised, on a more or less ex

elections subsequent to June,
Presidents do serve two years in
ing to the chair. 2. That a co
the case of Vice-Presidents seek
office for a second year. 3. That
President be elected from amon
from whom no service in the Vice

A resolution was carried that th
opinion of the Fellows on this
upon the desirability of making
Chair by an ex-President depend
actual President to retain his s
which, it was urged, he ought
doing if he pleased.

The question of the proposed
Carmichael College with the Col
to the front by a motion fron
pledged the Council to favourabl
carrying out such a fusion. Th
by Dr. Kidd, and supported b
Dr. Barton, Dr. Jacob, and o
resisted by Professors Macnam
Mr. Bennett. Eventually on a
and controversy arose, it being
27 each way; two dissentient
room after the motion was put,
counted, and their right to vo
being recognised by the Presi
taken, with the result that the
30 to 27 votes. We apprehend
ensure the question being aga
opportunity. Sir Charles Ca
following resolution, of which h

> "That the College regret the
> unite the Colleges of Physici
> Apothecaries' Hall for the pur
> tions. The College is of opini
> effect this tripartite combinati
> the Medical Council having rec
> Hall as a medical corporatio
> attempt again fail, the College
> should, if possible, form a com
> caries' Hall."

The debate on this motion
the lateness of the hour, and
meeting of the College on Mo

En passant, we take the o
hope that no business other t
ever again be permitted by t
with on the election day. I
us that to entertain any oth
is barely legal, for it is s
Charters that the Fellows a
tion purposes, and it was—
that the discussion of mat
calm deliberation, and, possi
be muddled up with the no
Moreover, the Fellows of t
possibly have notice of the
and the decision to the elec
tervenes, and no summon
them; the majority of the
the discussion has to be ca
who happen to attend to
Then, again, voters come

7: 1: That Vice-
t office before pass-
st be discouraged in
re-election to that
alternate years a
the ex-Presidents,
air be required."
ouncil do take the
position, especially
occupancy of the
n the desire of the
for a second year,
have the option of

algamation of the
School was brought
r. Thomson, which
nsider the means of
tion was seconded
. Thornley Stoker,
Fellows, and was
and Hamilton and
on some confusion
that the vote was
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efore the vote was
ng insisted on, and
second count was
n was negatived by
so close a vote will
sed on the earliest
then moved the
given notice :—

e of the attempt to
d Surgeons and the
f holding examina-
a fresh attempt to
ld be now made—
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rs that the Council
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express an earnest
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ss on that occasion
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ng and canvassing.
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ent of the debate
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ibly be issued to
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eir voting papers.
hey have a legal
right to do—to deliver their voting papers at one o'clock, and they are kept waiting for the opportunity to do so until the discussion is over. Lastly, it is highly inconvenient to delay the election, because the polling is a very troublesome and prolonged process; and on this occasion it occupied nearly five hours, and did not terminate until near 7 p.m. This is the second time that the mistake of adjourning to the election-day has been committed, and it is to be hoped that warning will be taken by the muddle which ensued, and that in future another day will be selected.

The result of Sir Charles Cameron's motion was that it was passed by a considerable majority after a very irregular, perfunctory, and unsatisfactory discussion, and we regret this the more because we are satisfied that if it had been properly debated in a full College, the vote in its favour would have effectually declared the desire of the Fellows that the Apothecaries' Hall should not exist as an independent licensing body.

The Council of the College has certainly left no stone unturned to bring about a proper examining conjunction, and even now, at the eleventh hour, it has again appealed to the College of Physicians, in the hope that the success achieved by the Apothecaries' Hall in obtaining from the Medical Council the assistant-examiners would induce that College to take a common-sense view of the situation. There are, however, public bodies who, like some individuals, learn nothing by experience, and so the College of Physicians refused the appeal by seventeen votes to *one*.

The resolution of the Fellows of the College of Surgeons was before its new Council on Monday last, and nothing is yet known of their decision; but we entertain no doubt that they will meet the overtures of the Apothecaries' Hall with cordiality, and will, at once, enter upon negotiations for an additional combination with them.

The election of the President and Council brought together the largest vote, we believe, ever taken in the College. About 240 Fellows—in fact, almost the whole constituency within reach of post—voted, the severest contest being between Mr. Fitzgibbon and Mr. Croly for the Vice-Presidency. Mr. Fitzgibbon scored 126 votes to Mr. Croly's 102, and thus succeeds to the Vice-Chair. For the Council seats all the out-going councillors offered themselves except the above-named gentlemen, and for the two vacancies—Dr. Kendal Franks, 148; Dr. William Frazer, 150; Dr. F. T. Heuston, 94; and Dr. Montgomery Ward, 102—scored the votes appended to their names, the two first being elected.

◆

ALBUMINURIA IN HEALTH.

AT a meeting of the Royal Society of Edinburgh, held last week, Professor Grainger Stewart communicated an important paper on the subject of Albuminuria, having reference more especially to the occurrence of albumen in the urines of persons supposed to be healthy. The observations were extended, and the results educed therefrom will doubtless form the bases for future investigations on this absorbing subject. The tests made use of were (1) cold nitric acid, and (2) picric acid, with the

Semon are dominant. Another au
Browne, has taken the trouble to
this opinion has all along been held
tent to judge, even if, from the natu
has not been mathematically demon
After all, it is less with the merits of
have to deal at present than with th
such discussion under existing circ
less interested to know what this or
on the subject than to believe tha
done what he considered right and
tain that, to animadvert publicly o
sis and prognosis, is unprofessiona
hensible.

Alleged Anthrax i

The alarm which was not u
agricultural circles by the anno
since that anthrax had broken o
appear, in the light of recent rep
called for. The stock at Messrs
inspected by Mr. Duguid on Apri
trace of anthrax, but evident sy
Microscopical examination show
anthrax, and inoculation, the onl
the malady was swine fever. It
a more judicious appreciation o
instance did not prevent what m
have been a serious error of
view of the fact that pigs do not

Scarlatina and Mi

Agricultural interests hav
cerned in the recent observation
to point to the presence of
scarlatina in the cow, and to th
from animals so affected comm
the human being. The history
fresh in the minds of our reade
presents many points of difficu
settled, and until contradictory
ciled, it would be premature to
criminated on such a dreadful
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demonstrated as completely a
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disease to which cows are liab
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cow to those obtained from
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Klein, is not such
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micrococcus from diseased cows' become affected in a similar manner, but the more crucial experiment of inoculating calves with scarlatinal micrococci has yielded such different results in the hands of different observers that no opinion can safely be drawn from them. The simple experiment of inoculating a child with the cow disease has not for obvious reasons been performed, but an observer, who was accidentally inoculated through a scratch, got symptoms more allied to septicæmia than scarlatina. The subject is now well to the front, and a solution will no doubt be forthcoming in due course, but it would be greatly facilitated and expedited if the executive government would only secure the appointment of a consultative committee, comprising representatives of the medical, veterinary, dairy, and other interests, to which the whole question might be referred.

Medical Co-respondents.

A CONTEMPORARY has taken exception to our remarks on this subject in our issue of last week, and even ventures on the statement that to suggest that the General Medical Council should take notice of cases in which medical men have been found guilty of immoral conduct with their married female patients is "both stupid and unjust." According to our contemporary, in most cases where medical men figure as co-respondents the result is obtained by conspiracy, collusion, or downright false swearing. We should be glad to take this indulgent view of the matter, but we are bound to admit that in the case where the jury have arrived at a conclusion adverse to the medical man involved, the evidence has certainly been such as to warrant the belief. If our contemporary wishes to maintain that such conduct as we have alluded to is not "infamous conduct in a professional respect," then we should be glad to know what particular derelictions of duty he would class under this head. Medical men, as he tells us, are but human; but the very fact of their being liable to temptations from which other men are comparatively free renders the maintenance of a high standard of professional morality doubly necessary, and imposes on us the duty, painful as it may be, of enforcing the provisions which have been made with that object in view.

Overcrowding.

IN the report of a shocking case of murder at Ancoats near Manchester, it is stated that the murderer and his victim, together with seven other persons, making nine in all, slept in the room in which the crime was committed. Such a state of things is by no means to the credit of the local sanitary authority, whose duty it is to prevent such unhealthy and dangerous conditions of living.

International Congress on Alcoholism.

A CONGRESS to discuss this grave question is arranged to take place at Zurich, on September 9th and 10th. The permanent committee are organising for this occasion an exhibition of everything bearing on alcoholism, as for instance, tables and diagrams of the consumption of alcohol per head in different countries; the proportion of persons annually undergoing imprisonment per 100,000

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Major, with the honorary rank
M.D., to have the honorary r
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Lieut.-Colonel and Surgeon-Ma

The Jubilee F

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A Convenient Vehicle for Cocaine.

DR. BIGNON, of Lima, has recently advocated a solution of cocaine in liquid vaseline or petro-vaseline. It will dissolve as much as two per cent. of the drug, and the solution had the great advantage of not being liable to decomposition. It is said to be very active as a local anæsthetic and to produce a more extended zone of diminished sensation. Less doses can thus be used and the risk minimised of undesirable symptoms, due to the occasional toxic effect of the drug. It is very useful in ophthalmic practice, a single drop being sufficient to dull sensation, and its action is rapid.

Naval and Military Relative Rank.

THE following communication has this week been addressed to the Chairman of the Parliamentary Bills Committee of the British Medical Association, in reply to a communication on the subject of relative rank :—

Pall Mall, June 6th, 1887.

Sir,—I am . . . to inform you that recent verbal changes in the Pay Warrant have not affected, and were not intended to affect, injuriously either the rank, position, or privileges of medical officers in the army. I am further to invite your attention to Article 126 of the Pay and Promotion Warrant of 1884, omitted from the revised Warrant of January, 1887, from which you will see that the classification of staff-officers of the army generally, commonly called relative rank, merely interpreted the relationship to one another of individual officers holding certain staff-appointments, the definition of such relationship being necessary to regulate the allowances, &c., attaching to their several appointments. The grant of titular or honorary rank to the officers of the Commissariat, Ordnance, and Pay Departments was a reasonable concession to officers drawn from the combatant ranks in which they already held such titles, and, of course, rendered the term relative rank in their case unnecessary. In the case of strictly professional departments, who had distinctive academic or professional titles of their own, it appeared sufficient to classify the several grades of such officers with the corresponding grades of competent officers in such clear and precise terms as would leave no doubt in the mind of any person regarding the rank in the army held by them. While in deference to the desire of the British Medical Association for information, I have been instructed to enter thus fully into recent changes, which have not so far as Mr. Stanhope is aware, inflicted any injustice on any member of the Medical Department, and which, as already stated by him on several occasions in the House of Commons, were not intended to do so, I am to add that Mr. Stanhope has no reason to suppose that either the medical profession in general, or those members of it serving in the army in particular, are desirous that officers of the Medical Staff should be called by titles so dissociated from the duties of their honourable profession as those of colonel, major, or captain.—I have the honour to be, Sir, your obedient servant,

RALPH THOMPSON.

WE are pleased to be able to announce that Mr. Lund is rapidly recovering from the attack to which we alluded in our last issue.

WE are glad to hear that Dr. Donkin, the Dean of the Westminster Hospital Medical School, is recovering from an attack of measles which he had contracted in the discharge of his duty.

THE formal opening of the Exhibition of Articles of Food and Drink will take place at Amsterdam to-day, June 15th, and it will remain open until the end of September.

The Crown Prince.

WE are glad to be able to report th
Prince's health is now in a most satisfac
On Thursday last there was a general con
doctors who had been attending on the illu
including Dr. Morell Mackenzie and P
mann, Gerhardt, and Tobolt, to receive
chow's report on the microscopic exami
portion of the growth removed by
second operation with the forceps o
Wednesday. The general congestion h
subsided, and according to the eminent
piece contained much more of the morbi
the previous one. The epithelial cells
much increased in number and size.
redundant and the vessels enlarged. N
were present, and the sub-mucous a
quite healthy. The disease was pro
fessor Virchow to be pachyderma
gave the most favourable prognosis.
prospect of a complete cure ultimatel
in this country the Crown Prince w
space of time to Norwood, under Dr.
entire charge. When he leaves Norw
that His Imperial Highness will g
Wight.

The Irish Conjoint Exa

THE President and Fellows of the
College of Physicians have appoi
Examiners to conduct the Conjoint
College and of the Royal College of
—J. Magee Finny, M.D.; J. Haw
A. W. Foot, M.D.; and C. J. Nixo
and Physics.—Isaac Ashe, M.D.;
M.D. *Materia Medica and Pharm*
M.D.; and F. J. B. Quinlan, M.
Histology.—J. M. Purser, M.D.
Smyly, M.D. *Forensic Medicine.*
M.D.; and Mr. J. M. Redmond. T
tions will commence upon the 4th of
another series of Conjoint Examin

A Plea for External

A CAREFULLY written and we
"External Urethrotomy; a Plea
ance in Minor Traumatisms of th
read before the Medical Societ
printed in full in the *Medical*
In it the author, Dr. Bolton Ba
the external operation at a m
cially in traumatic cases, tha
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the condition of the latter does not contra-indicate any surgical procedure; and Dr. Bangs expresses the confident hope that in future the treatment of stricture will be largely based on a recognition of the facts he has advanced in this connection. He gives the following statistics of the operation from St. Luke's Hospital, New York:—Out of 140 cases of external urethrotomy for different causes there were 8 deaths. Of these, 4 died from the effects of diseased kidneys; 1 from chronic pyæmia arising from scrotal abscess, on account of which the operation was performed; 1 from chronic cystitis and prostatitis, æt. 61; 1 from pulmonary phthisis; and 1 from peritonitis, this patient being the subject of secondary syphilis.

◆

ADDRESS AND PRESENTATION TO DR. JACOB, F.R.C.S.I.

On the 6th inst., the friends of Dr. Archibald Hamilton Jacob in the medical profession assembled in the Irish College of Surgeons to present him with an address, beautifully illuminated and bound in the form of an album, and a purse containing five hundred sovereigns, to mark "the close of a period of twenty-five years devoted to the service of his professional brethren." The following were amongst those present:—Mr. Corley, President of the Royal College of Surgeons; Sir George Porter, D.L.; Sir Charles Cameron, Sir George Owens, Sir Robert Jackson, Dr. Thornley Stoker, Dr. Davys, Dr. Mapother, Mr. H. Ormsby, Dr. Wharton, Dr. Wm. Thompson, Dr. Frazer, Dr. Kinkead (Galway), Dr. Thompson (Omagh), Dr. Gordon, Mr. H. G. Croly, Mr. O'Grady, Dr. Kidd, Dr. Walsh, Dr. Edgar Flinn, Dr. Norman, Dr. Chapman, Dr. Patton, Dr. Broomfield, Dr. Mackesy, Mr. Swann, Dr. Purcell, Dr. More Madden, Dr. Shannon, Mr. Blake, Dr. Pollock, Dr. Fletcher, Dr. M'Namara, Dr. M'Dowell, Dr. Falkiner, Dr. Oulton, Dr. Ferguson, &c.

The President of the College of Surgeons, on taking the chair, said it gave him great pleasure to attend and do all the honour in his power to his old and valued friend, Dr. Jacob. They were all well acquainted with Dr. Jacob's ability (hear, hear); they knew how much he had done by his valuable services to protect the medical profession, and promote its welfare (hear, hear), and they fully appreciated all the good qualities which distinguished him as a friend and colleague (applause).

Dr. Mapother read the address, which referred to Dr. Jacob's valuable services as editor of the *Medical Press and Circular*, to the part he took (with others) in procuring reforms which have ameliorated and improved the position of the profession, and to the advantages which he was chiefly instrumental in securing for medical men under the Public Health Acts, the Vaccination Act, and other Parliamentary measures, mainly affecting poor-law medical officers.

The President having made the presentation amid applause.

Dr. Jacob briefly replied, stating that his efforts in the past had not been influenced by any personal object (hear, hear). Any aid he could give was cheerfully given to his brethren, who in many respects, and especially in regard to the relation of medical officers to their public duties, were so placed as to be quite unable to help themselves. He looked upon it as no little achievement that his labours had been crowned with the appreciation of his medical brethren,

difficulty of hatching—excessive drynes
arrest the process—it would be too dan
ing. Young cobras, which dance about
once on emerging from the shell, cannot,
full grown, be handled with impunity:—
lively, twisting and turning and doubling
with great activity. And, as a matter of
snakes are not brought in by the snake ca
care to meddle with them. Under any
would pay the men better to produce
magistrate than to breed from them.

One great obstacle in the way of snake
India is the attitude of the people themse
the reptiles in some districts, propitiati
and tolerating them in almost all. The
be educated to the necessity for getting
from their midst. A simple text-book,
mentary village, schools would probably
better than a more elaborate publicatio
might be introduced into the higher sc
thus begin with the children before t
come impregnated with the superstiti
Nor would there be any violation of reli
judices. Such manuals, where the fa
spersed with anecdotes and proverbs, o
are very fond, are much appreciated.
couple of pamphlets—one on vaccin
hygiene—which, destroyed in the muti
reprinted by the Government; and t
text-books in the village schools of
point more. The natives might be en
their homesteads with the varieties
of which, irritating the belly of the sn
prevent its intrusion. The plant is
throughout India, and may be easily p

Your

CHAS. R. FRANCI

London, May 23, 1887.

◆

PARAFFIN OIL AS AN IN

TO THE EDITOR OF THE MEDICAL P

SIR,—Can any of the medical profes
tion on this subject? In a police-court
in our Dublin papers a strong kind
voured with naphtha, and used for fu
mittedly employed as an intoxicant;
some time since that in the Dublin dair
drank paraffin oil to intoxicate thems
the statement so incredible, because s
tained distinct evidence from an a
Nova Scotia soldiers in cold weather, w
would drink the rock oil from their
to the extent of inducing deliriu
practice is extending to Ireland w
it, and if the statement is false it ou
without delay. This information rea
man who positively asserted it occu
ledge, but I did not receive liberty
reported case of using such a disgu
or "finish" has induced me to as
accurate observations.

I am,

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ANIMAL ALKA

TO THE EDITOR OF THE MEDICAL

SIR,—In reference to the articl
contained in your last number, I
letter received from a patient which
interesting as confirming the theory
ago I had an illness, the result prob
books, on an average twelve hours a
sixteen hours, for nearly twenty
holidays of about a fortnight e
years, in addition to work I had to
culties, causing much anxiety. The
burning pains in the head, follow
congestion in the eyes. For the l
our leading oculists. He at once
of the brain was not far off, and

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D CIRCULAR.

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F.R.C.S.I.

AND CIRCULAR.

imal Alkaloids'
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with many diffi-
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eeplessness and
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that congestion
me to leave my

office within twenty-four hours. I followed his advice, and went for a short sea voyage; and never shall I forget the refreshing sensation that followed a four or five hours' sound sleep, the first for many months, in my cabin the first *day* at sea. After this sleep my health improved, and I returned home much stronger. But on the voyage home I was attacked by terrible itching over nearly the whole of the body. Very soon this was followed by boils, many of them as large as walnuts. Then I consulted the late Dr. Tilbury Fox, and he pronounced it a case of blood-poisoning by the overworked brain. Dr. Fox treated me for nearly two years, and under his treatment the skin affection disappeared entirely, and my health generally improved. With this improvement I returned again to my work, and again very foolishly did too much. Whether from this, or the long continuance of strong medicine prescribed by Dr. Fox, I do not know, but from some cause I suddenly fainted one evening. The next morning I was too weak to get up, and within three days I was so weak and emaciated as to be unable to take any solid food or to move from one chair to another without assistance. The care and skill of my own medical man, followed by a long rest and another sea voyage, restored to me very much of my old health and strength, and I have become a wiser though weaker man."

I am, &c., A. L.

SIR ANDREW CLARK ON THE TREATMENT OF HAY FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observed with some surprise that Sir Andrew Clark, in his Cavendish lecture published in your last issue, gave credit to certain American authorities for the use of the galvano-cautery in hay fever, ignoring apparently a contribution by me to the *British Medical Journal* (June 21, 1884), in which I advocated its use. This is the more remarkable seeing that Mackenzie, of Baltimore, to whom he alludes, refers to me as the first Englishman who had recognised local hyperæmia in the nares as a predisposing cause of hay fever, and the treatment by means of the galvano-cautery as the method *par excellence* for its removal. I may mention that he makes no allusion to treatment by ointments, a class of remedy which possesses very great advantages.

I am, yours, &c.,
LENNOX BROWNE.

Literary Notes and Gossip.

THE first edition of Mr. Christopher Heath's well-known "Dictionary of Surgery" has been exhausted, and a new edition is shortly to be issued.

⁂

THE "New Religio Medici," is the title of a volume of essays on the relation of religion to the healing art, by Dr. Frederick Robinson, just published.

⁂

JUBILEE Day is to be marked at Merthyr by the laying of the foundation stone of a new hospital, the ceremony having been arranged to be performed by Sir W. T. Lewis, to whom a silver trowel commemorative of the occasion will be presented.

⁂

AN Appendix to Neale's "Medical Digest," including the years 1882-3-4-5 and the early part of 1886, has just been published, and brings this valuable work down to date. The usefulness of this laborious and painstaking compilation is too well known to need repetition.

⁂

AT Columbus, Indiana, the practitioners have combined to form an association for protecting themselves against loss of income occasioned by refusal of clients to pay bills well within their power to discharge. Something of this kind at home might be serviceable in putting some sort of stop to the fast-growing evils of the "club" system in this country.

⁂

THE nondescript publication by Mr. Balmanno Squire on

ceremonial at Westminster Abbey appear t
the fact that the reign of Her Majesty the
marked by an unprecedented advance in c
all that conduces to life and health preser
have been thought that places would hav
reserved for occupation by the great leade
and medicine ; and that ample precautions
taken to secure their presence on an occ
would have graced with peculiar fittingnes
from this being the case, it seems almos
enormous crowd to be assembled in the Al
posely arranged with a view to the exclu
whose thoughts and words have mainly co
the past fifty years of English history th
has become. The error is one that ca
covered from, and even now we trust it r
to repair so serious and important an om

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Mr. HARDY'S prize essay, entitled "Th
and the Jubilee," contains some valua
the financial condition of our hospital
gether with statements and criticisms
and management. *He* reproaches th
schools with being a source of expense,
tion to their services, and he is evident
fusion of these smaller schools with
Such a course, it is clear, would be as
cause of medical teaching as it would
point of view, to the hospitals, and
question will have to be seriously con
first recommendations of a commissi
probably bear out this point. It is
author to argue that the out-patient d
is a modern innovation and should be
indeed is willing but the flesh is we
worthy of perusal by those interest
ment.

⁂

OF all departments of surgery non
progress in the last decade as that of
in the bladder. Axioms, hitherto co
are on the other hand being daily a
less success. What for example app
foundation than that lithotomy wa
operation for boys? Surgeon-Maj
written monograph, incontestibly pro
rapidity of cure litholopaxy is dec
fifty-eight consecutive litholopaxies
Indore *only* one case was lost. T
days spent in the hospital was a
pared with seventeen when lateral lith
number of admissions into the hospi
amongst boys has steadily increased
become a recognised operation, ow
which the natives of India have to t
As a natural result much suffering
stones will not so frequently attain
help is solicited. Of all the objecti
against lithotrity in young subjec
and that is, that the *meatus* of the
small. That the calibre of the *u*
eight years of age is, as a rule, ver
the orifice be incised, and it will
that a lithotrite of considerable
the bladder. The success and safe
to children depend in not leaving
fragment of stone behind in the b
that the only perfectly safe lit
fenestrated pattern. He would re
for the treatment of very large
lateral lithotomy only when the

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NEW BOOKS AND NEW EDIT
been received for review since t
list, May 12th :—The **Health of**
son, F.R.S., 2 vols. **Stricture o**
Maddick, F.R.C.S.E. **A Study**
and Hydrophobia, by **Surgeon-G**
gestion, Biliousness, and **Gout**, b
(2nd Edition). **Sphygmograph**
Drs. Keyt and Isham. **Manual**
M. Crookshank, M.B. Lond. **La**
by Alexander Wylie. **Thurley**

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London Hospitals
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-The following have
lication of our last
, by B. W. Richard-
rethra, by E. Distin-
Literature of Rabies
Gordon, C.B. Indi-
ner Fothergill, M.D.,
Cardiography, by
teriology, by Edgar
Leisure, and Luxury,
y Felix Weiss. The Hunterian Oration, by W. S. Savory, F.R.S. Lecture on Diseases of the Hair, by James Startin. De la Morphinomanie by Dr. Oscar Jennings. Social Arrows, by Lord Brabazon. Climatic Treatment of Consumption, by J. Alexander Lindsay, M.D. Elementary Practical Histology. Report of the Metropolitan Board of Works for 1886. The Common Health, by B. W. Richardson, M.D., F.R.S. Elements of Physiological Psychological, by G. T. Ladd. A New Explanation of the Renal Troubles of Pregnancy and Labour, by A. F. A. King, M.D. L'Année Médicale for 1886, edited by le Dr. Bourneville. Hay Fever, by Morell Mackenzie, M.D., 4th edition. The New Religio Medici, by F. Robinson, M.D. Pocket Case-Book, by A. T. Brand, M.D.

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Scientific Grants of the British Medical Association.—The Scientific Grants Committee of the British Medical Association invite applications for grants in aid of medical, surgical and collateral research; £300 are annually appropriated to this purpose (exclusive of the two Scientific Research Scholarships of the Association at present held by Mr. Watson Cheyne and Dr. Sidney Martin). The Committee will shortly meet to consider applications, which should be forwarded to the office of the Association, 429 Strand, addressed to Mr. Ernest Hart, who acts as the Honorary Secretary of Committee, and who will furnish particulars of the conditions under which the grants are allotted.

Society of Apothecaries of London.—The Examination in Arts of the Society of Apothecaries was held in the Hall of the Society on the third and fourth inst., when there were 201 candidates. The class lists will be published, it is understood, early next week. The third Examination in Arts of the Society of Apothecaries, for this year, will be held on the 2nd and 3rd days of September next, and the fourth Examination in Arts is fixed for the second and third days of December next.

University College, London.—Dr. William Ramsay, Principal of, and Professor of Chemistry in, University College, Bristol, has been appointed to fill the Chair of Chemistry in University College, London, vacant by the resignation of Dr. Williamson. Dr. Sidney Ringer has been appointed Holme Professor of Clinical Medicine, in succession to the late Dr. Wilson Fox. Dr. Victor Horsley has been appointed Professor of Pathology, in succession to Dr. Bastian, resigned. The first award of the Slade Travelling Scholarship (value £150 per annum for two years) has resulted in the election of Mr. Harrison Mann, of Glasgow.

Vital Statistics.—The registered deaths last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19·5 per 1,000 of their population, and were—Birkenhead 22, Birmingham 18, Blackburn 26, Bolton 19, Bradford 18, Brighton 13, Bristol 17, Cardiff 16, Derby 12, Dublin 21, Edinburgh 20, Glasgow 20, Halifax 21, Huddersfield 19, Hull 18, Leeds 17, Leicester 15, Liverpool 22, London 17, Manchester 30, Newcastle-on-Tyne 25, Norwich 27, Nottingham 20, Oldham 21, Plymouth 21, Portsmouth 13, Preston 21, Salford 25, Sheffield 19, Sunderland 22, Wolverhampton 25. The highest annual death-rates in these towns last week were—From measles, 1·8 in Brighton, 2·1 in Sheffield, 2·2 in Liverpool, 2·3 in Oldham, 2·9 in Salford.

The Aylesbury Dairy Company.—In response to the invitation of the managers of the Aylesbury Dairy Company, a number of gentlemen, comprising many medical officers of health, public analysts and others, went by special train on Thursday last to Horsham, to inspect the dairies and cowsheds of this company, The magnificient installation for mixing and cooling the milk, the airiness and cleanliness of the immense stables and the minute precautions taken for the prevention of contamination, excited the surprise and admiration of the visitors. The party were subsequently entertained at lunch in one of the dairy buildings after which Mr. Allen of Sheffield, President of the Society of Public Analysts, Dr. Winter Blythe, Dr. Kelly, Professor Brown, and Mr. Ernest Hart discussed the question of milk contamination. The last named gentlemen pointed out that what was required was to cut off all possible source of contamination, a proceeding which was much more likely to be efficacious than sterilisation by boiling or otherwise. Mr. Allender (the manager) alluded to the discrepancies in the statements which had been made with respect to the alleged existence of scarlatina in the cow, and expressed a hope that some other explanation of the facts might be found than that which had been advanced.

The Medi

Vol. XCIV.] W

Clinical Pap

ON

PRACTICAL POINTS IN
MENT OF EYE DI

By ROBERT BRUDENELL C
Past President of the Medical Society of I
geon to St. George's Hospital, and to
Paralysis and Epilepsy.

1. On Asepticism in Catar

The consideration of the degr
ciples of aseptic surgery may be ap
of cataract extraction, and of
the details may best be car
sarily much occupied the attenti
geons. *As soon as the great* a
from the attainment of absolut
pleted cleanliness in other regions c
understood, it was felt that simila
obtained, if we only knew how
ophthalmic surgery; but the fi
direction were not attended by t
which had been hoped for. M
liquids in common use, either
of spray or for *irrigation*, were
irritating to the epithelium of the c
occasion to regret the employmen
even when the unfavourable resu
led me to adopt an unusual degre
of mercuric perchloride have had
they are attended by the great d
the edges of any cutting instrum
to their action, and of covering a
unsightly and dirty looking am
called, of mercuric biniodide has
Paris, but the biniodide is almos
is moreover a very active irrita
tion of potassic iodide, only an i
be dissolved, and all suspended
to form foci of local inflamma
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I think it must be within the
rator that not only cataract e
tomy, has been occasionally foll
a kind pointing to septic inocu
of the cavities of the eye ; and
the character of the morbid pro
on these occasions, I was incli
possible entrance of those air
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of high repute. In catara
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generally abandoned in favou
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rior chamber at the time of th
for a considerable period, I fel
issue of operations in which

Press and Circular.

POPULI SUPREMA LEX.”

SDAY, JUNE 22, 1887. [No. 25.

TREAT-

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Hospital for

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occurred.

There is nothing in the entrance of a bubble of air to forbid septic infection from other sources, but, as a matter of fact, I never, or scarcely ever, saw any symptoms pointing to infection in the instances in which such entrance had occurred; and hence I was gradually led to infer that the cause of septic mischief, whatever it might be, was not, as a rule “air-borne,” but introduced in some other manner. The two most severe cases of septic ocular inflammation which ever occurred in my practice were in patients from whom laminar cataract had been removed by suction; and at the time I came to the conclusion that the inflammation had been caused by the introduction into the affected eyes of albuminous matter left in the canula of the suction instrument by a former operation. The silver portion of the instrument is united to the glass portion by a cement of shellac, which is instantly softened by heat, so that the instrument can only be washed in cold water, and it struck me that the consequent imperfection of cleansing might have been the cause of trouble in the instances referred to. This experience occurred many years ago, and it has ever since been my practice to soak the suction tube in diluted Condy’s fluid for some time before using it; since adopting which precaution I have witnessed no more mishaps of the kind referred to. Reflection on these cases led me to think that septic inflammation after other operations might in like manner be due to the introduction of decomposed or decomposing material, and the possible channels of such introduction are not far to seek. In performing iridectomy we introduce into the eye a pair of forceps with fine teeth, in which many other irides have been held, and between which some of these irides would be certain to leave shreds of their tissue. The fleam-shaped cystotome presents a shoulder, where its blade is joined at right angles to the stem, and nothing would be more likely than for a particle of lens matter to lodge in the angle or crevice between the two portions. By either of these two agencies, and also by means of any other instrument which is carried into the anterior chamber, it is easy to see that direct septic inoculation might be unconsciously performed by the operator.

From the time when this view of the case presented itself to me, I have cared very little about the entrance of air, or the possible introduction of air-borne germs, and have confined my efforts to the absolute exclusion of ordinary particulate inoculation with albuminous material. Of such inoculation, besides the possible uncleanness of instruments, there may be at least two other sources, one of them being the gelatine employed in making cocaine wafers, the other the secretions of the conjunctiva or lacrymal passages. I think I guard against all dangers by the employment of the following method of proceeding.

Excepting in special cases, I use cocaine as my only anæsthetic, and apply it in wafers, each containing the fiftieth of a grain. Five wafers are generally used, one of which is inserted every five minutes, beginning twenty-five minutes before the time fixed for the operation.

he will remain aphonic. He cannot
voice, at least for some time. Som
perhaps most frequently—before bei
possession of his normal condition, he w
speak a period characterised by stamme
lar kind, consisting in the frequent repet
syllable, especially in words of a certain
ing the constituent elements of the s
that while the patient retains the p
movement of the tongue and lips, to m
with facility in all directions, so as
whistle as normally, he *is unable to*
word even in a low voice, simply to wl
more, to *imitate the movements of* ar
sees performed before him. The pa
dumb in the most rigorous acceptati
respect that he is unable to utter a si
add that he is *more than dumb*, for w
can utter violent cries—observe the
—the hysterical mute is *aphonic*, mo
absolute manner, so that, as in our
save without great difficulty, emit
you will hear presently.

Here, then, we have already a rem
of symptoms. The belief might be
tained by some that in such a ca
natural consequence of aphonia carri
The patient is mute because he has n
larynx and the vocal cords do not vi
you will speedily comprehend, as
hypothesis is erroneous. "Hysteri
and their number is great—are, it i
expression to a high sound, but
selves perfectly understood in a whi
n a low voice. *Whispering is not*
age spoken and articulated. This
is independent of laryngeal voice.
demonstrated conclusively by Ma
1879 by M. Boudet, of Paris. The
fectly established, availing thems
method, that in whispering the lary
that the vocal cords do not enter
air then passes through the larynx
It passes through an inactive tube.

Here we have revealed truly the
hysterical mutism. If the affecte
to whisper it is not because he is
his larynx does not vibrate; it is n
the ordinary control over the mov
and lips—you have seen that ou
able to blow and whistle—it is be
execute the specialised movement
duction of words of speech. H
words, in the power to produce th
requisite to effect the mechanism
We have then, in this case, to des
a form rare, very rare in the dom
aphasia, in which are frequentl
diverse proportions other aberr
guage, such as word blindness, c
in short an intellectual enfeeble
nounced. We shall see that ou
not fall within this category. I
remark—a practical feature of th
that in organic motor aphasia, ev
the patient utters cries, expresse
high voice, pronounces some w
mal-apropos, but perfectly distin
in cases of labio-glosso-larynge
up to its last stage (that of wh
offers a complete example) altho
motor paralysis of the lips, t
execution of speech and the
although feeble and at the last
still remain to the moment of
again on these characteristic
mutism I repeat the patient is

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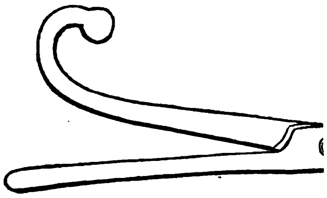
the same time he is without voice. Witness other equally characteristic signs. Not only does the hysterical mute preserve all the resources of his intelligence, not only is he apt to assimilate all that which is transmitted to him by hearing or by sight, but besides he further possesses, as I have said at the commencement of the lecture, the power of making himself understood by mimicry, and of communicating his thoughts by means of writing. All these phenomena may be found without doubt in cases of labio-glosso-laryngeal paralysis of bulbar origin, and in this regard it is not on this basis that a distinction between the two affections can be established, but in organic aphasia the symptomatology as you will see is not of the same character.

You know how rare, in the organic domain, are cases of pure motor aphasia without complication. With the loss of motor representations of language, are associated in like cases, in a general manner, and in variable degree, other troubles of interior language. The aphasic cannot read, or he reads with difficulty; he does not understand, or he understands imperfectly what is said to him by the ear, while he is not deaf, and retains, as I suppose, his intelligence. But admitting even that any of these complications do not exist, he will generally have lost in great measure, the power of making himself understood by gesture. Recollect how difficult it is to converse with "aphasics" of this character. Probably besides, the power of writing will be wanting, for you will not overlook that "aphasics" from organic lesions able to write are rare, and even in them the act of writing if it remains in some degree is difficult and imperfect. It is quite otherwise with the hysterical mute; he has lost absolutely nothing of his prior education and of his intelligence, nor of the faculty of writing. Solicited by the questions of an interlocutor he seizes with singular avidity a pen or a pencil presented to him in order to express his thoughts. A striking difference is here presented, which in conjunction with the loss of voice and articulate language, enables us to recognise almost at a glance, hysterical mutism.

I frequently refer in this relation to the case of a young Spaniard reported in full in the memoir of M. Cartaz. He was presented to me as suffering for the period of one year from syphilitic epilepsy. He was treated for such. It was added that frequently at the termination of his attacks he remained aphasic for many days. When I saw him he was just on the eve of one of his attacks of supposed aphasia. I approached the patient, and he made me a sign in conveying his hand to his throat—a common movement with hysterical mutes in these circumstances—that he was unable to articulate a single word. I desired him to speak in a low voice. With difficulty was he able to outline with his lips some silent movements of articulation. Finally I desired him to cry. He was unable to emit any sound. At other times I was able to prove his power over his tongue and his ability to whisper and to whistle as in the normal condition. In the meantime urged by my questions he became impatient, and seizing a pen he gave me with remarkable promptitude certain details of his history, as clear as I could have desired, notwithstanding that he wrote in French, and not in his native language. My diagnosis was at once established, and at once I said to my *confrère* "that is a case of hysteria," who seemed incredulous, judging the opinion arrived at too precipitate.

Ulterior examination confirmed my diagnosis. There existed in this patient right hemi-anæsthesia with trembling of the left side, a diminution of the field of vision and defective hearing on the same side, anæsthesia of the pharynx, and, in a word, a series of stigmata which left, no doubt, of their well-defined hysterical origin. I would remark that the description of the attacks given me was truly characteristic. Here then was a case of hystero-epilepsy, and an investigation of the antecedent history proved that syphilis never existed save in his own imagination, and in that of the physician.

accordingly thrusts his right hand int
his wallet, and extracts from these an
is specially kept in reserve for such a c
is nothing else than a pair of pincers,



use for stretching leather, and with
never fails. The one here figured ha
fully twenty-three times ere it came
must also, I fear, be admitted a little
into my possession, and I will only ad
operators rarely resort to its aid.
short or at all, when they cannot ot
selves.

So far for this ancient operatio
of the Himalayas, let us now see i
in the Plains or elsewhere in th
"Native Practice in Rajpootana," i
of Medical Science for July, 1873, p.
—now Surgeon-General—W. J. M
stone the Hakeem passes the fing
hooking down the stone, and t
through the perinæum. Sometim
troduce a blunt hook into the bl
fishes for the stone, aided by supr
he catches it," and the *following* i
subject that Dr. Chevers has l
Hindley has given in the eig
I. M. G., p. 39, an account of
formed in Marwar by a cultivator,
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knife and hook which he used.
has also published in vol. xi, p. 1,
representations of native barb
(ustara) used by *Jurrars*, with
(*zumboör*) in *lithotomising.*" He
many native, but uneducated, sur
tomy"—after this wise, I presume-
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are, doubtless, careful to pick thei
remarks that, in Marwar, only st
in the prime of life, were treat
In some of the survivors the p
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between this procedure and that
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any future time is as much o
kind reader, as for me. As ye
either in praise or in censure
deserve neither; and so, conte
such a bibliography of the subje
compile, I leave them and myse

Bibliography.—Ammonius, of
practised it at this place, but
further particulars of him or of h
treatise "On the Operation of L
and likely to remain so, has such
antique operation" that I am ind
speak for itself. The manner
pp. 10-11) this—"the rectum was
hours before the operation, the s
and middle fingers of his left
anus, while he, at the same time
his right hand on the lower part

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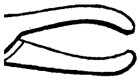

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pubis, to assist in bringing down the stone, he then grappled with it, brought it forward to press on the neck of the bladder," and, so on, and, so on, and this procedure has also been described by Bell, Burns, Celsus, Cooper, Erasistratus, Heister, Hildanus, Herophilus, Meges, and many others. I am indebted for the following to my friend, Dr. Gordon, C.B., who is as fond or fonder of showing up pretensions and shams of all kinds as I am myself. "Freund's History of Medicine," vol. ii, pp. 390-394; Pirrie's "Surgery," 1st ed. p. 652, &c.; Heister's "Surgery," A.D. 1750, vol. ii, pp. 98-109, and, finally, "Paulus Aegineta," translated by Dr. Adams, vol. ii, pp. 354-363. And, as to that "discovery" or rather "mare's nest," which a certain great specialist of this city lauds so much, if my readers will look into the *Indian Annals of Medical Science* for April, 1855, pp. 696-7, they will find that a Mr. James Hinder, a Sub-Assistant Surgeon of the Bengal Medical Establishment (alias, an unqualified man) began an operation of this kind "*by making an attempt to raise the fundus of the bladder with a sound.*" He adds further on that "*the bladder was raised through the rectum.*" Nor need they go so far afield as Kiel or Leipsic, Halle or Jena, in quest of details or "discoveries" ! of this kind. Their own good understanding or good sense will be their best guide in this and other matters of like import, and I have always distrusted the discoverers of new drugs, as well as the devisers of new pessaries, new probes, and new anal bags. The worst surgeon I ever knew was a man who could not open a bubo or take out an ingrowing toe-nail without inventing a new bistoury or a new forceps. He was, in short, a great discoverer of—surgical trifles, or curios, such as adorn museums or bewilder ordinary mortals, but of such was not the pelf that pays, or the power that provokes imitation, and he went down to his grave without earning so much by his art as would provide salt for his porridge, or a coffin to cover his bones with. Do not thou follow his example, brother. Use the plainest and simplest contrivances you can lay hold of, or that come readiest to your hand, and thus discourage so far as lies with you that rage for invention and that craze for discovery that now obtain among us, and that if not checked in time, will assuredly bring upon us and upon our art the ridicule and the scorn of all reasoning or *well-read* men— *Vale.*

NOTE.—As the following, which has come to hand since this paper was written, bears not only on this operation, but also on that called supra-pubic cystotomy, I subjoin it here, and leave it to speak for itself. Describing his success as a lithologist with muriatic acid at Cairo, and subsequent failure elsewhere, old Honighberger says in his strange book yclept "Thirty-five Years in the East," p. 7, that "in Syria there are also Arabs known as stone operators, who adhered to the old method of Celsus, *i.e.*, to bring the stone down by introducing the fingers into the rectum and cutting it out through the perinæum; but I preferred the apparatus (he says) *when the stone is cut out from the bladder through the pyramidal muscle of the belly*, which produced a very great sensation, and obtained for me the name of a skilful operator." Here we see another unqualified man—for I assume from his writings, "Cures," and "Discoveries," &c., that this man had no special training, degree, or diploma—performing this grandly named operation out of his own head; so that in this, as in other matters medical and otherwise, "there is no new thing under the sun," and he intimates at p. 148 that a Mahomedan stone operator, whom he had met at Lahore, described to him at length *his modus operandi* as above, and *secundum methodum Celsianum.* Verily the more I see and hear or read and think, the more am I satisfied as to the average equality of our gifts, and as to the fact that the days of discoveries, like those of miracles, have disappeared. May they never return to delude and mock us.

◆

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 29, Bombay 21, Madras 37, Paris 24, Brussels 23, Amsterdam 20, Rotterdam 18, The Hague 19, Copenhagen 23, Stockholm 23, Christiania 19, St. Petersburg 28, Berlin 20, Hamburg 23, Dresden 17, Breslau 23, Munich 38, Vienna 29, Prague 31, Buda-Pesth 28, Trieste 20, Rome 31, Venice 26, Cairo 46, Alexandria 32, New York 25, Brooklyn 21, Philadelphia 22, and Baltimore 16.

Clinical Record

MEATH HOSPITAL AND COUNTY

Case of Calculous Pyelitis, followed by Al

Under the care of Dr. J. W. M
Physician to the Hospital.

A PORTER, æt. 17, admitted March
exceedingly ill—wasted, blanched, and
questioned as to the duration of his illne
legs began to swell a fortnight previously
pain in the left groin set in. His appet
could not sleep on account of the pain i
hip. The bowels were free, and the mot
smell and an unhealthy appearance.
emaciation; he appeared very bloodl
eyelashes, and a generally phthisical a
was complained of. He was very thi
diagnostic importance. There was a lou
murmur. The observer was struck by
abdominal cavity, especially in the epig
remarkably prominent. The fulness was ii
the presence of considerable tympanite
cussion in the flanks revealed a mode
right hypochondrium, the epigastriur
region were all occupied by a vastly enla
hard to the feel, perfectly smooth, and c
It was easy to get the fingers under its
and to map out the right and left lobe
notch. The first touch of the liver s
existence of albuminoid change in th
time, it was ascertained that the spl
to any extent enlarged. The urine,
be highly albuminous, showing on m
tion a few hyaline tube-casts, but *no*
cells. It was acid in reaction, and it
only 1010. There was moderate a
extremities, and the left leg was
disease—vital ankylosis. The patien

At the autopsy, the *lungs* and
practically healthy. The *liver* was
enlarged. It weighed 7lbs., was v
yielded a pink coloration with anili
and *spleen* were inseparably welded
sions—they weighed jointly 13½ ozs.
congested—its capsule was thickened
ances of former perisplenitis. It show
the "sago-spleen" of albuminoid dis
firm, almost cartilaginous, and the nei
enlarged. But the interest attachi
attained its climax when the *kidn*
were reached. The left kidney, or v
imbedded in a mass of dense, ca
nective tissue. On cutting throug
was found almost entirely destroye
locular cyst with intervening bands
disease. The cysts contained a ho
lent fluid, and branching calculi we
The pelvis of this kidney was obl
old-standing calculous pyelitis, a
thickened and widely dilated do
inches above its entrance into th
completely occluded by a smooth o
bluish black colour (from depositi
so resembling a piece of limestone
the sea. Passing downwards from
invading the sheath of the left ps
phritic abscess had tunnelled, so
ness in the left hip-joint. The p
the closing weeks of the patien
partly evacuated itself by the bov
tion with a catheter failed to disc
or otherwise—into the intestine.
urine was satisfactorily explained
of the left urethra as above descr
its surrounding connective tissu
right kidney weighed more than
between three and four times
viscus. It has evidenly underg
trophy to a very marked extent
overtook it, and at the moment

MARY.

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albuminoid disease, only in a less degree to the liver. A histological examination confirmed the widespread existence of albuminoid disease.

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Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JUNE 1ST.

The President, Professor **GRAINGER STEWART, M.D.,** in the Chair.

DR. **ARGYLL ROBERTSON** showed a patient from whom he had removed a

HYPERTROPHIED LACRYMAL GLAND.

The much enlarged gland had pressed seriously on the other structures, giving rise to much disfigurement. Such cases were not very common, and the only suitable line of treatment was complete removal.

Mr. **A. G. MILLER** showed two patients on whom he had operated for what he believed to be

CEREBRAL ABSCESS IN CONNECTION WITH EAR DISEASE.

One patient had been subjected to a second operation. In each instance the treatment had proved most successful. The cases afforded an interesting commentary on his previous statements, when the subject of cerebral abscess was under discussion on a previous evening. Every such case should be made public, as an encouragement to the surgeon to interfere in that admittedly serious condition.

Mr. **MILLER** also exhibited a large

RENAL CALCULUS REMOVED BY NEPHRECTOMY FROM AN OTHERWISE HEALTHY KIDNEY.

Many such cases had been reported, but, in most instances, the kidney had been diseased. This was the third case in Edinburgh where the operation had been conducted on an absolutely healthy organ. He recommended incision of the capsule merely, and then the use of the sinus forceps, which readily passed through the kidney substance.

Dr. **BYROM BRAMWELL** showed a patient who presented, in a remarkable degree, the symptoms of

WORD BLINDNESS.

The patient was a well-trained, intelligent artisan, accustomed to read and write and draw. In association with other paralytic phenomena, which had now largely disappeared, there had developed this striking symptom, which still continued. The man could copy letters and figures correctly, but they apparently conveyed no meaning to him. This was, curiously enough, especially noticeable in respect of single letters. When different letters were written on a sheet of paper before him, and the patient interrogated as to whether it was such and such a letter, he invariably failed to answer correctly. With combinations of letters, at least with the simpler words, he was more generally correct. Dr. Bramwell thought this explicable by a study of the way in which a child learns to read.

Dr. **BRAMWELL** further showed an interesting case of

BRAIN SYPHILIS,

which had manifested an extraordinary variety of symptoms. Latterly, however, a curious condition had appeared. The patient, while able to read and converse with intelligence, showed a remarkable aberration of idea in respect of number. When asked to write the simplest figures, he invariably wrote a much larger one, his favourite error consisting in a tendency to multiply every given figure by ten.

Dr. **FOULIS** recalled the attention of the Society to his

COMBINED SYRINGE AND ASPIRATOR,

and demonstrated how it might be used for slower evacuation on the principle of the syphon. He had also made certain improvements on his vesical catheter, whereby washing of the bladder might be more safely and easily conducted.

Dr. **FOULIS** also exhibited a

MODIFICATION OF SIMPSON'S FORCEPS,

which he had introduced. The essential improvement was the addition of a bar, which ran parallel to the long curve

occurred to him that the external operation woul
creased facility for getting at the structures to
them. The difficuly of operating through the
the tonsil was the uncertainty of removing the wh

Mr. W. THORNLEY STOKER said he was fo
thermo-cautery, and had used it freely and frequ
this was one of the cases in which he would
rely upon it as being an instrument of dangerous
finding its way, and therefore if he sought to do
remove the surface of the gland, especially where
disease existed, he would adopt the apparently
operation of cheek and jaw, and enucleating the
its attachment by means of an instrument of le

Mr. KENDAL FRANKS concurred with Mr.
objection to the thermo-cautery, not only beca
geon might travel to undesirable parts, but als
the increased difficulty which cauterisation cre
the limits of the disease. Although he had
at tonsils a good deal, he had never seen a ca
cancer. He had, however, operated on cance
connection with disease of the tongue, the de
he brought before the Academy. In the pr
thought Mr. Croly was right in taking it fro
and that the surgeon need not be afraid of
the carotid artery, there being a good d
between the tonsil and that artery to avert d

Mr. CORLEY would have considerable hesi
ing the point of a thermo-cautery to a to
ternally or inside.

Mr. CROLY replied: His first idea was to rel
by tracheotomy from the sense of choking,
to cut the tonsil either from inside or outs
rience of those growths had been, unfortu
operation would only give temporary re
asked Sir James Paget what would he do if
in London, and that eminent surgeon repli
perform the preliminary tracheotomy, and
of the tumour through the mouth as he c
fact, in this instance, unless he cut off t
could not have cut out the disease, and
immaterial whether he had made an exter
incision, although he reflected on the haza
of cutting within from without. He reg
one of malignant disease occurring with
it was a question whether, in a similar
anything but tracheotomy to relieve the
ternal growth was completely encapsuled,
nut would out of the shell. The wound
union, but the disease returned with great
the boy's blood. What proved of greate
was its likeness to tonsillar abscess.

EXCISION OF THE WRIST-J

Mr. WHEELER read a paper on exc
joint.

Mr. HAMILTON asked why Mr. W
march's bandage in this particular exci
it in others. He himself disliked it in
particularly of the knee, owing to the
blood lost.

Mr. CROLY said he had excised the w
adopting Sir Joseph Lister's operation
him perform. Great stress was laid o
of the fingers. He aimed at avoiding
especially of the thumb, and also inju
Another point emphasised by Lister
the ulna in such a way as to prevent
loid side. He himself never put on
which was the great objection to E
he put a few turns of the bandage
thus was avoided the risk of pressi
against the bone, while at the same
tion was secured. Perfect fixation
mencing passive motion the very
were the important points.

The PRESIDENT.—In reference
Esmarch's bandage, how do you pr
blood?

Mr. CROLY.—I raise the arm, and
the elastic bandage above the elb
operation.

The PRESIDENT said there was a
Esmarch's bandage, which he was

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His expe-
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Hence, he
had the case
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get out. In
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refore it was
or an internal
is proceeding
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rapidity, and
he would do
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came out as a
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of the wrist-

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ur or five times,
ch he had seen
passive motion
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cut the end of
ping on the sty-
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's bandage, but
the elbow, and
brachial plexus
bloodless opera-
wrist and com-
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r application of
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g a few turns of
have a bloodless

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from his own experience. In his case, where secondary hæmorrhage ensued, he believed it was due to the faulty application of the bandage, perhaps with too great firmness; but he looked upon it as one of the greatest improvements in modern surgery.

Mr. THORNLEY STOKER expressed his unqualified objection to the use of Esmarch's bandage in any excision of a joint; but he would be sorry to object to its use in many other forms of operation—for instance, the removal of necrosed bone, where, without it, the surgeon saw nothing but a pool of blood. In excision of joints, however, there were two great objections to its use—first, troublesome hæmorrhage, which some attributed to want of skill in applying the bandage; but he believed it never could be applied in such a way as to empty the limb of blood without being followed by troublesome hæmorrhage. The second objection was, that it altered the appearance of the bone so much that the surgeon could not form a proper estimate as to whether the bone was truly healthy or diseased. The term "bandage" was loosely employed, some referring thereby to the elastic bandage proper, and others to the tourniquet. He did not believe the bandage proper ever did harm. What did the harm was the elastic tourniquet being tightly applied above the seat of the operation, the constriction paralysing the vaso-motor nerves and bleeding following. Mr. Croly did not really use Esmarch at all. He did not conserve the blood for the use of the patient, but he employed the bandage as a tourniquet above the seat of operation, which was a different thing,

Mr. CROLY explained that he blanched the limb thoroughly by elevation. There was no blood lost during the operation.

Mr. CORLEY said, in excision of the wrist, the question of the case being scrofulous was a serious item for consideration, having regard to the probable return of the disease, and therefore the necessity of amputation in the end. Thus Mr. Wheeler's, judging from the ages of the patient's, were not strumous cases, and the chances of success were fair. In that view the question of Esmarch's bandage was one of minor importance.

Mr. TOBIN was surprised to hear early passive movement in such cases recommended, except where there was likely to be stiffness.

Mr. WHEELER replied. The splint he used was similar to that employed by Lister, but a little more elevated at the heads of the metacarpal bones. Having put in a drainage tube, he bandaged the hand to the splint, putting T-nicks at each side, so that he need not remove it. The wrist was steady on the splint, while each finger was moved separately. He had deprecated the use of Esmarch's bandage in excision of joints: for in excision of the knee he had secondary and sometimes intermediary hæmorrhage, and if that occurred whilst the limb was in a fixed apparatus of plaster-of-paris, it would be necessary to take off the plaster-of-paris to stop the hæmorrhage. He did not, however, condemn Esmarch's bandage in suitable cases where there was considerable oozing and it was necessary to see the parts; for instance, he used it when removing the cuboid bone. Having used the bandage both ways—with the rubber and elevating the limb—he found that by putting the band round above the seat of operation and not using the rubber, he had an almost bloodless operation. The best time to begin passive movement was on the second or third day following the operation, the metacarpal bone being held steady.

The Section adjourned to the 20th May.

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THE Presidential *conversazione* given at the Royal College of Surgeons of England on Wednesday last by Mr. Savory, F.R.C.S., was very brilliant, upwards of twelve hundred ladies and gentlemen being present, including many nurses from St. Batholomew's Hospital.

MR. LUND is reported to be steadily progressing towards recovery from the effects of his recent attack. The vacancy caused by his resignation of the examinership at the Royal College of Surgeons of England will be filled on June 27th.

over half a million; Manchester has only two
beds, for nearly 400,000; Birmingham two with
for 400,000 people; Glasgow two with 600 be
population of 487,000; and Edinburgh one, th
Infirmary,—with 600 beds, for a population of
Dr. Corley gives a further explanation. He
"I am not of opinion that 1,200 beds woul
much for our wants, although in Edinburgh the
with 600, and my reasons for saying so is this-
lower classes are more steeped in poverty here,
not provided, as they do in England and Sco
rainy day, and the only alternative when t
are overtaken by disease or met with an a
send them to the Union. "I don't at all ag
are over-bedded; we are over hospitalled, n
we have not too many beds." We believe that
is correct. But, whatever may be said
the number of beds, there can be no
there are far too many hospitals in
that the effect of there being so man
to add largely to the "establishment" e
to diminish the opportunities for clinica
Some of these hospitals owe their origi
stincts of benevolence in the last century
men began to recognise the necessity of su
in the interests of the advancement of the
allude to Dr. Steevens's, Jervis Street,
Meath, and Sir Patrick Dun's, and it is
that with the exception of Mercer's, all
founded either directly by, or through the
of medical men. In the hospitals which
tioned with again the exception of Je
medical staff are, we believe, entirely
Protestant, and this is so, not because t
in their constitutions which requires th
officers should profess that religion, but
been founded in the days when it wa
creed, the traditional practice was alwa
selecting Protestants, while it must b
until lately the Roman Catholics did
educational advantages enjoyed by
It is not surprising then that such i
Mater Misericordiæ and St. Vincent's
into existence, for although the inf
zeal must not be overlooked in ac
origin, it is almost certain that the
tions as places where Roman Ca
might look for the means of acquiri
tation lent an impetus to the mo
starting them which would have
ineffectual, without this propelling
too, is an instance of an hospital
to the influence of religion, but it i
of the kind in Dublin which is avo
members of one creed. Of the Ho
pitals we have already spoken at
only necessary to say here that
connection with the old Poor-
belong really to the Union syst
doubtless be restored; while the C
though a most useful institution
been built in its present locality

ly two with 440
wo with 400 beds,
600 beds, for a
one, the Royal
ation of 286,000.
He observes:
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ty here, and have
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hen these people
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all agree that we
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in Dublin, and
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should have sprung
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ch length that it is
y were founded in
se, and that they
, to which they will
of Dublin Hospital,
ught never to have
nd, perhaps, would

never have been established if the Act of Parliament under which Sir Patrick Dun's was constituted, had not imposed certain restrictions in connection with the choice of its medical staff; and if surgical cases had not, at the time, been excluded from that hospital. The question is can anything be done now to reduce the number of these institutions? Assuming a *tabula rasa*, Mr. Chance considered that there should be in Dublin only three general hospitals, each with 400 beds, one situated in the open ground on the northern boundary of the city, one in a similar position on the southern boundary, and a third in the centre of the city. He was forced to consider this a Utopian project. So far, however, as the northern boundary is concerned there is no occasion to improve upon the existing state of things, as the Mater Misericordiæ, both as to site and size, is just the institution contemplated by Mr. Chance in his ideal scheme—nothing but the requisite funds being wanting to enable it to maintain the 300 beds which under his practical scheme he proposes to allot to it. Then, too, in Jervis Street Hospital, with its spacious new building, we have the central hospital which his ideal scheme proposes, though perhaps its situation is not quite as convenient a one as might be selected if there were no building in existence. Unfortunately it stands greatly in need of funds, not only to maintain the number of beds which it can now accommodate, but to enlarge it so as to provide room for the quota of 300 beds. Nor can we think that the financial difficulties will be insuperable when we consider that the incomes of all the existing hospitals would, if redistributed afford a revenue sufficient to maintain the requisite amount of hospital bed accommodation in Dublin. Proceeding to the South side, Mr. Chance's scheme resolved itself into a suggestion that if Sir Patrick Dun's and Baggot Street Hospitals should be amalgamated the existing Meath Hospital should be enlarged. To each of these new or rather extended institutions Mr. Chance proposed to allot 300 beds, thus bringing up the total number of beds to 1,200. We also gather from Professor Sigerson's evidence that he is not averse to the scheme so far as the selection of the Mater Misericordiæ and Jervis Street Hospitals and the amalgamation of Sir Patrick Dun's and the City of Dublin Hospitals are concerned, though for the site of the fourth hospital he would much prefer that of the Richmond Bridewell. The scheme for the South side, unlike that for the North is confronted with more than financial difficulties. The financial difficulties exist too, and in abundance, but to amalgamate Sir Patrick Dun's and the City of Dublin Hospitals conflicting interests would have to be reconciled, and, having regard to the constitution of the former, legislation would be required. But in connection with the fourth hospital other obstacles confront us. The wants of the district which this hospital would serve are now supplied by no less than five hospitals—Dr. Steeven's in part, Mercer's, the Meath, the Adelaide, and St. Vincent's. The last two have a distinctive character which it is not likely that they will consent to lose by taking part in any scheme of amalgamation, while as Dr. Steeven's Hospital has a sufficient endowment of its own, it cannot be forced by what we may term

Jubilee Ambulances.

IT was satisfactory to learn that arrangeme
been made to provide for the accidents and
illnesses which are inseparable from large aggr
ot people such as was anticipated for the pag
yesterday. Ambulances were stationed at fixe
along the line of march, and suitable conveyance
hand to convey the sick and wounded to the
hospitals. At the time of going to press no rep
to hand of the day's casualties, and we shall
these, if necessary, in our next issue.

Turned-up Noses.

NOSES with something more than a t
"turn up" towards their tip have never been
as conforming to modern ideas of what i
proper. Hitherto, however, the possessors
shapely probosces have been obliged to mak
them, but, thanks to the experiments of
surgeon, there would appear to be some pr
being able to remedy the defect. The op
procured local anæsthesia by means of coca
the end of the nose and reflects the muco
He then removes sufficient tissue struct
the error of outline, and then brings the
position, retaining them there by mea
splint moulded to the nose. The operati
one, and no scar is left, for the skin prop
fered with.

Photoxylin.

PHOTOXYLIN, a substance which is
graphers in lieu of collodion has been r
substitute for the latter in minor sur
cent. solution in equal parts of alcohol
to adhere more firmly to the skin, and
likely to be rubbed off in washing. It
vious to liquids and exercises a compr
like collodion. It is highly antisepti
replaces the more voluminous antisept
substance would not appear to b
country, and we are not aware of its c
one or other of the enterprising fir
doubtless acclimatise the product sh
then be enabled to judge for ourselv

American Therap

IT is a curious fact that although
America for most of the new drugs
American practitioners excel in imi
confrères. Energy, in the States j
to be devoted to carrying out m
methods of treatment originated
Atlantic. To quote an America
pathologists are pursuing the stud
the lines laid down by Koch, at o
doctor in a small German tow
trying to rival Tait, Keith, Marti
while following strictly the princi
a Scotch Professor. The brain is
according to the methods devis
neurologist furnishes indications

s.
rrangements had
ents and sudden
rge aggregations
the pageant of
at fixed points
veyances were at
l to the nearest
s no reports were
e shall allude to

a tendency to
been recognised
hat is right and
sors of such un-
make the best of
of a New York
e prospect of our
e operator, having
cocaine, pushes up
ucous membrane.
ructure to rectify
the parts into ap-
eans of a plastic
ation is a trifling
roper is not inter-

used by photo-
recommended as a
rgery. A five per
l and ether is said
nd is therefore less
It is quite imper-
pression on drying
tic and adequately
tic dressings. The
e known in this
omposition. Some
ns of chemists will
rtly, and we shall
s.

tics.
e are indebted to
d medicinal plants,
ting their European
now, would appear
s of research and
this side of the
ntemporary, "Our
bacteriology along
ime a plain country
Our surgeons are
illroth, and Schede,
first enunciated by
ing operated upon
y Horsley, and the
ined from a study

of the researches made by numerous English and Continental investigators. Our therapeutists are kept busy testing various German antipyretics, antiseptics, antirheumatics, narcotics, and other drugs to an almost unlimited extent." Of course the number of European practitioners is considerably in excess of that of the United States, but even with this fact in view, it cannot be denied that the proportion of original contributions from America is below what it ought to be. The fact is probably that Americans attach too much importance to the "almighty dollar," and value it too highly to allow their best men to pass their lives in the pursuit of knowledge and knowledge only.

A Contested Fee.

SOME prominence has been given in the American press to a dispute between Dr. Marion Sims and Nat Goodwin, the husband of the late Eliza Weathersby, the actress. The sorrowing widower refused payment of the doctor's account on the ground that the treatment was not attended with benefit. It would seem that the patient had succumbed to the effect of an operation for the removal of an obscure abdominal tumour, hence the refusal to pay. To admit such a plea as a justification for nonpayment of a medical man's charges would introduce a new and not very agreeable element into medical practice. It is doubtless disagreeable to have to pay a big fee for an unsuccessful operation, but unless it can be shown that the failure was fairly attributable to a want of skill on the part of the operator, it would be hard on the latter to expect him to forego his remuneration. Moreover, it argues a certain ingratitude on the part of the patient or the patient's friends, that so untenable a plea should have required to be quashed.

Public Libraries and Infectious Diseases.

ATTENTION has lately been called to the possibility of the dissemination of infectious diseases by means of lending libraries. We are all familiar with instances in which clothing, toys, &c., have served as the vehicle for the transmission of infection, and as regards books, precautions are generally recommended in the sick room for the express purpose of avoiding such contamination. It is much to be feared that under ordinary circumstances due care is not shown, especially when we consider the peculiar way in which books may thus be the means of spreading disease. The epithelial scales in scarlatina, measles, &c., get in between the pages, &c., cannot be rendered harmless by any known process of disinfection short of absolute destruction of the volume. In the case of lending libraries, the danger is manifestly increased from the very fact that the books are only on loan. Moreover, the patient is more likely to avail himself of such facilities during the period of convalescence, just when desquamation is taking place, and the atmosphere of the sick room is laden with floating particles, capable, under favourable circumstances of propagating the disease. The first step is to get the public to recognise the danger; a danger which is more often due to ignorance or thoughtlessness than to positive indifference. One of the best ways to bring this to their notice is to include a caution, made prominent by the use of

do not promptly show unequivocal signs
may be considered not to be amenable to
to be unsuitable cases for its administrati
times gives rise to a sensation of discom
thoracic tension and headache, but, in th
cases, these symptoms soon subsided.
marked that eucalyptol is without bene
dangerous, in the form of phthisis atten
fever, and is contra-indicated where disse
nodules are diagnosed. It is also con
bronchitis with fever, and yields its best
ulcerative phthisis and pulmonary cata

Gaseous Injections in P

THE experience of Dr. C. L. Dana
connection with the treatment of pht
rectal gaseous injections is to the eff
facts at present go, we have better me
disease. He gives an account of three
adopted the plan in question, all of wh
provement, and one of them to a v
Vapour of bisulphide of carbon was e
periments, the patient lying on the b
being rubbed and kneaded during
duration of which is from twenty
hour. The injections were made o
later on twice daily. Other speaker
the remarks of Dr. Dana, which we
Practitioners' Society of New Yor
results obtained by Dr. Dana, and a
seemed to obtain to the effect tha
ment then under discussion possess
in appropriate cases, but that these
weigh those associated with othe
commonly pursued plans of cure.

Hypnotism Restricte

WHENEVER a new amusement
authority or other is sure to inte
the pleasure. The Council of He
Vaud (Switzerland) have forbidde
and lectures in relation to h
somnambulism, &c. Even when
ments are in view authorisation
the Council of Health. In Fra
ation has been spoken of, but s
has been taken.

Anosmia cured by N

DR. ROOD, of Northampto
New York Medical Record a c
a man, æt. 27, who had never e
The hæmorrhage having recu
finally cured by very free appli
silver to the mucous membr
nasal cavity. Curiously, also
smell being quite restored on

A SEVERE epidemic of mea
in Cheshire. All the *schools* i
closed.

improvement,
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ort, of intra-
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hisis.

New York, in
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of treating the
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ecided extent.
yed in the ex-
nd the bowels
operation, the
es to half an
ay at first, and
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ral impression
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t at all out-
ler and more

Law.

overed, some
d try to spoil
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entific experi-
btained from
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efinite action

Silver.

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pharynx and
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at Winsford,
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Death through a Chemist's Mistake.

A SERIOUS mistake, resulting in the death of a married woman, occurred a few days since at Leeds, where a chemist's assistant supplied an applicant for pennyroyal with strychnine. The unfortunate victim of the error at once swallowed the purchase, and was immediately after seized with all the symptoms of strychnia-poisoning, death being produced within half-an-hour of the accident. How such a mistake could have arisen it is, in the absence of more complete details, impossible to say; but that it could have been committed at all irresistibly suggests how imperative is the need for some reform in the manner of storing dangerous drugs. We have often in the past insisted on the necessity for keeping poisons in receptacles so constructed that the nature of their contents shall be at once apparent even to the sense of touch. In the case of liquids this is easily obtained by stocking them in bottles "bossed" with small protuberances, or fluted, or otherwise distinguishable from the plain vessels ordinarily employed; but that any precautions of this kind will be generally adopted without compulsion is too much to expect; and the frequency with which mistakes involving grave risks to human life occur is surely sufficient to justify legislation on the subject with a view to rendering them impossible.

Amputation of Breast under Cocaine.

AN interesting and instructive account of amputation of the breast in a woman whose condition prohibited the induction of general anæsthesia is communicated to the *New York Medical Record* by the operator, Dr. Daniel Lewis, Surgeon to the New York Skin and Cancer Hospital. The sense of pain was completely subjugated by means of a local injection of a two per cent. solution of cocaine into the region of the breast concerned, and which was circumscribed for the purpose by a rubber-covered iron ring of elliptical shape. The line of incision was traced by tincture of iodine, and injections of the cocaine solution were made into the layers of the skin at intervals of about one-half inch entirely around the tumour. The first insertion of the needle only was felt by the patient, and subsequently several injections in greater quantity were passed beneath the tumour, the total amount of solution employed being less than three drachms. During the operation no pain was experienced, and the only complaint to this effect was raised, after the ring had been removed, when the last of the sutures was being introduced. The time occupied by the proceedings was five-and-twenty minutes, and sutures and drainage were both of horse-hair. It will be noted that in this case no interference with the axillary glands was called for, but Dr. Lewis considers that the same general plan may be pursued even when this is necessary; and he recommends under such circumstances, a modification of the ring employed, the construction of this inflexible material being also in his opinion likely to be found of better service than is the rigid ring introduced by Dr Corning.

THE Medico-Psychological Association, announce an Honours Examination in July, for the newly created Gaskell Prize. Full particulars will be found on reference to our advertisement columns.

Dr. Edington. It is hoped they will be able to
preliminary report at the meeting of the Society on
July, when a discussion on Scarlatina takes place.

Complimentary Dinner to Dr. Herbert
down.—It has been felt, for some time, that the
tion which Dr. H. Ashdown, late Senior Demon
Physiology in the University of Edinburgh, was co
occupy in consequence of his enforced resignat
University post demanded some public expressio
pathy from his professional brethren in Edinbur
was a general feeling that, while the University
testified clearly to the absolute blamelessness
down in the matters to which reference has
made in these columns, Dr. Ashdown had sust
injury, which could only be repaired by such
monial. Dr. Ashdown was accordingly entertai
plimentary dinner in the Victoria Hall,
Thursday last. About fifty gentlemen sat d
under the presidency of Dr. Geo. A. Gibson, S
Royal College of Physicians. The company
sentative of the different sections of the pro
burgh. Apologies, expressive of sympathy,
the President of the Royal College of Phy
President of the Royal College of Surgeons,
from many other leading members of the
citizens. In proposing the toast of the eve
man conveyed to Dr. Ashdown an e
very warm regard and esteem in whi
as a Christian gentleman, and asked
of the following address, signed by
his professional brethren in Edinburg
H. Ashdown, Esq., M.B., F.R.S.E.,
monstrator of Physiology, University of
the undersigned, members of the me
Edinburgh, and of the teaching staff in th
to take this opportunity of testifying to
which you are held amongst us, and our
in the difficult position which recent
compelled you to occupy. Your brilliant
and your success as a teacher both of A
logy in the University of Edinburgh, h
the respect of all with whom you have b
tact, while your high scientific attainme
a wider circle of fellow-workers. You
have reflected credit on the school wit
long and honourably connected. Pers
of disposition, your sympathetic na
duty, and your stainless character, ha
close friendship, a large number of
your contemporaries. The feelings
you afford the strongest testimony
clusion, we heartily assure you of
your welfare. We anticipate for
feel certain that this is guarante
those qualities which have already
guished and honourable a place.
minated on vellum. Among th
those of the leading physicians
The toast was most enthusiasti
with Highland honours. The
University of Edinburgh and the

The Abuse of Medical Ch
the Medical Relief Committee
tion Society held on the 7th
in the chair, it was resolved
medical charitable agencies in

able to present a
ociety on the 20th
es place.

ERBERT H. ASH-
hat the trying posi-
or Demonstrator of
h, was compelled to
resignation of his
expression of sym-
Edinburgh. There
niversity Court had
essness of Dr. Ash-
ce has been already
ad sustained serious
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entertained at a com-
Hall, Edinburgh, on
sat down to dinner,
bson, Secretary of the
npany was most repre-
he profession in Edin-
pathy, were read from
of Physicians and the
rgeons, Edinburgh, and
of the profession and
the evening, the Chair-
an expression of the
which he was held
asked his acceptance
d by ninety-eight of
nburgh:—"To Herbert
.E., late Senior De-
sity of Edinburgh.—We,
e medical profession in
in the University, desire
g to the high esteem in
d our sympathy with you
cent circumstances have
illiant career as a student,
of Anatomy and Physio-
rgh, have earned for you
avo been brought in con-
ainments are recognised by
Your published writings
l with which you have been
Personally, your geniality
nature, your devotion to
er, have attached to you, in
r of the best men among
ngs they entertain towards
ny to your worth. In con-
of our constant interest in
or you a bright future, and
nteed by the possession of
ady gained for you so distin-
ace." The address was illu-
the names appended were
ns and surgeons of the city.
stically received and drunk
he other toasts included the
he Edinburgh Medical School.

CHARITIES.—At a meeting of
ee of the Charity Organisa-
7th inst., Dr. James Erskine
ved to request the various
in Glasgow to render assistance to the families of the able-bodied poor, whom the society had been assisting for upwards of a year at its own expense, by reason of the order from the Board of Supervision in Edinburgh to the inspectors of the poor prohibiting them to afford medical relief to such poor people. The Charity Organisation Society appointed a medical practitioner to attend to these cases, and pays him for his services and the medicines he supplies. The society, however, considers that as the care of such suffering persons was only undertaken by it in exceptional circumstances, and as it exists for the great object of organising charity, the valuable medical charities in Glasgow require only to be made aware of this good work the society had been doing in order that they may gladly and more properly take it up themselves. Such an agency, for example, as the Glasgow Medical Mission is admirably adapted for affording suitable attention to that class of the poor. The cases recommended for treatment will be carefully investigated by the Chairity Organisation Society, all cases receiving medical relief at once on presenting themselves for the first time, the merits of the applicants being obtained afterwards. The Council of the Charity Organisation Society hope that all the medical charitable agencies in the city will soon see their way to avail themselves of the staff and machinery of the society for the purpose of enabling them to administer the help which they afford to the best interests of all concerned. It is the desire of the Council of the Society to bring about harmonious action between the institutions giving medical relief and the Charity Organisation Society and the Parochial Boards, so that overlapping and wastefulness of resources may be minimised, and gratuitous relief given only to those who have no legal claim on the parish, and are unable to pay. It was arranged to hold a conference at an early date with the Medical Charities Committee appointed at the recent public meeting of practitioners held in the Faculty Hall.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 18th.

RESECTION OF THE PYLORUS.—At the last meeting of the Imperial Society, Dr. Salzer, assistant to Prof. Billroth, showed a specimen obtained from a resection of the pylorus. The patient, a woman, æt. 55, was admitted into the clinic of Prof. Billroth on account of acute pains in the stomach. She had suffered for three years from dyspepsia, sour acid eructations, and pains in the region of the stomach. Her condition became worse after one and a-half years, when vomiting occurred each time after solid food had been taken. At the time of admission into the clinic the patient was much emaciated; the peristaltic movements of the intestines could be distinctly seen through the abdominal walls, and an enormous dilatation of the stomach was present. By palpation, the presence of a tumour which in its situation corresponded to the pylorus, was detected. As Prof. Billroth could not immediately determine on operating, he at first had recourse to artificial feeding, which was attended with success. In the case under consideration, it was sufficient to wash the stomach, and the patient was thus able to take food for two days without any disturbances on the part of the stomach. On the third day, when washing was not repeated, vomiting regularly occurred. On the 26th March the resection of the pylorus was performed in the usual way. The only com-

through the masses of des
this nature is false to a degr
hospital relief has not only r
may be called an acute stag
there is every reason for beli
are now being regarded, and
tions for obviating medical
be cited. A clerk, drawing a
and broke his arm. Did he
have the *fracture set*, *secunde*
treatment until convalescence
cularly so. For a better meth
feasible. Although well abl
medical attendant, he journe
residence and a metropolit
pocket, If inquiry were ma
tion could be multiplied
present conditions, therefo
appalling abuse which is know
to regard hospitals as absolut
absence of certain safeguards
following case which *comes*
almost incredible in *its* auda
the upper classes sallies fron
brougham, and whilst on her
apparel. The brougham is
walk of Moorfields Hospital, a
for treatment in the guise of
indeed, be hoped that this is a
ever this may be, the fact is th
is afforded to this individual
scruple in practicing such a d
consultant's fee. These ren
general hospitals, and do not
special hospitals, which, for
springing up like mushrooms
these, however, *it may* be obse
even *greater*. *But perhaps*, *if*
might be possible to detect th
the abuse in their management,
who attend only for the purpo
poor, are not required by any
every applicant for relief.
specialists can be deceived, o
abused charity which belongs
scarcely be as great as it is.
ask what is the effect of *all*
ing charity upon *those men*
fession—the *so-called* general
ing less than serious. *Perhap*
remark that medical practitioner
difficulty of subsisting without
conceivably been able to persua
reasonable to expect some retu
and discomforts which their me
upon themselves and their frien
for them to forget that the ge
few years has diminished the
hands, and has consequently
matters of rent, rates, and tax
expenses, much more burdens
fore, when in the midst of di
additional unrequited work,
his paying patients surreptit
neighbouring hospital, he, fo
in his heart to bless the existe
if instead of blessing, he, like
can blame be laid at his door?
which charitably disposed per
Allowing, however, that the g
in a bad plight by the indisc
it is not too much to say th
still worse off. There is a
for him. Unless, indeed, he
and willing to pull the
consulting-room will always
will be appalling in its
in former days might have bri
presence, now make a trial of t
failing him, unblushingly ste
and—in most cases—obtain gr

Without, however, pursuing
fectly plain that to delay long

A conception of
ith, the abuse of
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spitals generally
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o instances may
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fro between his
l, and saved his
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il, is it right, I ask,
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abuse? Again, the
ustworthy source, is
ady who belongs to
me in a pair horse
e City, changes her
within five minutes
nters the institution
r patient. It may,
ional case, but, how-
hat gratuitous relief
pparently makes no
ble artifice to avoid a
pply chiefly to the
refer to the so-called
have for years been
ver the country. In
e abuse, if possible, is
crutiny were made, it
icion of a check upon
he eminent specialists
elieving the suffering
l rule to prescribe for
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pecial hospitals would
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of the medical pro-
ctitioners—it is noth-
may be superfluous to
e not as yet solved the
ncome. Nor have they
hemselves that it is un-
r the labour, expense.
education has entailed
Moreover, it is difficult
depression of the past
s which come to their
red the perfectly trivial
say nothing of family
than formerly. There-
hing annual receipts and
general practitioner sees
obtaining relief from a
e, cannot feel disposed
f such institutions. But
am, speaks out strongly,
is is one of the questions
should ask themselves.
ral practitioner is placed
inate abuse of hospitals,
the young consultant is
lutely nothing whatever
as someone who is able
res in his favour, his
njoy a serenity which
intensity. Persons who
ened his sanctum by their
ir ordinary attendant, and
their way to a hospital,
itous relief.
is matter further, it is per-
in withholding from our hospitals some scheme by which they shall be protected from abuse, is unmistakably to court disaster in the future. As a matter of fact, in the present day, there is no official on the staff of our hospitals whose duty it is to protect his institution from being imposed on. Any person can present himself for gratuitous treatment at most hospitals, and no questions will be asked of him in regard to his suitability. Hospitals, of course, must have funds to keep them going; but it is one thing to give to a person in need of charity, and it is quite another thing to allow a person to purloin charity who is not in need of it. No better institutions exist than hospitals, and they are worthy of all support. But their benefits must be safeguarded from abuse. To subscribe to them liberally, and by so doing enabling well-to-do persons to obtain medical relief and cheat their medical attendants, is not a philanthropy which can be supported upon the grounds of expediency, generosity, or justice. One word in conclusion, there is a general hospital not a hundred miles from the West-end of London, to which most of the local tradespeople subscribe. In return for their subscriptions they receive so many letters, out or indoors as the case may be. There is nothing to question in all this. But when the hospital letters become the bait for the purchase of tea and coffee, and figs and butter and kippered herrings, it is scarcely possible to avoid taking a mental somersault, and asking the question, "where are we now?"

I am, yours, &c.,
AN OBSERVER.

◆

THE ELECTION AT THE COLLEGE OF SURGEONS, IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your *resumé* of the proceedings at the Royal College of Surgeons on Monday, 6th June, you make use of the phrase "the noise of voting and canvassing." Surely you are in error. The Council has passed a resolution against canvassing in the College, and it is hardly to be believed that members of that body, or candidates for high office, would violate the law which they themselves helped to make. If canvassing did take place, then it is the duty of the Council to take notice of it. Or are they all alike sinners, and therefore mute?

Yours truly,
F.R.C.S.I.

[There is unquestionably plenty of noisy conversation at these election meetings, and it may reasonably be supposed that much of it relates to the qualities of rival candidates, which form the subject of so much canvass outside the College. Whatever the subject of talk may be, it certainly is sufficient to interfere greatly with the calm discussion of business.—ED.]

THE VICE-PRESIDENCY OF THE COLLEGE OF SURGEONS, IRELAND.

WE are requested to state that Dr. William Frazer, formerly an Examiner, and now a Councillor in the College, will offer himself for the Vice-Presidency in June, 1888.

We are also asked to state that Mr. Austin Meldon, Senior Surgeon to Jervis Street Hospital, and also a member of the College Council, will seek the Vice-Presidency on the same occasion.

◆

REGISTRATION OF DIPLOMAS.—A WARNING.

WE think it right again to remind diploma-holders *who have not already registered same,* that unless they do so before the 30th of June, the documents will, as far as their legal value is concerned, become waste-paper, and by no possible means can their legal value be restored. We fully anticipate that, notwithstanding these repeated warnings, a multitude of diplomas will lose their efficacy by the neglect of their holders.

◆

his profession, however, in London, and became a n
of the Royal College of Surgeons in 1862, and M
Andrews, 1881. He went to Liverpool in 1863, an
after became attached to the Infirmary for Childre
his attaining the position of Consulting Physician
Hospital the usual rule was relaxed in his case, and
beds were reserved for him in case he was wishful of o
ing them. Dr. Oxley was well known as a successfu
titioner in the speciality he had adopted. He will p
be best remembered by his enthusiastic adoption
principle of treatment of caries of the spine introd
the profession now a good many years ago by Dr.
The method was very successful in his hands, and
ever ready to break a lance in its defence. He had
from repeated attacks of rheumatic fever with
complication, and it was that that put an end to a
career at the early age of 46. The funeral took
the 17th inst., when the remains were followed to t
by a large concourse of mourners. The deceased w
married, and leaves a widow and two sons to m
loss.

Literature

HOSPITAL ADMINISTRATION IN FRANC

IT may be as well to prelude our remarks by sa
this bulky volume is almost unique of its kind;
of no other work in which the manifold detail
economic, political, and social administration of
are dealt with in any way approximating that of th
Beginning with an interesting, if rapid, historical
the origin and foundation of refuges for the sic
from the temples of Æsculapius and the *Cyn*
Athens, he gradually brings down to the palatia
which constitute an essential feature of all large
our own time. Engaging as such a subject must
to the author, he has not allowed himself to be
from his subject in favour of the flowery paths of
research. He rapidly passes on to the conside
general hospital administration. We are at once c
with the difficulty that the whole scheme and s
hospital administration in France is arranged on a
distinct from our own; the financial resources, the
ment, and the *controle* are modelled on such a differ
that it is almost necessary to confine our remarks
system as such, without endeavouring to institute
in rare instances, those comparisons which, at the
juncture, would be of such interest and value. In
however, as the English system is apparently destine
distant period, unless some unforeseen agency be
to bear, to conform itself more or less to the French
the study of that system if only as an alternative,
attended with benefit and profit to those who, phi
pists in the true sense of the term, are endeavourin
with the difficulties which appear to be inheren
own system.

In France there are three categories of hospital
ing under this designation the asylums (hospi
refuges for the aged and destitute. They are
departmental, and communal, the latter corre
more or less, to our parish infirmaries. They re
stitute the poor-law institutions of France, and
ported partly by endowments and contributions, a
by funds supplied by the *commune* and from cert
taxes levied for this particular purpose. They ca
founded by special authorisation of the Chief of
and are governed by the regulations which have b
in virtue of special legislation. The right to re
retain donations and legacies, to acquire and dispo
and personal property, &c., can, therefore, only be
by the Council of State, who always possess a
certain powers through the intermediary of the lo
sentatives of the Government. The actual power
respect are vested in the Minister of the Inte
appoints the inspectors. Such an uniformity
favourable to the due and proper administration
institutions, and is in itself a certain guarantee ag

(a) "Traité de l'Administration Hospitalière." Par Gab
Mayrevieille, Administrateur des Hospices de Narbonne
Paris: Paul Dupont. London: Baillière, Tindall, & Cox. I

became a member
.862, and M.D. St.
in 1863, and soon
for Children. On
g Physician to the
his case, and a few
s wishful of occupy-
s a successful prac-
.. He will perhaps
tic adoption of the
spine introduced to
s ago by Dr. Sayre.
hands, and he was
e. He had suffered
fever with cardiac
an end to an active
uneral took place on
followed to the grave
e deceased was twice
sons to mourn his

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IN FRANCE. (a)

emarks by saying that
of its kind; we know
anifold details of the
nistration of hospitals
ting that of the author.
pid, historical sketch of
es for the sick, dating
and the *Cynosarge* at
to the palatial edifices
ire of all large towns in
subject must have been
himself to be led away
owery paths of historical
to the consideration of
Ve are at once confronted
scheme and system of
is arranged on a basis so
al resources, the manage-
l on such a different plan,
fine our remarks to that
uring to institute, except
ns which, at the present
st and value. Inasmuch,
apparently destined at no
eseen agency be brought
less to the French model,
as an alternative, will be
to those who, philanthro-
, are endeavouring to cope
ear to be inherent to our

gories of hospitals, includ-
ie asylums (hospices) and
itute. They are national,
the latter corresponding,
rmaries. They really con-
s of France, and are sup-
d contributions, and partly
me and from certain special
purpose. They can only be
n of the Chief of the State,
tions which have been made
. The right to receive and
o acquire and dispose of real
, therefore, only be conferred
always possess and retain
ermediary of the local repre-
The actual powers in this
inister of the Interior, who
ch an uniformity is highly
roper administration of such
certain guarantee against the

abuses which flourish under a more denominational or restricted *régime*. The local administrative committees are composed of six members, whose services are gratuitous. Two of their number are elected by the Municipal Council and the remainder by the Prefect, who is thus enabled to exercise an efficient control over the management of the institution. The reason for this limitation as to number is stated to be that "experience has demonstrated that too numerous committees almost invariably leave the actual power in the hands of two or three of their number." This remark is one worth bearing in mind. The attributes, powers, and qualifications of the managers are clearly laid down and defined, together with those of the various grades of *employés*.

The internal management naturally receives the greater part of the author's attention. It is on the proper working of this department that the success of hospital administration really depends, and it is the department in reference to which the author's vast store of information becomes apparent. The rules are drawn up by the committee of each institution or commune, and have to be approved by the Prefect, whose duty it is to see that the recommendations of the central authority are attended to. The fullest and most complete details are given of the procedure to be followed in the matter of food and drug supply, and with reference to the archives which are required to be kept.

Passing on to the financial administration, the civil status of hospitals is explained as established and modified by successive legislation, and an extensive chapter is devoted to structural considerations. Some valuable plans are given of the various large hospitals in different parts of the world, and their advantages and disadvantages are narrowly scrutinised. Reference is made to the system practiced in London for the removal and isolation of persons suffering from contagious diseases, and mostly with a favourable mention.

The volume concludes with an exhaustive treatise on the systems of accounts for hospital management, and a summary of the laws, &c., bearing on hospital administration generally.

It is difficult to give an adequate idea of the enormous labour which such a volume represents, and, still more so, to express our admiration for the masterly way in which this arduous subject has been handled. The book is one which every hospital administration could study with advantage. The moment is opportune for looking around and seeking what ameliorations are capable of being introduced into our own system, which in many respects is singularly decrepit.

◆

Pass Lists.

University of Cambridge.—At a congregation holden on June 9th, the following were appointed examiners :—

MEDICINE.—Dr. Norman Moore, St Catherine's; Dr. Donald MacAlister, St. John's; Dr. W. H. Broadbent, London.

MIDWIFERY.—Dr. A. L. Galabin, Trinity; Dr. W. O. Priestley, Edinburgh.

SURGERY.—Mr. G. E. Wherry, Downing; Mr. Charles N. Macnamara, F.R.C.S., Mr. Alfred Willett, F.R.C.S.

At the same meeting the following degrees were conferred :—

MASTER OF SURGERY.—Henry Walter Pigeon, Christ's.

BACHELORS OF MEDICINE.—Roger Neville Goodman, Hugh Richard Jones, St. John's; Henry Alfred Haviland, Pembroke; James Black, Sidney Blake Jolly, Gonville and Caius.

BACHELORS OF SURGERY.—Hugh Richard Jones, St. John's; Charles Silvester Evans, Clare.

King and Queen's College of Physicians.—The following candidates obtained licences in Medicine and Midwifery of this College at the June Examinations :—

MEDICINE.—Patrick Joseph Barry, Edward Joseph Brady, Stafford Mouritz Cox, John Smyth Crowe, Edwin Tyrrell Cummings, Albert Edward Dyas, Richard Langford Fitzgerald, John Alexander Foreman, Henry Gell, Albert William Gray, Herbert Lennard Hudson, Edward Julian Jacob, Augustus Graydon Johnston, Joseph Christopher Lavertine, Francis James McArdle, Patrick Joseph Molony, John Brooke Moore, Neal Nelson, Richard Pennefather, Horatio Edward Rawlings, Edmund Boys Russell, John Stewart, Francis James Spilsbury, Ebenezer Teichelmann, William Hall Torbock, Patrick Joseph Ward, Edward Henry Wheeler.

MIDWIFERY.—Patrick Joseph Barry, Edward Joseph Brady, John Smyth Crowe, John Alexander Foreman, Henry Gell, Albert William Gray, Augustus Graydon Johnston, Neal Nelson, Richard Pennefather, William Hall Torbock, Thomas Torney, and Edward Henry Wheeler.

A special examination will be held on the 24th inst. and following days.

Hospitalière." Par Gabriel Cros-
Hospices de Narbonne, France.
illière, Tindall, & Cox. 1886.

The Medical

"SALUS

VOL. XCIV.] WEDNES

Clinical Lectures

ON

THE TREATMENT OF NEPH

BY PROFESSOR H. NOTHNAGEL,
University of Vienna.

As to the prognosis of contracted kidney
absolutely calamitous; a *restitutio in integ*
at all events excluded, a cure of that
impossible, and the *exitus lethalis* sooner
imminent, being the result of hæmorrhage,
or other, of uræmia, or of complicat
which cases signs of dropsy or anasarca appea
therapeutics of chronic contracted kidney with
atrophy are, therefore, limited to intelligent
measures, the leading principle of which is the fo
We observe that the patients feel relatively well
as the diuresis is normal, if, however, this is de
they feel worse, and under certain circumstances
uræmia appear. We know and observe that the
partially depends upon the tension of the arte
therefore, it will be our duty to preserve the act
the heart, in other words, in granular atrophy
kidney, all those measures are to be taken, wh
observe in cases of valvular disease of the heart
exclude, therefore, excessive bodily exertion, ex
use of alcoholic drinks, coffee, tea, hot beverages,
on, in order to keep the heart active as well as
I wish only to point out that such patients as sh
siderable hypertrophy of the heart have some
lessened cardiac activity, whereas the tension
artery is still good, *i.e.*, above its normal stat
therefore, absolutely above its normal, but relat
that patient who has on account of the heart
trophy from the beginning a strongly increas
activity, the tension is in that particular case d
If the heart activity has sunk we have to try to
for which we use diuretics. the most efficient of
digitalis, only you have to bear in mind in usin
making use of digitalis in those cases you hand
edged sword. You can by incautious and
application of the remedy so raise the pressure
result will be injurious, such a considerable ele
pressure in the arterial system as may cause ru
cerebral hæmorrhage. Be very cautious in th
digitalis for contracted kidney!

Further, you order the patients milk diet
as possible, non-stimulating food; you sen
to a warm climate, where they enjoy through th
an equal warming of the body-surface. This,
speaking, is all you can do. I leave the sym
treatment, the *asthma nephritium*, against whic
pyridin or morphine—the latter is the best—
uræmic attacks. I will give you now only the
in dealing with contracted kidney. I note still

cal Press and Circular.

SALUS POPULI SUPREMA LEX."

DNESDAY, JUNE 29, 1887. [No. 26.

xes

NEPHRITIS.

I NAGEL,

cted kidney, it is
io *in integrum* is
of that form is
lis sooner or later
emorrhage, cerebral
complications, in
asarca appear. The
kidney with granular
intelligent dietetic
which is the following.
relatively well as long
er, this is decreased,
circumstances signs of
serve that the diuresis
n of the artery and,
reserve the activity of
anular atrophy of the
be taken, which we
se of the heart. We
ly exertion, excessive
hot beverages, and so
ive as well as possible.
patients as show con-
art have sometimes a
s the tension of the
ts normal state; it is,
rmal, but relatively for
t of the heart hyper-
trongly increased heart
rticular case decreased.
have to try to raise it,
ost efficient of which is
n mind in using it, that
cases you handle a two-
cautious and excessive
ise the pressure that the
considerable elevation of
s may cause rupture and
cautious in the use of

ients milk diet as much
food; you send them
enjoy through the winter
y-surface. This, properly
I leave the symptomatic
ium, against which we use
ter is the best—also the
u now only the principle
ey. I note still that the

sweat-cures applied in those cases in spite of the increased tension, and in spite of absence of œdemata are of no use, or under some circumstances do harm. Sweat-cures in cases of granular atrophy are only intelligent in cases of dropsical patients.

The question is now what shall we do therapeutically in such cases as the one before us? Here we have to satisfy other indications. Are there medicines working directly against the nephritis? No, we cannot satisfy *the indicatio causalis* nor the *indicatio morbi*. Of the remedies made use of in *morbus Brightii* a great portion is given quite uselessly. An agent often chosen is tannin, given in the most varied forms, as tannic acid, pure *gallic acid*, or combined with quinine and such like, but experience has proved beyond a doubt, that all these preparations are of no use whatever, as they do not affect in any way the course of the nephritis; and so is alum of no use. Of internal medicines some, again, have given nitric acid in small doses, the usefulness of which is of late again set up, but I am not convinced. Nitric acid, recommended already forty years ago by English authors, is of no avail. The same is to be said of iodide of potassium and iodide of sodium. The only preparation, perhaps to a certain degree efficient, in the acute hæmorrhagic forms is acetate of lead. The treatment of these forms of nephritis is to start from quite different points of view. In the first instance you observe that exercise increases the albuminuria and the inflammatory process. Such patients are to lie down, and it is indeed the best thing they can do to lie in bed for weeks, under some circumstances for months. By this you satisfy two indications, first by the rest generally, secondly you keep the patient in an equable temperature, in bed-warmth. Bartels claims to have had good results with those patients lying for months. But you will seldom attain your purpose by this method, because the patients are much too impatient to lie down for months, perhaps they may comply in the acute form showing strong œdemata, but those having ceased you will find it difficult to keep the patients in bed.

The second kind of treatment which may perhaps have effect on the nephritis itself is to preserve an equal warmth of the surface of the body which is attained in bed, but still better in a climatic health resort. You select places where such patients enjoy warm and dry air, the best known and most patronised of which is Cairo in Egypt, where the patients feel relatively well. You may send them also to Algiers, but the communications with that country are not so good as with Egypt. Those who can afford it may remain for one, two, or three years. Where this cannot be done it is necessary to do the best we can at home. We must, therefore, keep such patients warm either in winter in bed, or in summer in some dry place. At the same time try by other ways as much as you can to divert the blood to the surface of the body, which is effected through warm baths. You order them to be taken daily, the patients are afterwards wrapped up a little, and remain in bed. The point is to raise an

have disappeared considerably. If there is no a
of the gums you give the calomel again after a fe
and you will observe the same effect; this maj
peated several times, till, under the influence of
great secretion of urine—some few litres dail
dropsy has disappeared. In some cases the
happens not to have a distinct effect on the first s
applications, but only in the second series. Yo
therefore not give it up at once, even if the first
in vain, but prescribe it again for a second t
however, the second trial is unsuccessful, you
abandon that drug. There might be some un
issues of the application of calomel:—1. St
may begin. 2. It causes diarrhœa. In those c
give the calomel best along with opium. The
prescription of Professor Tendrasik was to give
jalap, but the latter is not necessary. The pul
and the cardiac activity are not much chang
using calomel: it is interesting to see that only the
is increased. In which way calomel acts as a
we do not know at all. Professor Tendrasik's
tion is very interesting and important, as it
covered a heretofore unknown feature in the
calomel.

Generally, however, the diuresis will not
same effect in a case of nephritis as with diapho
it will be of use in such a case if you combine di
with a diuretic treatment.

◆

THE DIAGNOSIS OF TROPICAL EN FEVER.

By G. HARRISON YOUNGE, L.K.Q.C.P.
Surgeon Army Medical Staff.

In the enteric fever of temperate climates the
are usually well-marked and characteristic. I
countries, however, the disease is constantly m
the action of malaria and other climatic i
On this account we often find that some, man
all, the pathognomonic symptoms are absent;
the post-mortem examination extensive and c
istic ulceration of Peyer's patches is found. As
no other disease in which an accurate diagn
essential to successful treatment, a careful stud
symptoms of tropical enteric fever is of the grea
portance. I shall therefore try to show in what
symptoms of typhoid fever in the tropics di
those of the disease as seen in temperate clim
shall give notes of some cases which illustrate
culty often experienced in its diagnosis.

In the majority of cases of tropical enteric
onset is very sudden, and is ushered in by a m
marked chill; in some cases by a distinct
others the patients feel out of sorts for two or
before they report sick. The gradual indefin
however, which is so suggestive of the disea
perate climates, is rarely seen in India.
epistaxis, although common in temperate
rare in the tropics. The colour of the fa
peculiar. Instead of the clear complexion
malar flush, which are usual in enteric fever a
get a deep dusky flush of the whole face. The
are usually suffused, and the expression is
heavy. Indeed, in a large proportion of th
facial expression and appearance of the patie
similar to that seen in typhus fever. Ev
tropics the pupils are dilated, except when s
complications exist.

Wunderlich and Murchison stated th
fever would be excluded from the diagn
temperature approaching normal during a
ing of the first week, or by a tempe
104° on the first or second day of the illne
this rule applied to Indian typhoid fever it
clude more than 50 per cent. of the cases that

If there is no affection
el again after a few days,
› effect; this may be re-
· the influence of such a
e few litres daily—the
some cases the calomel
›ffect on the first series of
econd series. You must
, even if the first trial is
ı for a second trial. If
unsuccessful, you must
ght be some unpleasant
calomel:—1. Stomatitis
hœa. In those cases you
ith opium. The original
rasik was to give it with
cessary. The pulse curve
not much changed after
o see that only the diuresis
alomel acts as a diuretic
essor Tendrasik's observa-
important, as it has dis-
n feature in the action of

iuresis will not have the
itis as with diaphoresis, but
if you combine diaphoretic

TROPICAL ENTERIC
ER.

NGE, L.K.Q.C.P.I, &c.,
Medical Staff.

erate climates the symptoms
characteristic. In tropical
ıse is constantly modified by
other climatic influences.
ıd that some, many, or even
ptoms are absent; and yet at
on extensive and character-
ıtches is found. As there is
an accurate diagnosis is so
nent, a careful study of the
c fever is of the greatest im-
try to show in what way the
r in the tropics differ from
n in temperate climates, and
ses which illustrate the diffi-
ts diagnosis.
ı of tropical enteric fever the
s ushered in by a more or less
ses by a distinct rigor. In
of sorts for two or three days
The gradual indefinite onset,
gestive of the disease in tem-
seen in India. Precedent
on in temperate climates, is
colour of the face, also, is
clear complexion and bright
al in enteric fever at home, we
the whole face. The eyes, also,
l the expression is dull and
ge proportion of the cases the
arance of the patient is very
typhus fever. Even in the
ted, except when severe head

rchison stated that enteric
d from the diagnosis by a
g normal during any morn-
, or by a temperature of
ond day of the illness. Were
ın typhoid fever it would ex-
ınt. of the cases that occur. It is not uncommon in the hot weather to see cases in which the temperature on the first evening of observation reaches 104° or more, while in a large proportion of cases the temperature is intermittent for two or three days. The regular daily rise of about 1 degree in the temperature, which is so characteristic of enteric fever in Europe, is a rare exception in India. The temperature on the first evening of observation may be the highest reached throughout the attack. During the first ten days the morning remission is much less marked in the tropics, and may even be entirely absent, the temperature remaining stationary for several days. The latter is always a grave sign. The maximum temperature may be reached at noon, instead of in the evening. It is well, therefore, to have the temperature taken at least three times a day. In tropical enteric fever the temperature frequently declines about the seventh, fourteenth, and twenty-first days, so that the chart presents three distinct arches. This appearance of the chart is peculiar to enteric fever. When complications occur the decline of temperature about the fourteenth day does not take place. When the case terminates in recovery the temperature always becomes intermittent during the last week of the disease. It is probable that in some mild cases the temperature may remain intermittent throughout the whole attack. At least I have seen cases in which there were rose-coloured spots, tenderness, and gurgling in the right iliac fossa, slight tympanitis, and diarrhœa, with an intermittent temperature, which became normal about the fourteenth day. Hyperpyrexia is much more common in the tropics, owing to the greater activity of the specific poison. It is evident, therefore, that the *course* of the temperature cannot be relied on in diagnosis, and that we have to depend chiefly on its *duration*.

In India the rose-coloured rash of typhoid fever is absent in a large proportion of cases, and, even when present, it is often difficult to recognise, owing to the frequency of "prickly heat" and other skin eruptions. When present its appearance may be delayed to the fourteenth day, or even longer. In some cases the rash becomes petechial owing to the existence of a scorbutic taint. On the other hand sudaminæ are very frequently seen, but they are of little diagnostic value. I have never been able to detect taches blenatres in Indian typhoid fever.

One of the most striking peculiarities of tropical enteric fever is the comparatively slow rate of the pulse. It rarely exceeds 100 per minute, and in the gravest cases may be little above normal, This is probably due to the depressing effects, which the superadded malarial poison has on the heart. The diurnal variation in the pulse rate is also much less than in temperate climates. Thus in the enteric fever of Europe the pulse may vary from ten to twenty, or even more, beats per minute on successive days, while in India, provided the disease is uncomplicated, the pulse-rate varies little from day to day. Failure of the impulse and first sound of the heart about the end of the first, or during the second week, is an important diagnostic sign. This rarely occurs in climatic fevers, except when there is an excessively high temperature; but it is the rule in enteric fever.

The respirations are hurried from the very commencement of the disease, even apart from lung complications. Indeed, disturbance of the temperature and pulse respiration ratio is a most important diagnostic sign. We often find that, while the temperature is perhaps 104° or more, and the respirations twenty to twenty-five per minute, the pulse is little above normal. Lung complications occur earlier, and are even more frequent, than in temperate climates. In describing the enteric fever of Malta Surgeon-General J. A. Marston, A.M.S. says "It follows that, in a doubtful fever case advanced to the twelfth or seventeenth day, the detection of sibilant or crepitant râles is strongly corroborative of the disease being typhoid fever." (Army Medical Report for 1861). This statement also applies most forcibly to Indian enteric fever. In it lung complications may exist from the very

comatose. Died at 8.30 p.m. Temperature ro
before death.

Post-mortem.—Lungs intensely congested th
non-crepitant and of a deep blackish slate co
teriorly. All the other internal organs, espe
kidneys and brain, deeply congested. In the
of the ilium there were about twenty typic
ulcers.

Case 2.—*Private F. T. was transferred from*
march to the Station Hospital, Cawnpore, on
12th, 1885. The medical officer with his regim
that he had been quite well up to December 9t
had an ordinary attack of ague. This recurr
two following evenings. When I saw him af
sion he complained of severe headache; the
deeply flushed; and the expression dull and
bowels had acted during the day. The t
covered with a thin white fur. The tempe
103°, and the skin was hot and dry. The
were hurried and shallow, and the respirat
were very feeble over the bases of both lun
was, also, a rough systolic mitral murmur.

On the morning of 13th the temperature
He complained of headache and dull pain in
On physical examination there was loss of
increased vocal fremitus, and fine crepitatio
bases of both lungs. The bowels were moved
the motions being fluid and bilious. Evenin
ture 104·8°.

From 13th to 16th there was no noteworth
the symptoms. Bilious diarrhœa continued;
was no abdominal pain or tenderness, and no

Dec. 16th.—Morning temperature 104·4°.
both lungs consolidated; mucous râles over th
of the pulmonary region. Pulse rapid and
Face and eyes deeply suffused, and pupils
tracted. There was constant low mutterin
with paroxysms of delirium ferox. The tong
in the centre, red at the tip and edges. Ther
tenderness over the right iliac fossa, and th
continued. When the stools were at rest the
to consist only of a dark bilious fluid; but w
about small bright yellowish-orange *particles*
at the bottom of the vessel. *That evening th*
ture fell to 99° *without any apparent cause.*
rhage from the *bowels occurred.* The head
symptoms steadily increased, and he died co
6.30 a.m., on December 20th.

Post-mortem.—Brain and its membranes int
gested. Recent lymph effused along the sup
tudinal sinus, and between the dura and pi
the neighbourhood. Heart weighed twel
Left ventricle hypertrophied. Mitral valve
contained three or four warty vegetations o
curtain. Lower lobes of both lungs hepat
mainder of lungs intensely congested. In th
feet of the ilium all Peyer's patches and t
glands were enlarged and prominent. In s
former ulceration was rapidly advancing.

I might multiply examples of tropical ente
which many, or all, the characteristic sym
absent. The above, however, are sufficient
difficulties which often surround its diagnosis.
there was not a single symptom which would
teric fever, and the case was supposed to be o
simple continued fever caused by exposure t
In Case 2 the presence of pneumonia from the
ment of the attack, and the absence of a
symptoms of enteric fever, obscured the diagn
was diarrhœa; but the motions were entir
except on the occasion noted, when yello
particles were detected. Although these exc
suspicion, their presence alone was not consi
cient to justify a diagnosis of enteric fever.
show how entirely the symptoms of enteric fe
masked by the effects of a tropical climate.

In probably the majority of cases the sym emperature rose to 108°

r congested throughout;
ıckish slate colour pos-
organs, especially the
ed. In the lower part
twenty typical typhoid

sferred from the line of
awnpore, on December
ith his regiment stated
December 9th, when he
This recurred on the
saw him after admis-
adache; the face was
n dull and heavy. The
ay. The tongue was
The temperature was
dry. The respirations
he respiratory sounds
f both lungs. There
nurmur.
nperature was 103·4°.
ll pain in the chest.
as loss of resonance,
crepitation over the
re moved three times,
s. Evening tempera-

noteworthy change in
continued; but there
ss, and no spots.
re 104·4°. Bases of
les over the remainder
rapid and dicrotous.
l pupils greatly con-
muttering delirium,
The tongue was pale
es. There was slight
a, and the diarrhœa
t rest they appeared
l; but when moved
particles were seen
vening the tempera-
cause. No hæmor-
The head and lung
e died comatose at

ranes intensely con-
the superior longi-
and pia mater in
ed twelve ounces.
al valve rigid, and
tions on its outer
s hepatised. Re-
In the lower two
and the solitary
In some of the
ng.
al enteric fever, in
c symptoms were
icient to show the
gnosis. In Case 1
would suggest en-
o be one of severe
sure to the sun.
om the commence-
of any marked
diagnosis. There
entirely bilious,
yellowish-orange
se excited strong
considered suffi-
ver. These cases
eric fever may be
te.
ie symptoms are

well marked and distinctive. In the remainder many, or all, the distinguishing symptoms are absent. In America the latter cases are returned as typho-malarial fever. In India, as the rules of the Army Medical Staff rightly prohibit the use of this term, a large proportion of these cases are returned as remittent fever. It cannot be doubted, however, that they are genuine cases of enteric fever. The question is, "How are we to recognise these modified cases?"

We must not expect to find the classical "pea-soup" diarrhœa in tropical enteric fever. Bilious diarrhœa, when attended by a remittent temperature, a tongue that is foul on the dorsum and irritable at the edges, gurgling and tenderness in the right iliac region, and tympanitis however slight, may be looked upon as pathognomonic of enteric fever. The dusky face and dull, heavy, leaden expression, which usually exist from the very commencement, are always suggestive of the disease.

Lung complications, and failure of the impulse and first sound of the heart, occurring towards the end of the first, or during the second, week point strongly to enteric fever.

The scarlet, raw-looking, pointed tongue, and the fluid bilious stools containing yellowish-orange particles, or a fine yellowish amorphous-looking sediment, are pathognomonic of the disease.

The duration of the disease is of great assistance in the diagnosis. I believe continued climatic fevers always terminate about the ninth day; certainly before the twelfth day. When a fever with a remittent temperature continues beyond the twelfth day, no matter how indefinite the symptoms are, it is almost certainly enteric fever. If in such a case there is, or has been, diarrhœa, no matter what the character of the stools, there can be no doubt about the diagnosis. Relapses always point to enteric fever. *In India we should always adopt the rule to suspect every case of continued fever to be enteric until we can prove that it is not so.*

Before concluding, I would again draw attention to the great value of the digestive ferments in the treatment of enteric fever. The opinion is rapidly gaining ground that the poison of enteric fever is local in its action, and that the constitutional symptoms are due to the intestinal lesion. We certainly know that anything which causes intestinal irritation prolongs the disease and increases its severity. The digestive ferments act by increasing assimilation; and by preventing any particles of undigested food entering, and undergoing fermentation in, the intestines. By their use from the commencement, therefore, diarrhœa is checked, the patient's strength is supported, the occurrence of complications is greatly diminished, the necessity for stimulants is avoided, and the duration of the fever is often limited to fourteen days. Until convalescence commences it is best to restrict the diet to milk, from three to four pints being given in twenty-four hours. An equal part of this may be given every third hour. Before it is given five grains of pepsine or pancreatine should be added to it; and the temperature should then be raised to 100° and kept at this point for half-an-hour.

Dalhousie, Punjaub.

◆

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 18·4 per 1,000 of their population, and were—Birkenhead 21, Birmingham 13, Blackburn 25, Bolton 17, Bradford 17, Brighton 16, Bristol 17, Cardiff 16, Derby 12, Dublin 26, Edinburgh 18, Glasgow 21, Halifax 13, Huddersfield 24, Hull 19, Leeds 18, Leicester 14, Liverpool 20, London 17, Manchester 28, Newcastle-on-Tyne 26, Norwich 14, Nottingham 16, Oldham 19, Plymouth 22, Portsmouth 16, Preston 21, Salford 19, Sheffield 21, Sunderland 19, Wolverhampton 21. The highest annual death-rates in these towns last week were—From measles, 1·8 in Sheffield, 1·9 in Oldham, 2·6 in Salford, 2·8 in Norwich, 3·5 in Brighton, 3·7 in Manchester, and 4·3 in Birkenhead; from whooping-cough, 1·4 in Plymouth and in Liverpool, and 1·6 in Bradford.

Clinical Records.

CHARING-CROSS HOSPITAL.

Sarcoma over Left Pubis—Removal on four Co
Occasions.

Under the care of Mr. J. ASTLEY BLOXAM,

LOUIS L., æt. 50, labourer, was admitted c
1885. A tumour had commenced to form ab
years ago in the same place as the one he n
account of. It was removed six years later b
at the West London Hospital, and he re
patient for ten weeks. Soon after he left t
tumour again began to form, and two yea
again operated on by Mr. Butler, at the sam
this occasion he remained in the hospital fi
two years more had elapsed, another opera
cessary, and was performed—his stay the
eighteen days. It is now three years sinc
tion, and the patient is very anxious t
done to prevent the recurrence of the tum

18th.—To-day Mr. Bloxam removed
growth of left testicle; the patient com
operation—of pain in the lower part of
in the back. There was a certain am
through the drainage tube. Temperatu

25th.—The wound is syringed out wit
and appears to be getting on well. H
pain in the back. His urine is high c
and contains a trace of sugar.

29th.—The wound is now being dre

June 5th.—Patient is doing very
healing fast. He was discharged on
tions to return if there were any sign

METROPOLITAN FREE

Multiple Still-Births in a Syphilit
Children.

Under the care of Dr. C

MRS. M., æt. 37, seen in March,
when married in 1869, and ha
eruptions, which were pronounc
medical attendant, who prescribe
sarsaparilla, and she recovere
eruptions. Her first child was
second, in 1872, at full term, als
at seven months, was dead; th
months, was also dead; the fifth
and was still-born; the sixth, a
born; the seventh was an eight
born. Thereupon, the patient
potassium and sarsaparilla, an
a nine-month child, which ha
on the buttocks, snuffles, no
The ninth child, born in 1883
born in 1886, lived a mont
This unfortunate patient, t
teen years of age, had actua
nine still-births and dead
poison she had acquired
born in 1882, and which a
haired, and its teeth, firs
but was lively and had
syphilis. There was sor
eyes, and a considerable
but these seemed merel
advised, should she agai
ture containing half a fl
perchlor. of the British
iodide of potassium, tv
to give the fœtus a
health seemed good, a
take medicine unless
well-marked case of
that it seemed worth
disease.

:ords.

OSPITAL.

ıl on four Consecutive

r Bloxam, F.R.C.S.

admitted on May 14th,
to form about fourteen
one he now applies on
rs later by Mr. Bloxam
d he remained an in-
he left the hospital the
two years after, it was
the same hospital. On
spital five weeks. After
r operation became ne-
tay then not exceeding
ars since the last opera-
ious to have something
he tumour.
noved the sarcomatous
; complained—after the
a t of the abdomen, and
n amount of discharge
erature, 98·5° Fahr.
t with carbolic solution,
He still complains of
gh coloured, sp. g. 1035,

dressed with iodoform.
y well, and the wound is
n the 11th, with instruc-
gn of recurrence.

E HOSPITAL.

tic Patient—Nine Dead

R. Drysdale.

1887, contracted syphilis
then sore throat and
l to be syphilitic by her
iodide of potassium and
completely from the
orn dead in 1870; her
dead; the third, in 1873,
fourth, in 1874, at nine
s an eighth-month child,
e-month child, was still-
onth child, and was still-
n again to take iodide of
1882 she was delivered of
exhibited any eruptions
r symptoms of syphilis.
lso dead; and the tenth,
l then died of inanition.
ho had married at nine-
during seventeen years
en due to the syphilitic
er husband. The child
ied its mother, was red-
on, were much decayed,
fic marks of hereditary
hal ophthalmia in both
nucus from the nostrils,
cific. The mother was
pregnant, to take a mix-
of the liquor hydrarg.
œia, with five grains of
r some months, in order
e of living. Her own
she was not advised to
curred. This is such a
f the fœtus by syphilis,
nong the rarities of the

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Medical Section.

Meeting held Friday, April 29th.

The President, Dr. James Little, in the Chair.

CHRONIC INTERSTITIAL NEPHRITIS.

Mr. C. H. Robinson read a paper on a case of chronic interstitial nephritis.

IDEAL PARALYSIS; NEUROSIS OF THE VISCERA

Mr. W. Bernard, of Londonderry, read a paper on ideal paralysis; and also one on a case of neurosis of the viscera, ending in dilatation of the stomach. He also exhibited macroscopic and microscopic specimens of the latter case.

Mr. Conolly Norman said the first case detailed in Dr. Bernard's paper exemplified the extreme difficulty attending the diagnosis of apparent physical affections in the insane. It also recalled to his mind the record of a case carefully described by a distinguished countryman, Dr. Edward Geoghegan, Assistant Medical Officer at Portsmouth Lunatic Asylum. The patient had remained for eighteen months absolutely in one position, and during that time he never spoke. When placed on his feet he stood with his head slightly to one side and his hands on his thighs; and when he laid down he maintained the same posture without making the slightest movement. At the end of eighteen months he made a slight voluntary movement, and the attendants taking him, as it were "on the hop," ran him along the room; and from that time his motor condition gradually improved, although at the outset he was stiff and unable to make movement from disease of his muscles. When he began to move he seldom spoke, and then in a sulky, unsatisfactory manner. Since the publication of Dr. Geoghegan's report, the patient so far recovered that he had been discharged and readmitted as a paid servant in the kitchen; but the present Assistant Medical Officer, who published a supplemental notice of the case, could not extract from the man the slightest account as to how or why he maintained the fixed position so long. The case did not differ materially from Dr. Bernard's. Instances of absolute silence for years had also some affinity. He remembered a case recorded in one of the German journals, eight years ago, of a man who had been found wandering in a village and was committed to a lunatic asylum, where he remained for years and never spoke, being silent probably through a delusion so that his identity was not discovered.

Mr. Fitzpatrick mentioned the case of a girl, æt. 20, admitted into St. Vincent's Asylum, suffering from hysterical mania, and she exhibited delusions assuming a variety of diseases. At one time she fancied her arm was paralysed, and after long persuasion that it was not so she got the use of her arm again. At another time she remained without speaking for months. During these delusions she took her food and gave no trouble to the attendants. At length, in January last, after twenty years of intermittent delusions, she got an attack of epilepsy, followed by paralysis of the right side, and she never spoke from that time to her death. Two months ago she was attacked again with epilepsy, followed by paralysis of the left side. She was then in a state of general paralysis. He never had a second opinion but that there was structural disease in the brain, and his prognosis was verified after twenty years. Dr. Bernard's case would, in all human probability, develop in an attack of disease.

Mr. Cox said that he had had himself, in the country, a case of ideal paralysis. A strong healthy man took to his bed suddenly paralysed, but on examination he came to the conclusion that it was only a case of ideal paralysis; he considered that the man would become paralysed if he remained in bed. His opinion, however, was not accepted. Some time afterwards this man was driving, and the wheel coming off his trap, he was forced to get out, and he walked home. He had had recently under treatment a dyspeptic of twenty years standing, who suffered from pain in the pyloric region, for which he had been under the care of Jenner and other eminent men. The patient got rid of a great quantity of fluid from the stomach of an acrid nature. On one occasion, having brought the appliances to wash out the stomach, the

region, passing from above and outwardly downw
inwards, lasting some hours and ending with a
like an electric shock. At the last attack in Febru
small calculi escaped from the urethra; these co
uric acid, and had roughened surfaces. During
intervals the patient felt tolerably well, had a goo
and only now and then had a little backache.
examined then had a sp. gr. of 1026, was free fro
but was not clear, but had a sediment consis
acid and urate of soda. The other organs were
but behind and to the left, on the level of th
was an elongated prominence, in which no fluc
be ascertained. The percussion sound was m
on the other side. The speaker made two pu
prominence, but no fluid was withdrawn.
Carlsbad Mühlsbrunnen water drunk hot an
from nitrogenous material as possible. Since
has not had a single attack, although the
sionally contained a large quantity of uric a
patient was tolerably well, and only occasi
pain in the back. The urine examined tha
acid, had a sp. gr. of 1025, and measured
metres, so that the quantity of solid cons
to 116·5 grms. It was free from albume
pus in the urine. The speaker was of
prominence on the left side of the back
hydronephrosis, notwithstanding the fac
be obtained on puncture. The trocar
troduced in a wrong direction, or the
deeply that it was not reached. It wa
the illness, which had lasted three y
symptoms of irritation either in the p
For pyelitis was certainly excluded,
absence of fever and the quality of
tained neither albumen nor indicatio
pelvis of the kidney.

A NEW INHALER.—At the same n
apparatus, devised by F. Stormer, a
was shown. By means of it the ma
divided into much finer particles th
any other apparatus. By means of
the water holding the material in
wide tube through which hot ai
means all the watery constituen
got rid of, and the material itself
into the air passages. Experime
even when inhalation took place
nitrate of silver reached the s
by its means had given excelle
of chronic bronchitis.

REMOVAL OF A LARGE F
of Kreischa, recently showed
for Natur & Heilkunde a b
follows:—A splinter from a
lad's body just above Poupa
and broken off. The portio
long. No trace of it could be
just below the angle of the
could be felt, which was b
splinter. The prominence
the offending body, and
forceps. In four weeks
shown before the meeting
only a small granulating

PROFESSOR ESMARCH
rank of Noble. It will be

twardly downwards and
ending with a sensation
attack in February some
thra ; these consisted of
faces. During the free
well, had a good appetite,
le backache. The urine
, was free from albumen,
ment consisting of uric
organs were quite normal,
level of the lower ribs,
hich no fluctuation could
und was much duller than
de two punctures into the
ithdrawn. Treatment :—
nk hot and a diet as free
ble. Since then the patient
ugh the urine had occa-
of uric acid gravel. The
ly occasionally had slight
ined that day was strongly
asured 2,0 00 cubic centi-
lid constituents amounted
albumen. There was no
was of opinion that the
back must certainly be a
the fact that no fluid could
ocar might have been in-
the kidney might lie so
It was worthy of note that
ree years, had produced no
the pelvis or in the kidney.
ded, as was shown by the
y of the urine, which con-
tions of any catarrh of the

e meeting a new inhalation
an engineer of Christiania,
material to be inhaled was
than could be obtained by
of a simple spray-producer
n solution is driven into a
air is streaming. By this
nts of the medicament are
finely divided, reaches deep
nts on rabbits showed that
through the nostrils inhaled
allest bronchi. Inhalation
results, especially in cases

EIGN BODY.—Dr. Pelizeus,
efore the Dresden Society
æt. 13, who had suffered as
y-fork had penetrated the
ligament of the right side,
ithin the body was 20 ctm.
from below, but in the back
scapula a hard prominence
d to be the blunt end of the
cut down upon, found to be
ted by means of a pair of
lad was well enough to be
was in fact almost recovered,
l remaining.

iel, has been raised to the
bered that the distinguished
Professor of Surgery is allied by marriage to one of the princely houses of Germany.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 22nd.

ON A NEW THEORY OF RESPIRATION.—At a recent meeting of the Imperial and Royal Medical Society of Vienna, Prof. von Fleischl made an interesting communication respecting a new theory of respiration. He said, among other things, that it was strange that physiologists should not have endeavoured to answer the question as to the cause and effect of the beat of the heart. It would be most unreasonable to have such a motory force as the heart only for the purpose of driving the blood mechanically into the circulatory system. This work would have been done much better by a *vis à tergo* which gradually increased than by such an arrangement as the heart with its various oscillations of the blood-pressure which were most dangerous to life. It was known that apoplexy was produced only by the great oscillations of the blood pressure, and these were due to the action of the heart. Why, then, the author inquired, did so many persons die therefrom? It was evident that the heart-beat must have another function beyond that of merely keeping up circulation. He had shown on a previous occasion before the same Society that under certain conditions, chemical compounds were split up, when the respective substances were subjected to sudden and vehement shocks. He had shown that, owing to the heart-beat carbonic acid was set free in the right ventricle of the heart. He would now discuss the importance which the heart-beat had for the blood of the left ventricle. He was of opinion that the oxyhæmoglobin was such a solid combination that the organic tissues had too little affinity to oxygen to free it from this combination. The blood which in the left ventricle was charged with oxyhæmoglobin and was there subjected to a sudden and energetic shock, owing to which the oxygen of the oxyhæmoglobin was set free in the same way as was carbonic acid by the work of the right ventricle. It would be a mistake, he said, to believe that the blood which came out from the aorta had the same qualities as that which had been conveyed to the heart by the pulmonary veins. The blood of the left ventricle did not contain any oxyhæmoglobin, only free oxygen, and the effect of the beat of the heart was to free the oxygen from its combination with hæmoglobin. Pflüger had paid attention to the mechanical influence to which the blood was subjected in the heart, he had fully described the shocks which it here sustained, but though he did not emphasise this feature, he attributed greater importance to the change thus produced. Prof. von Fleischl next discussed some physiological facts which were an evidence of the correctness of his theory. It was known that the liver consisted one third part of blood and the other two thirds parenchyma. What was the reason that such an organ which was so inundated with blood possessed also an hepatic artery which was ridiculously small in comparison with the portal veins? Why did the tissue of the liver undergo a necrotising process when the hepatic artery was ligatured? The reason for this fact was given by his own theory. The blood of the hepatic artery contained free oxygen, whereas the oxygen in the blood of the portal vein, though it surpassed the quantity of the other many times, retained the hæmoglobin to such a

a nature as to render their elevation possibl
cisely the men who can best afford to disdain s
cial distinction. Nobody would venture to m
instance, that Darwin's popularity and ren
have been increased an iota by his acceptation
(which, it is needless to say, was never offer
probably are of opinion that Macaulay's rep
literary man was materially added to by his
among the *classes dérigeantes.*

The same considerations do not hold g
come to baronetcies and knighthoods. T
have accustomed us to consider these titl
inter alia, of eminent scientific merit
departments of knowledge. There is n
priate now-a-days in such titles being b
have distinguished themselves in thei
represent—in a somewhat higher deg
grades of the *légion d'honneur* in Fra
give an official sanction to recognised
point of view, the share of Jubilee hon
profession is certainly meagre in the e
to employ a vulgar phrase, "kissing
No baronets at all were chosen from
three knighthoods were conferred. T
aspirant to titular honours could
to the three gentlemen who have
accept the proffered distinction, b
refrain from a feeling of surprise t
least as eminent and successful in
should have been left unprovided
rather a poor reward for a life la
ing to the sufferings of a gout
only a knighthood, and we are
hope that some sharp twinges in
the eyes of the responsible pa
their conduct. Mr. MacLeod
merited their distinction, and
in their newly-acquired social st

The list of nominations to m
of the Bath, St. Michael and S
hensive, but, at the same tim
signifies very much less. It
doubt, but the outside pub
respect titles of every descri
know nothing of it.

Vanity is a powerful fact
tual and intelligent. Even
such trivial considerations
son is interested in his ac
such an ambition, though
of view, is of exceeding
and doubtless often do
efforts, the benefit of w
property of the public.
uncertainty about obta
times give a zest to th
the hopes of the socia
be clever and rich; u
called upon to peep
accouchement of a ca
are of no avail. The
should be—its own r

evation possible are pre-
rd to disdain such artifi-
l venture to maintain, for
arity and renown would
is acceptation of a peerage
as never offered), and few
acaulay's reputation as a
led to by his being classed

not hold good when we
thoods. Time and usage
r these titles as the reward,
ific merit in the various
There is nothing inappro-
s being borne by men who
s in their calling. They
gher degree—the various
r in France, and serve to
ognised merit. From this
ilee honours awarded to the
in the extreme. Decidedly,
" kissing goes by favour."
n from our ranks, and only
red. The most disappointed
ould hardly take exception
ave been good enough to
on, but it is impossible to
rise that so many others, at
l in their own departments,
vided for. To us it seems
e largely spent in minister-
outy aristocracy to receive
are almost betrayed into a
s in the near future will open
parties to the enormity of
d and Dr. Aitken have both
l we wish them a long life
l status.

memberships of the Orders
l St. George is more compre-
me, for ordinary purposes, it
has its value at Court, no
lic—for whose benefit and
ption presumably exist—may

r even with the most intellec-
here the man himself is above
his wife, his daughter, or his
pting the honour. Further,
olish enough from one point
ility from another. It may,
erve to stimulate to greater
is, more or less directly, the
fortunately there is a glorious
it which, while it may some-
rsuit, is more likely to damp
rant. It is not sufficient to
one has the good chance to be
a royal ear or assist at the
e Royal mews, merit and skill
l of it all is that virtue is—or
It is not the most esteemed members of our profession who feel most hurt at the omissions, and this thought goes far to console us for our small share, as a profession, in the Jubilee honours.

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IMMUNITY FOR ADVERTISING DENTISTS.

Our readers may recollect that two years ago the College of Surgeons of Ireland, after repeated remonstrances and threatenings, expelled from their licence in dentistry, a Mr. H. F. Partridge, because of his breach of the College by-laws, by objectionable advertising. The College has ample power to do this under its charters, but it should also be remembered that this person had not only contravened the by-law, but he had deliberately violated a written undertaking given by him before he was admitted to examination in the following terms:—

> I, of hereby declare that I am twenty-one years of age and upwards, that if I shall be granted the Diploma in Dental Surgery of the Royal College of Surgeons in Ireland, and so long as I hold the same, I will not seek to attract business by advertising, or by any other practice considered by the College to be unbecoming; and I agree that such Diploma shall be cancelled on it being proven, to the satisfaction of the President and Council, that I have done so.

Notwithstanding this promise he refused either to discontinue advertising or to surrender his diploma, and he has since continued to falsely represent himself as a Licentiate of the College. In due course the college notified the removal of his licence to the Medical Council, and *ipso facto*, that body erased his qualification and his name from the Dental Register, and he became, thereupon, an unqualified practitioner, and liable to be prosecuted. He, however, proceeded by *mandamus* to compel the Council to reinstate him, and he has succeeded for the present. This decision, in his favour, was based upon the phrasing of the clause of the Dentists' Act which differs in an important degree from that of the Medical Act.

The Dentists' Act does not contain a clause like Clause 28 of the Medical Act, which provides that Colleges or bodies exercising the power of striking off the names of any of their members shall signify the same to the General Council; and that the Council may, *if they see fit*, direct the Registrar to erase from the Register the qualification. This provision is not repeated in the Dentists' Act; and Partridge's Counsel argued that it must have been present to the framers of the later Act, and been by them intentionally omitted. The Court of Queen's Bench laid down that the Council are not entitled to remove a dentist's name from the Register, merely on the report of any college or body that it had removed a given name from its list of members, except after an independent inquiry and proof that the person affected had been guilty of certain offences specified in the clause, viz., of infamous or disgraceful conduct in a professional respect.

This decision is of serious moment, not only because it renders it impossible for a College to give practical effect to its expulsion of a dental licentiate, but because it involves an absurdity. The law says that the Dental Register must be kept correct and, obviously, it would be altogether useless as legal proof if it were in the least degree inaccurate, yet the law—as set forth in this decision

not bound to pay, and so the Court has
It is established by this decision that, if it
practitioner to employ an unqualified assistar
be content not only to abide the responsibili
mischief which may result, but to depend on t
patients for the payment of the fees earned
tant. Such a dependence will be, in p
altogether impossible, and, consequently, in
at least unqualified assistants must cease t
warmly congratulate the public and the pro
consummation, but we feel that no thanks
fessional organisations for its attainment

The General Medical Council has f
years connived at the nefarious systen
assistancy; successive Registrars-Gen
have made the way easy for that systen
a studied and intentional laxity of t
death registration; the British Medic
ignored the system because many o
themselves largely engaged in the tra
the law and common sense have triu
petent legal tribunal has declared that
in health and life is illegal, and inadm
which was "most devoutly to be wis
terest of the profession and the p
should only have as much work as he
himself. The surplus belongs to hi
If the whole system of assistantshi
out, none but the most beneficial
and the whole *status* of the prof
In no other country does such
medical man in France or Germa
ant when requested to attend
courtesy at the hands of his pa
ance, properly speaking, is esse
To send an assistant is condu
well-known barrister, who poc
attendance and then sends a ju

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Notes on Cur

Medical Arrangeme

IT is generally known th
the Volunteer Medical St
medical arrangements for
before the day, but the G
District returned informa
not be required, and it w
tion of Sir Charles W
Corps was requested to
named in the applicati
quently selected by the
water-carts as well as
together with seventy
Major Norton, with
Surgeons Squire and
companies, assisted
and Quartermaster
was also in attend
divided among thirt
lances, three belong

ıs adjudged.
it pleases a
ant he must
ılity of all the
the honour of
l by the assis-
poor districts,
ı such districts
to exist. We
ofession on this
ı are due to pro-

ır twenty-eight
ı of unqualified
ıral in England
ı by maintaining
ıe formalities of
l Association has
its members are
le. Nevertheless,
ıphed, and a com-
this form of traffic
ssible, a conclusion
ɔd." It is to the in-
olic that one man
an properly manage
ellow-practitioners.
ı could be stamped
ffects would follow,
ion would be raised.
system prevail. A
who sent an assist-
uld meet with scant
nts. Medical attend-
lly a personal matter.
analogous to that of a
s the fee for personal
r instead.

t Topics.

on Jubilee Day.

pplication was made for
Corps to undertake the
1st more than a month
Commanding the Home
hat their services would
y on the special applica-
at the last hour that
. The stations originally
e the same as those subse-
but the Corps requisitioned
nce waggons. The Corps,
, attended under Surgeon-
ı-Majors Platt and Casson,
t in command of the four
eons Raw, Reece, Watson,
ıson. Adjutant Lees Hall
The whole were equally
tions, with six horse ambu-
the St. John Ambulance

Association, and three to the police, in charge of Mr. John Furley and the divisional surgeons of the police stationed in side streets clear of the procession. Every section of the Corps was accompanied by six members of the police force, so that for the first time members of the Volunteer Medical Staff Corps and of the police worked side by side. It was rather expected by the superintendents of the police that such an arrangement would not be found to work well, in fact, that some friction might ensue, but such was not found to be the case; on the contrary, each seemed to be pleased with the assistance of the other, and it is admitted on all sides that the combination has proved of valuable service to the public. It was fortunate that only one fatal accident occurred, but there can be little doubt that, had it not been for immediate and correct treatment of the numerous cases of syncope and heat-stroke the list of deaths would have been swelled. The cases reported by the commanders of companies were over 400, nearly all the names and cases having been taken down by order. They consisted of 1 fracture of sternum from the kick of a horse, killed; 1 fracture of the base of the skull, 1 fractured collar-bone, 17 heat-strokes, 9 fits, 2 cases of hysteria, 10 horse-kicks and minor wounds, and the rest fainting fits. No cases occurred in Westminster Abbey, where Mr. Mackellar, Chief Surgeon of the Police, with several other medical officers, were in attendance. Although we must regret the large number of cases which called their services into requisition, yet we must congratulate the Corps on having shown both their willingness and their capability to undertake serious work when called upon. It is the duty of the Volunteer Medical Staff Corps not to line the roads like other regiments, but to place themselves with their ambulance waggons and water-carts where they may possibly be called upon to do duties which specially devolve upon them, and which other corps are not able to undertake. The energetic Chief Surgeon of the Police, backed by his chief, Sir Charles Warren, who has proved himself equal to all occasions, will in future see that a certain proportion of the police are educated in first dressings and bearer company exercises, but a sufficient number of constables can never be spared to meet the contingencies of such days as last Tuesday, and it is a matter of national congratulation that so large a body of young men with the special education which most of the Volunteer Medical Staff Corps possess should be willing to give their gratuitous services on the occasion of these great meetings of the people. Had they been absent on that day it would have been a great calamity, and the General Commanding the Home District would have incurred a grave responsibility.

An application was made last week in the Chancery Division of the High Court of Justice to wind up the British and Colonial Agency (Medical Defence Association, the Medical Review Office, &c.). With the consent of all parties concerned it was dismissed without costs. We would advise the enterprising proprietor of this omnivorous agency to avoid the repetition of such applications, as sooner or later one of them might prove successful.

The Medical Benevolent Fund an Jubilee.

THE Medical Benevolent Fund Society of I
issued a pressing appeal to the profession to rai
fund to distinguish the Jubilee of Her Maje
Her Majesty has already extended her patro
society, and shown her practical sympath
objects by giving—some years ago—the sum
aid of its funds. It is suggested that this s
collection should be made with the view
home to the hearts and minds of the ann
society the reality of the jubilee rejoici
exists throughout the land. It is felt t
would herself be gratified to think that
occasion of her jubilee was availed of to
comfort and happiness to many afflicted
medical profession, and to not a few b
and orphans. The suggestion was favou
the members of the society who were p
annual general meeting, and a handsor
subscribed. We trust that those of o
can afford to be charitable will assi
this benevolent and loyal scheme by c

University of Du

AT the approaching commencer
Doctor of Medicine will be conferred
William Tennant Gairdner of Glasg
Bart., F.R.S.; Sir Thomas Spence
Sir John Simon, K.C.B.; and Edv

A Fasting Man Cau

THE Norwegian, Cetti, who
Berlin enabled Professor Virchow
ing observations contained in
from our German correspondent
what was to be a thirty days' fa
conditions of the experiment, w
sibly for scientific purposes only
abstain from food for thirty d
pure water. During the first
daily bulletins, he lost very c
much as ten pounds in se
condition followed this dc
became weak and depressed
his fast he was found to ha
two pounds in weight since
that could not be satisfact
excited suspicion in the m
close look-out was kept.
in Cetti being detected
half-a-pound of which w
discovery naturally led t
of the experiment by
surveillants, and the aff
end. The value of suc
ful, and their morality
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shown, can really de
which confirm or disp
on the physiology o
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and the

Ireland has
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ronage to the
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m of £100 in
special jubilee
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uitants of the
ing which now
that the Queen
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bring some little
members of the
ereaved widows
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ae sum was there
r profession who
t in carrying out
ntributing.

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nt the degree of
(*honoris causa*) upon
w ; Sir James Paget,
Wells, Bart., M.D.;
d Waters, M.D.

ht Eating.

twelve days' fast in
o make the interest-
ecent communication
ommenced in London
on the 13th inst. The
h was initiated osten-
were that Cetti should
, his only drink to be
days, according to the
derably in weight, as
days. His physical
ard tendency and he
n the tenth morning of
ained rather more than
previous day, an anomaly
accounted for. This fact
of his surveillants and a
esulted, on Saturday last,
gelatine jujubes, about
nd in his possession. This
immediate abandonment
dical attendant and the
refore came to an untimely
riments is more than doubt-
mable. Still, when honestly
, as Professor Virchow has
me information therefrom
at which we already possess
ation. When, however, the
not observed, the whole affair becomes a disreputable farce, and the medical staff only did their duty in promptly putting an end to the pseudo-experiment. We imagine that Mr. Cetti's career as a "fasting man" will thus be brought to a close, a fact which fails to elicit any feelings of regret.

Sine Curriculo Dental Examinations.

A MEDICAL contemporary states that at last the College of Surgeons of Edinburgh have given notice that they will close their doors to *sine curriculo* men for the dental examination after the end of next year, and express the hope that the Irish College and the Faculty of Glasgow will do the same. It is now nine years (less one month) since the passing of the Dentists' Act: surely that is sufficient time for any man in practice to prepare for and pass the Licentiateship in Dental Surgery. We entirely concur in this opinion, with the addendum that it was anything but creditable to the Colleges to have continued this traffic after the period of "grace" following the passing of the Dental Act had passed. But it should be remembered that two years ago the Irish College practically closed the door against the *sine curriculo* men by requiring them to submit to *two* examinations with an interval of a year between. The output of Dental Licentiates is, therefore, now very small.

Pepper Adulteration.

A DISTINCT advance in the pepper adulteration question was made at the Lancaster Police Court last week, when a grocer of the town was charged with having sold pepper containing olive stones, starchy matter, and other foreign vegetable matter. The interesting point about this case was that it brought into court representatives of the grinders and of the wholesale dealers, and that these admitted the adulteration, and admitted also that the retailer was quite innocent of this adulteration. It is quite evident that this pepper adulteration business is carried on on an extensive scale, and is yielding magnificent profits to somebody.

Precautions against Burial Alive.

QUITE a large number of people in this world are haunted by a morbid fear of premature interment, and numerous are the devices which have been resorted to for the purpose of preventing such a ghastly accident. The last suggestion is to place within the coffin two discs of metal which the slightest movement of the supposed defunct would place in contact and ring an electric-bell. The system is even said to be on trial in the municipal cemetery at Madrid. We are disposed to agree that it would be as well to introduce some simple practical means to ascertain the fact of death having actually taken place, but there are plenty to choose from without resorting to the fanciful contrivance alluded to. With better-class patients a summary post-mortem examination affords an honourable way out of the difficulty, but reasons of finance or sentiment render this inadmissible in most cases. It must be borne in mind that no one has the right, even in virtue of an express injunction from the supposed deceased, to do any act which, under exceptional circumstances, might determine a fatal result in the *apparently* dead. At the same time

Tonkin that cholera
port of Toulon, leadin

The 12th Congress
their exhibition of
Pavia next autumn.
fixed, but the Presi
named.

Professor Dondei
President of the Secti
Congress of the Associ
which will hold its m
and following day.

Dr. William Fra
been appointed Ho
Sanatorium for Cons
Bournemouth, *vice*
F.R.C.P., resigned, a

Mr. Williamson,
execute the marble s
leges of Physicians an
to place in the E
Jubilee of Her Majes

An unfortunate n
Hatch Asylum cost
poisoning. The dis
fifteen years, and no
The jury returned a
adding a rider as to
some definite form o
ing of poisons.

[from our

The Abuse of
Medical Charities C
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tion Society in the ro
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co-operation of all
the medical charities
hold a conference wi
agement of these in
the purpose of disc
abuse of medical c
and for appointing a
take the most advisa
finite and practicabl
cal aid to the needy
the Medical Charitie
would soon be submi
parts of the country t
Committee expressed
ciety for their kindn
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The Glasgow a
the British Medi
Friday afternoon, 24t

) the military
eak of 1884-6.

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take place at
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the Netherlands,
h of September

M.K.Q.C.P., has
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ases of the Chest,
Thomson, M.D.,
sulting Physician.

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ndon have resolved
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th by misadventure,
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storage and dispens-

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SPONDENT.]

HARITY.—The Glasgow
in conference with the
of the Charity Organisa-
er on Thursday last, 23rd
de towards obtaining the
eart the best interests of
It was finally resolved to
ers of the Boards of Man-
d of parochial boards for
points connected with the
may require elucidation,
presentative committee to
the way of instituting a de-
restricting gratuitous medi-
ing poor. The secretary of
e reported that a statement
ng the means adopted in all
prevent charity abuse. The
the Charity Organisation So-
rding an opportunity for con-
y and co-operation.

OF SCOTLAND BRANCH OF
CIATION met at Greenock on
he members first visited some places of interest in the neighbourhood, namely, the Berry Yards Sugar Refinery and the great water-wheel in the works of the Clyde Sugar Refining Company, one of the very largest in existence, and the shipbuilding yard of Messrs. Caird and Company, where an opportunity was afforded of inspecting the large vessel *Britannia*, presently in an advanced stage of construction for the Peninsular and Oriental Line of ships. A visit was then made to the old burying ground near the shipbuilding yard, interesting to all admirers of the poet Burns, as it contains the grave of Highland Mary, whose untimely loss he mourned in the exquisite lyric "To Mary in Heaven." The company then enjoyed a pleasant drive round the Lyle Road, which is very highly situated, and commands a splendid view of the Firth of Clyde. The meeting of the Branch took place in the Tontine Hotel, where the members dined. Dr. Fraser, of Paisley, the President for the past year, occupied the chair. Professor Gairdner and Dr. Yellowlees indicated the arrangements for the proposed meeting of the British Medical Association at Glasgow next year, when no effort will be spared to make the proceedings as interesting and enjoyable as possible.

SIR GEORGE H. B. MACLEOD.—Of the Jubilee honours a knighthood has fallen to the profession in Glasgow, the recipient being the distinguished Professor of Surgery in the University. The distinction is a well-merited one; we congratulate Sir George upon it, and express the hope that he may be long spared to confer dignity upon it, as he could not fail to do. Sir George H. B. Macleod is a distinguished member of a distinguished Highland family, his father being the well-known, we might call him the original "Norman of Saint Columba," the Minister of the popular Highland Church in Glasgow. He studied medicine, and on the outbreak of the war with Russia he went as an army surgeon to the Crimea. He was surgeon in the general hospital in the camp before Sebastopol, and senior surgeon in the civil hospital at Smyrna. He was subsequently appointed lecturer on surgery in Anderson's College, and surgeon in the Glasgow Royal Infirmary. In 1869, on the removal of Professor Lister to Edinburgh, he was elected to the Chair of Surgery in Glasgow University. He is senior lecturer on clinical surgery in the Western Infirmary, and surgeon in ordinary to Her Majesty in Scotland. He is President of the Medical and Chirurgical Society of Glasgow, Fellow of the Royal Society of Edinburgh, and corresponding member and associate of a number of foreign societies.

STIRLING DISTRICT ASYLUM AND THE JUBILEE.—The inmates of this institution celebrated the Queen's Jubilee on Monday, the 20th inst., when work was suspended in connection with the various industries. Special repasts were served at the different meals. After tea the great majority of the patients assembled on the lawn, where dancing to the strains of a quadrille band and of the bagpipes was engaged in. During the evening refreshments were served to visitors, patients, and attendants, and in their distribution those confined to the house were not forgotten. Dancing was thereafter resumed, and continued to a late hour, when the proceedings were brought to a close by the singing of the National Anthem.

THE PROPOSED VICTORIA INFIRMARY, GLASGOW.—On the 23rd inst. a public meeting of the inhabitants of Rutherglen was held in the Town Hall Buildings for the purpose of inaugurating a fund in the burgh for the proposed scheme of building a new infirmary on the South side of Glasgow. Provost Mitchell presided. Ex-Provost Fleming proposed the following resolution:—"That this

inspection:—1. The surface everywhere consisted
firm and thick layer of stratified squamous e
Large colloid granules appeared in many of the ce
and there lay a nest of concentrically laminated
ternally there occurred a similar stratified laye
drical cells (without cilia), which were seated
the connective tissue. 2. The connective tiss
the mucous membrane was furnished on its s
long papillary outgrowths, which contained la
loops besides the connective tissue elements.
papilla corresponded to a granulation on the sur
wise the mucous membrane showed scarcely a
even proliferation of nuclei and cells were o
detected. The blood vessels were mo
lated. Both sections have been made
the mucous membrane, and through t
submucosa. Hence there are found,
nective tissue with numerous fine elastic
number of small nerve-trunks (from four to
their branches, as well as small arteries and
places are seen also collections of lobules
glands. Although it is thereby proved that
had reached the deep parts underlying the
brane, yet in spite of the most careful exami
deeper parts, especially at the cut surfaces,
tion could be found altered in an apprecia
such changes were confined to the surface.
terise the lesion as an epithelial growth
papillary offshoots (misnamed papilloma
verrucosa. In no part would an ingrowth o
formation into the mucous membrane be de

The foregoing statement is an importa
the statement of the 21st of May. In th
examined changes resembling those now
very scanty in comparison to irritative
such appearances were limited *to the*
lesion. Now, on the other hand, *a more*
the growth has apparently been *obtaine*
portion is very much diseased, yet the he
the tissue on the cut surface allows
opinion to be formed as to prognosis.
opinion would be justified in respect to
cannot be ascertained with certainty fro
removed. However, there is nothing pre
would be likely to excite the suspicion
disease.

(Signed) PROF. DR.

Berlin Pathological Institute, June 9th

Literature.

A TEXT-BOOK OF PHARMACO PEUTICS, AND MATERIA

THERE are few books of more inter
pleasure in tracing the progress of m
Medicas. At long intervals the appea
ing originality and gaining acceptan
and, like as a comet, is accompanie
crowd of minor scribblers follow
"tail" grows bigger and bigger e
break occurs. How many imitato
crowds imitated Thompson and C
sought to acquire credit by trying t
and Periera's arrangements? Wha
of alphabetically arranged excer
tempted to palm off as original wo
of such transcribing assume the a
thoughts come to us as we rea
Robert Christison, Bart., of the th
Brunton's "Pharmacology and M
which we look on as one of the m
peared for many years on Materia
be more opportune than its appea
mistry, and Pathology had all m
the last twenty years, but Thera
in which the student might find a

(a) "A Text-book of Pharmacology
Medica." By T. Lauder Brunton, M
Third Edition. London: Macmillan &

sted of a very
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ıe cells. Here
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layer of cylin-
ıed directly on
tissue layer of
ts surface with
ı large vascular
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surface. Other-
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the mucous mem-
amination of these
ıces, no single por-
ciable degree. All
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oma) -pachydermia
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the specimen then
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ve changes, but all
he periphery of the
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ined. Although this
healthy condition of
vs a very favourable
is. Whether such an
to the whole disease
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present in them which
on of wider and graver

DR. RUD. VIRCHOW.
9th, 1887.

ıCOLOGY, THERA-
A MEDICA. (a)

ıterest to those who find
medicine than Materia
pearance of a book show-
ance, may be remarked,
nied by a tail; so do the
w in the wake, and the
r each year, until a new
tors had Periera? What
Christison? How many
ɡ to incorporate Thompson
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erpts have scribblers at-
works, and on the strength
airs of authordom. These
ead the dedication to Sir
third edition of Dr. Lauder
Materia Medica." A book
most valuable that has ap-
ria Medica. Nothing could
pearance. Physiology, Che-
made great progress within
erapeutics had no text-book
d a guide to the rational use of medicinal agents. Existing text-books were, for most part, simply printed empirical statements, and the only characters that distinguished modern writers on the subject from their predecessors were modern chemical notation and the omission of Linnean classification. Happily this condition has ceased to exist—a new leader has arisen capable of leading us from the wilderness of empiricism into the promised land of scientific accuracy. How well the work has been done is proven by the quick sale of Dr. Brunton's book; and surely no more competent writer could have undertaken the task. The first section is the principal one in the book, and gives the reader a good idea of the industry, care, and great ability the author brought to bear on the subject. At a time when mental and nervous diseases are occupying so much attention, the author's well detailed experiments and fairly drawn conclusions are most acceptable aids to Therapeutics. In his hands Physiology becomes an aid to Therapeutics, answering the questioning of the master-spirit, and clearing off the misty notions that so long clouded our vision. Such portions of the section as are accompanied in purely technical details of experimentation and descriptive physiology, are printed in small type, to be read or not, as the student may decide. The fourth section has been exclusively given to the description of synthetical products of the "methyl" and "phenyl" series of organic radicals, and, by the aid of diagrams, the subject is made as intelligible as such a subject could be made to readers who are not conversant with Organic Chemistry. The Appendix is very short, and might have contained more; and although the articles on Methylal, Iodol, Urethane, and Strophantus are short, still they have not left out any fact of importance; and we are not inclined to quarrel with an author who gives such a full and good index. We often thought that from the index a book might be fairly judged. We never found a good index in a useless book. To the general index succeeds an "Index of Diseases and Remedies," and a "Bibliographical Index." Readers who are in the habit of consulting Waring, Ringer, or such like books, know how much time and trouble such an index saves. As for the "Bibliographical Index," it has become almost a necessity in any book in which many references are made, and is of much interest and benefit to those engaged in the study of Pharmacology. The faults of the book are few, and may be told quickly: The illustrations of the vegetable products are utterly unworthy of the letterpress—the majority of them are too small to be of any value to students; and the author has committed the grave error of introducing the fag-end of his homœopathic squabble into his preface. The controversy, even when confined to the columns of a contemporary, was not edifying; in the preface it is an impertinence. When the illustrations of the last section are replaced by suitable ones, the text-book will be almost perfect. As it is, there is no work on Materia Medica comparable to it, and all who desire to have the solid groundwork of scientific accuracy, instead of the traditions of the Fathers as their guide in the prescribing of medicine, cannot do better than provide themselves with this, the best text-book on Materia Medica that has appeared amongst English-speaking peoples.

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BRITISH FUNGI. (a)

THIS handsome volume is an unpretentious attempt to gratify a popular desire for a knowledge of the more common fungi. The result of the author's labour however, has been something considerably beyond what his preface leads us to anticipate and we are happy to find in the work before us, a practical treatise on a subject which, is not only of interest to the mycologist, but to the public, both from a culinary and a toxicological point of view. Beginning with a description of fungi in general, the author devotes a chapter to the very important question of their discrimination, the lack of which knowledge has cost so many persons their lives. The author however, by no means limits himself to the merely utilitarian side of the question. He insists on the necessity of a mere definite and minute classification of the various species in the interests of the science. It may easily be imagined that, in the chapter devoted to the economic use of fungi, the author complains that many edible species are left uneaten. It is doubtless a pity that

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logy, Therapeutics, and Materia
ı, M.D., D.Sc., F.R.S., F.R.C P.
n & Co,

(a) "An Elementary Treatise of British Fungi." By William Delisle Hay, F.R.G.S. London: Swan Sonnenschein Lowrey and Co. 1887.

of his services to the University. But of especial
the three independent estimates of the man from
of three most competent witnesses. Sir Henry Acla
us his estimate of Sir Robert Christison as a man,
Gairdner writes of him as a physician, and Profes
Fraser as a scientific worker. In perusing these
testimonies, no one can fail to be impressed with
ness and greatness of him who is their subj
editors are to be congratulated on the happy ful
their pious and noble duty in revealing to the w
thing of a *life*, assuredly worthy of being written
both of *study* and of imitation.

Sir Robert Christison's colleagues and friends a
have doubtless read the volumes, as they ap
eagerness. We commend the completed life t
circle, especially of our younger readers, who ma
its pages how much of the true and the pure
may be realised in the life of the physician.

Correspondence.

NATIVE LITHOTOMY.

TO THE EDITOR OF THE MEDICAL PRESS

SIR,—I can fully confirm Dr. Curran's inter
nication, "Cutting on the Gripe" as carried
itinerants in India. Colonel Frazer, also,
"Sport and Military Life in India," remark
occasion whilst preparing for a shooting ex
neighbourhood of Sirier, with Dr. J. S——
poor looking native passed along the road
tent, and stopped to speak to one of my serv
small bag over his shoulder, that rattled
asked him who he was. He replied, "
Inquiring whither he was going and what
said he, "I cut out stones from the blad
out stones?" I observed. "Why, who
father of asses to let you do so?" "Oh!"
in the village let me cut them, and here-
wallet that clattered on the ground—"
taken out," exhibiting more than a dozen
mens from the size of a nutmeg to that
"Here S——" I called out, "come he
lithotomist whom you can't hold a candle
approach he examined the stones and
genuine stones. "I have heard of
observed Dr. S——, "and I quite belie
man then described the mode of operatio
common sixpenny one-bladed pen-knife.
"I cut with, and this—' extending a
"is what I pull them out with." "We
"how many have you operated on, and
you?" "About twenty, and they gave
to two rupees." I asked also how ma
said "only two, and that they were ol

This story of Colonel Frazer would
that "native lithotomy" is a very con
successful operation even in the hand
itinerants.

I am,

Plymouth.

Late of Her Maje

Obituary.

DR. JOHN HENRY WILSON

WE regret to have to announc
Wilson, of Liverpool. The sad ev
dence, Kensington Lodge, Kensing
inst. In his earlier career decea
by taking the Surgical Prize in
1851. In later years he became
Physician-Accoucheur to the Live
was thoroughly *au fait* with the
and popular with all whom he was

◆

r. But of especial value are
of the man from the pen
ses. Sir Henry Acland gives
hristison as a man, Professor
ysician, and Professor T. R.
In perusing these striking
e impressed with the good-
vho is their subject. The
on the happy fulfilment of
vealing to the world some-
y of being written, deserving
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gues and friends and students
nes, as they appeared, with
completed life to that wider
readers, who may learn from
e and the pure and the good
he physician.

ndence.

THOTOMY.

DICAL PRESS AND CIRCULAR.

. Curran's interesting commu-
pe" as carried out by native
Frazer, also, in his book on
India," remarks that on one
a shooting expedition in the
Dr. J. S—— and another, a
ng the road in front of my
ne of my servants. He had a
that rattled as he went. I
e replied, "a native doctor."
g and what he cured. "Oh!"
m the bladder." . . . "Cut
Why, who would be such a
o?" "Oh!" said he, "plenty
n, and here—" unslinging his
ground—"are what I have
han a dozen indurated speci-
g to that of a pigeon's egg.
"come here; why here is a
ld a candle to." On S——'s
stones and pronounced them
heard of this man before,"
quite believe his story." The
of operation, and exhibited a
pen-knife. "This," said he,
ending a dirty index finger—
h." "Well but," we inquired,
d on, and what did they pay
they gave me from eight annas
how many he had killed, he
y were old men."

r would lead one to suppose
very common, and also a very
he hands of these uninstructed

I am, yours, &c.,
W. H. Pearse,
ler Majesty's Emigration Service.

◆

uary.

ILSON, OF LIVERPOOL.

nounce the death of Dr. J. H
ad event took place at his resi-
nsington, Liverpool, on the 21st
deceased distinguished himself
ze in the University of Dublin,
ecame attached as Consulting
Liverpool Ladies' Charity; he
the practice of his profession,
e was brought into contact.

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Medical News and Pass Lists.

MEMORIAL PORTRAIT OF SIR WILLIAM JENNER BART., K.C.B., M.D.

In our last issue, page 608, we gave list of General and Executive Committee of this Fund to June 14th. Sir Henry Pitman, hon. sec., now sends the following additional names on the General Committee to those already published:—

Acland, Sir Henry, K.C.B., Oxford
Bagshawe, Dr., St. Leonards
Batten, Dr., Gloucester
Beale, Dr. Lionel, Grosvenor St.
Church, Dr. W. S., Harley St.
Cooper, Alfred, Esq., Henrietta St.
Critchett, J. A., Harley St.
Falls, Dr., Bournemouth
Fineham, Dr., Belgrave Rd.
Fowler, Dr. J. K., Clarges St.
Glover, Dr. J. G., Highbury
Grigg, Dr., Curzon St.
Habershon, Dr., Brook St.
Jackson, Dr., Notting Hill
Johnson, Dr. George, Savile Row
Lawrence, Dr. H. C., Oxford Terrace
Manifold, Surgeon-General, Cathcart Road
Matterson, Dr., York
Millington, Dr., Wolverhampton
Morison, Dr. A., Highbury
Odling, Dr, Oxford
O'Neill, Dr., Lincoln
Ord, Dr., Upper Brook St.
Palmer, Dr., East Sheen
Potter, Dr. J. B., George St.
Priestley, Dr., Hertford St.
Pye-Smith, Dr., Harley St.
Roberts, Sir William, Manchester
Sawyer, Sir James, Birmingham
Savory, W. S., Esq., President Royal College Surgeons, Brook St.
Scott, Dr. John, Chandos St.
Semple, Dr. C. E., Torrington Sq.
Sibley, S. B., Esq, Harley St.
Smith, Dr. E., George St.
Snow, Dr., Bournemouth
Tirard, Weymouth St.
Turner, Dr., Halifax
Warner, Dr., Harley St.
Weber, Dr. H., Grosvenor St.
West, Dr. Symes, Croydon
Whipham, Dr, Grosvenor St.
Willcock, Dr. Mandeville St.
White, Dr., Weymouth St.
Williams, Dr. C. P., Brook St.

Wills of Medical Men.—The following have recently been proved in the Probate Courts:—

Allen, Thomas, M.D., late of 11 Keppel Street, Russell Square, London, value of the personal estate amounting to upwards of £14,000.

Curme, George, late of 9 Cornhill, Dorchester, surgeon, Personalty, £8,500.

Drummond, James, M.D., formerly of Glasgow, afterwards of Richmond, and late of 5 Great Cumberland Place, London. The personalty amounts to £52,000.

Elliott, Robert, M.D., late of 93 Denmark Hill, Camberwell. The value of the personal estate amounts to over £12,000.

Francis, Dayrell Joseph Thackwell, M.D., F.R.C.P., formerly of Northampton, and late of Wethersell Grange, Cranleigh. The deceased leaves property exceeding £30,000 in value.

Gilland, Robert Brice, M.D., formerly of the Berks County Asylum, but late of Fayremeade, Sevenoaks. The value of the personal estate is over £6,000.

Jackson, John, M.D., East India Company's Service, retired, late of 5 Brunswick Terrace, Brighton. The value of the personal estate exceeds £15,000.

Rutherford, Surgeon-General William, M.D., C.B., Honorary Physician to the Queen, late of 325 Vauxhall Bridge Road, London. The personalty exceeds £49,000.

Scott, David, M.D., late of 52 Camden Square, Camden Town. The personalty amounts to £31,000.

Watson, Ebenezer, M.D., of Glasgow. Value of the personal estate in England and Scotland exceeds £12,000.

University of Oxford.—At a congregation holden Thursday, June 23, the following degrees were conferred:—

Doctor in Medicine.—George A. Buckmaster, Magdalen.

Bachelors in Medicine.

Andrewes, Frederick W. (Fellow), Pembroke
Arnold, Frank S., Christ Church
Drage, Lovell, Christ Church
Hands, Charles H., non coll.
Lancaster, Ernest Le C., St. John's
Lush, Percy J. F., Christ Church
Ord, William W., University
Turnbull, George L., Magdalen
Waring, John A., New
Williams, William, non coll.

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Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attenion to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases

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